

May 31 2022

**New Zealand Principals' Federation (NZPF) Submission on
Healthy Drinks in Schools
Closing Date 2 June
To: legislation.consultation@education.govt.nz**

Personal Details:

Agency: New Zealand Principals' Federation (NZPF)
Designation: National Executive
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The New Zealand Principals' Federation (NZPF) is the largest professional organisation for lead educators representing the interests of over 2,000 Principals of Primary, Intermediate, Area and Secondary Schools. Principals are from public, integrated and independent schools and are spread throughout New Zealand. NZPF aims to be the most influential advocate for school principals to enable high quality, well supported leadership for school learners in New Zealand.

Introduction

NZPF welcomes the opportunity to submit comments on the *Healthy Drinks in Schools* proposal. We have sought the views of principals through a survey and have examined the Welfare Expert Advisory Group Report in constructing this commentary. We note that the Ministry of Health's preference is for all schools (primary and secondary) to adopt 'water only' policies, whilst the Ministry of Education recommends primary schools only be targeted by the policy. NZPF members favour a 'water only' policy for all schools with sixty percent of survey respondents already implementing a 'water only' policy.

General Comments

School Principals have long argued that young people who have a healthy diet and consume healthy drinks, are better equipped to engage in learning. We support the 'healthy lunches in schools' programme for low decile schools and encourage the expansion of the programme into more schools. We note that the school lunches include healthy drinks. It is well known that sugary drinks are the major source of dental decay in young children and we support eliminating these drinks from children's diets. This view is consistent with research showing "...that children in primary schools experience high rates of decayed, missing or filled teeth." Such problems become lifelong problems for these students. Dental decay, according to the 'Environmental Health Indicators' is the most common disease reported among children in New Zealand.

It is argued that it is easier for primary schools to implement a 'water only' policy because few primary and intermediate schools have canteens where children can buy sugary drinks. Secondary schools, however, are more likely to provide canteens which sell sugary drinks. In our view that argument does not justify the selling of sugary drinks from secondary school canteens. All school age youngsters need protection from the effects of ingesting drinks with high sugar content, particularly as they lead not only to tooth decay but also obesity and diabetes. Secondary-aged students, regularly drinking sugary drinks, are not exempted from tooth decay and obesity related lifelong health issues.

The argument that secondary schools may be engaged in contracts to provide sugary drinks is not a justification for continuing this practice. Schools should not be enabling poor eating and drinking habits for any young people, including secondary school students.

Our Pacific Island and Māori students are disproportionately affected by obesity and poor dental health. Continuing to make sugary drinks available in school to these students is, in our view, irresponsible, and counter to the goal to improve health and wellbeing for all students.

Recommendations

NZPF emphasises the urgency of eliminating sugary drinks from all schools, including secondary schools.

Secondary schools should be instructed to terminate all canteen contracts for the supply of sugary drinks immediately.

NZPF supports Option 2 to replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks

Ngā manaakitanga

9(2)(a)



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THE MOST RESPECTED AND INFLUENTIAL ADVOCATE FOR NEW ZEALAND'S SCHOOL PRINCIPALS

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9(2)(a)

From: 9(2)(a)
Sent: Monday, 30 May 2022 2:33 pm
To: Legislation Consultation
Subject: Healthy drinks submission

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Kia ora,

I am making this submission to the Healthy Drinks in Schools submission as both a new parent and health professional. I have chosen to make this submission over email rather than via survey.

I would like to see the existing nutrition guidelines for schools be replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks.

I have recently become a new parent to my beautiful baby girl. I am so happy that she will grow up in a smokefree NZ, and will never be able to legally purchase tobacco, thanks to our world leading Tobacco Action Plan. However, the risks of poor diet to child's health are huge, and NZ is far from world leading in this space. This needs to be addressed with Government action, to help make healthy options the easy options. Although ensuring schools only serve healthy drinks is a good step, it doesn't go nearly far enough. Primary schools are already mostly water only schools so it needs to cover food and it needs to cover all schools especially secondary schools which are more likely to sell unhealthy foods and drinks.
Unhealthy food

I will do all I can to ensure my daughter has a healthy food environment at home. But I need the support of the world around her, especially the place she will learn in to model these behaviours. As a health professional I want to ensure that all children have the same chance to learn in a place that promotes good health- this is fair and makes it easy for everyone to know what healthy options are. It will also especially help kids in low-income areas which are surrounded by unhealthy food options.

I applaud MoE for looking at making schools a healthier place, but insist you use this opportunity to go further and have a bigger impact on both my own child and all of New Zealand's children's health.

Thank you for the chance to share my views on this important issue.

9(2)(a)



Cancer Society

Te Kāhui Matepukupuku
o Aotearoa

Submission to Ministry of Education: Proposed changes to the promotion and provision of healthy drinks in schools

Organisation: Waikato/Bay of Plenty Cancer Society

Postal Address: PO Box 1695, Rotorua 3040

Contact Person: 9(2)(a)

Email: 9(2)(a)

Phone: 9(2)(a)

Approved by: 9(2)(a)

Date: 30 May 2022

Question 1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

Waikato/Bay of Plenty Cancer Society (WBOPCS) is grateful for the opportunity to comment on the proposed changes to the promotion and provision of healthy drinks in schools. We are a non-profit organisation committed to reducing inequities, incidence, and impact of cancer through prevention, raising awareness of the need for early detection and screening, and providing support.

Our cancer prevention mahi focuses on healthy diet and weight, SunSmart, smokefree, and alcohol harm reduction. We are providing comment as health promoters, and we advocate for healthier environments, and in this instance, for tamariki to flourish wherever they learn, play and grow. Children's diet and weight patterns have a significant effect later in life and is an important contributor towards the prevention of weight-related cancers in adulthood. After tobacco, overweight and obesity is the second biggest preventable cause of cancer.

Question 2: Do you agree with our view of the problem? If not, why not?

What other problems, if any, do you think should be taken into consideration in assessing options?

We agree with your view of the problem. All schools and early childhood education (ECE) centres are in a unique position to support children to develop lifelong healthy diet behaviours. Water, unflavoured milk, and healthy milk alternatives should be the preferred drinks in schools. This would equitably support healthy drinking behaviour among all students, and thus contribute to better health outcomes for tamariki in Aotearoa. Furthermore, there is strong public support of schools having a healthy food policy. In 2015, Cancer Society Auckland and the Heart Foundation found that 80% of the 1600 survey respondents were in favour for a healthy food policy in schools and childcare services.

A significant problem in Aotearoa is our obesogenic environment. Unhealthy food environments normalise and promote affordable ultra-processed food, more often in low-income communities, contributing to inequities. We recommend the Government restrict unhealthy food and drink marketing to children; specifically within 500m of all schools.

Another issue to consider is the cost of milk versus sugar sweetened beverages. Although the new rule doesn't cover what food or drinks students bring into school, to carry on healthy diet behaviours outside of school, the cost of milk and milk alternatives need to be affordable for everyone in Aotearoa. Additionally, this should apply to schools that sell milk and milk alternatives.

Many parents in our communities express their concerns that fizzy drink is cheaper than milk. For example:

"The price of milk is ridiculous. We are a country that produces milk and coke is cheaper to buy!"
~ 42 year-old female with two kids

In addition, the environmental impact of plastic bottles is detrimental, therefore schools need to educate and promote that tap water is safe to drink along with encouraging or providing reusable water bottles.

Question 3: Are these the right objectives? Can you think of any others to add?

Waikato/Bay of Plenty Cancer Society believes they are the right objectives; however they are not comprehensive enough. We recommend the new duty should include:

- All education facilities, including secondary schools and ECEs
- What students bring into schools
- Schools providing only healthy kai
- An end to sponsorship from all unhealthy food and drink companies
- Government restrictions on unhealthy food and drink marketing within 500m of all schools

Question 4: Are there any other options that you think should be considered?

We agree with Health Coalition Aotearoa, in that the best option has not been listed. An additional option should state, “*The existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks.*” This regulation would significantly improve the food environment, and lead to positive outcomes on hauora and wellbeing of all students in Aotearoa.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Yes, WBOPCS agrees with the above definition of healthy drinks. This aligns with Ministry of Health's Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2 – 18 years).

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

Option 1 would be a good start; however we recommend the new duty to include all secondary schools and ECEs. Primary schools may face difficulties if they do not include education on healthy food and drink. All teachers and staff will need to role model healthy food and drink behaviours.

A 'lead-in' period of six months to a year will most likely be helpful to allow schools to adjust to the new duty, i.e., sell off the sugar sweetened beverages they purchased earlier. A 'lead-in' time would also allow schools to end contracts with any sugary drink companies. Additionally, a 'lead-in' time would allow the Ministries of Health and Education to provide education and support towards implementing the new duty.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Many schools that already have a 'water only' policy see the benefits from it. By normalising milk and water as the preferred drinks for children, this will contribute to healthy choices in adulthood.

A child's health should be put ahead of the profits a school makes from fundraising with unhealthy food or drinks. A new legal duty for schools that use methods to fundraise that do not promote health may be challenging. However, The Heart Foundation has a helpful resource for schools: [Healthy fundraising ideas for schools](#).

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

We support education on healthy food and drink, along with healthy food and drink policies within schools.

We believe it is important that there is a consistent example demonstrated when it comes to healthy food and drink in schools. Healthy food and drink policies should also be reflected in the curriculum, and education supporting these health promoting behaviours is essential in supporting the health of tamariki. This consistent example would influence healthy behaviours beyond the school environment and into family life and other areas of children's development.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

We agree with the duty not applying for the above circumstances, as they relate to medical, cultural, and educational purposes. While we recognise the importance of celebrating, and acknowledge that school discos, fairs and galas usually include consuming baked goods and other unhealthy food and drink options. We want to reiterate the importance of the kaupapa is changing the environment which our tamariki are exposed to, so that we are no longer normalising the promotion and consumption of unhealthy food and drinks. The overall aim is to improve tamariki's health and wellbeing; this should be consistent and set a precedent across all school events/ fundraisers. Some other circumstances where the duty may not apply are celebrations or special occasions. However, this must remain on occasion perhaps only a few times a year. Furthermore, we suggest at these events there are always healthy food and drink options made available.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

The Education Review Office (ERO) could enforce and monitor healthy food and drink policies in all schools and ECEs. Stronger Government action is needed to address Aotearoa's childhood obesity statistics. This action would include additional funding in order for schools to no longer look to the junk food industry for sponsorship. For schools in low-income areas, the removal of vending machines may be a challenge, however there is no place for the junk food industry in schools in Aotearoa.

Implementing a new duty for all schools and ECEs to have healthy food and drink policies is key to equitable health outcomes for all tamariki. Nevertheless, we need more action including restricting unhealthy food and drink marketing and increased accessibility to affordable healthy kai for everyone in Aotearoa.

The MidCentral DHB dental service includes hospital based services and Child and Adolescent Oral Health services. The Child and Adolescent Oral Health Service is located at schools and health centres in our region. The Adolescent mobile visits 7 High schools in the region whose students have been identified as having less access to oral health services and therefore are more likely to have dental caries that require treatment. The balance of the rangitahi are encouraged to access private dentists who have a contract to provide care for rangitahi until their 17th birthday.

The Child and Adolescent Oral health service aim to work with whanau to give tamariki and rangitahi the best opportunity to keep their teeth for life. They give advice on brushing and healthy foods and drinks, apply fluoride coatings, and do repair work on teeth. Despite this many tamariki and rangitahi are referred for General Anesthetic for treatment including fillings and extraction of severely decayed and abscessed teeth. The dental unit receives on average 10-12 referrals per week but has limited capacity to address these referrals due to the demands on the hospital system and resources available. Reducing the burden of dental decay would significantly improve children and adolescents quality of life

We recently connected with the dentists in our region who are contracted to provide adolescent oral health care in our community. One of the most frequent comments from the dentists was asking whether anyone could do education in high schools around sugary drinks and foods as they were seeing the effects of sugary drink and food consumption on their rangitahi/adolescent patients teeth.

For many people the free dental care 0-17 will be the only time in their lives that they will be able to access dental care. Going to the dentist as an adult is a luxury that many cannot afford especially for preventative care. This means that many people will only access a dentist when they have pain, an infection or rotten tooth and need an extraction. Missing teeth affects peoples ability to eat and chew. It also effects their appearance and consequently their self esteem. Untreated tooth infections can get in the bloodstream and affect the heart.

Schools both primary and secondary are a great place to provide education on healthy food and drinks as well as to role model healthy food and drinking environments by only providing healthy food and drinks. By doing both these things; schools and the Child and Adolescent Oral Health Service are working together to give tamariki and rangitahi increased opportunity to have "teeth for life".

We support Option 4 as below:

"The existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks."

We think that there should only be exceptions for occasional events (once a term events) such as the school ball/discos and a once year gala. At these events healthy options of food and drinks should still continue to be available.

Proactively Released

9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 31 May 2022 12:34 pm
To: Legislation Consultation
Subject: Healthy School Food and Drinks

You don't often get email from 9(2)(a) [Learn why this is important](#)

Healthy School Food and Drinks consultation:

Name: 9(2)(a)

I am a parent of four children (who have since left school) and a grandparent of two young children currently in the education system. Over the years I have assisted with a variety of school activities including camps, galas, school trips and special activities.

I am in favour of the continuation of the direction for schools to support the healthy food and drink guidelines. The insistence on healthy foods/drinks is not only our obligation – to set kids up with healthy foods to protect their long term health and support their day to day learning and activities – but it is a powerful way of counteracting the large amount of advertising for less healthy foods and encouraging children to try (and enjoy) healthier diets which may not be being modelled at home. Schools would seem a natural environment to educate children about nutrition and health. (There is also a side effect in that pressure is not put on parents to provide their children with expensive and unhealthy food options to match their peers.)

I have seen personally how healthy food (and the consequent explanation) educates the children so they know what foods are healthier and how this encourages them to try new foods and to take their learning home to their households. It is heartening to see them enjoying fruits and vegetables as well as knowing these are good for them and spreading their knowledge to their friends and family.

In the same way that school curriculum are established to optimise evidence based learning, I think it perfectly consistent and reasonable that there be a regulation that all schools and kura promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks.

Special Cases:

I would support occasional events such as School Balls, socials and discos being exempt from the regulations. Healthier food options should still be provided at these events to cater for those who do not want the less healthy options, and to avoid creating the impression the healthy options are inferior and that on Special Occasions we get to eat “better” food.

Fundraising:

Fundraising efforts should ideally be free from unhealthy food and drinks. There are other options available and schools should be encouraged to maintain their ethos and try these out.

Compliance:

Presumably schools' adherence to the guidelines is reported on via ERO reports and self reporting of pupils and parents.

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9(2)(a)

From: 9(2)(a)
Sent: Tuesday, 31 May 2022 2:10 pm
To: Legislation Consultation
Subject: Healthy Drinks Consultation Submission

You don't often get email from 9(2)(a) [Learn why this is important](#)

My name is 9(2)(a)

I am the mother of 4 children, 9(2)(a) No grandchildren yet, but not to say there won't be any.

I fully supported my children in healthy eating youngsters growing up.

There was no processed food, takeaways or high sugar foods or drinks in the house, as I have always been passionate about healthy eating and health.

It was how I was brought up, by very strict parents who grew most of our vegetables, raised chickens etc.

I was a previous board of Trustee member at Intermediate school, and even though healthy eating was not a priority at that time, I would have supported it had it been.

I support Option 4

"The existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks."

Ngā mihi

9(2)(a)

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9(2)(a)

Web www.midcentraldhb.govt.nz

"Quality Living – Healthy Lives"

MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Tairāroa

By email: legislation.consultation@education.govt.nz

RE PUBLIC CONSULTATION ON PROPOSED CHANGES TO THE PROMOTION AND PROVISION OF HEALTHY DRINKS IN SCHOOLS

Thank you for the opportunity to provide a written submission on the proposed changes to the promotion and provision of healthy drinks in schools, requesting that:

The Ministry of Education transfer the National Administrative Guideline requirement relating to nutrition and healthy eating into a new Regulation made through the Education and Training Act 2020.

Te Aho o Te Kahu, Cancer Control Agency, has considered the proposed changes and the information provided in the discussion document. We also support the feedback on the same topic submitted by the Ministry of Health.

Question 1:

In what capacity are you providing feedback?

Te Aho o Te Kahu, Cancer Control Agency has a mandate to provide national leadership for, and oversight of cancer control in Aotearoa New Zealand, and aims to improve cancer outcomes for all New Zealanders.

We work with partners across the cancer continuum to prevent as many cancers as possible. Prevention is the ideal in cancer control and is essential to reduce the burden of cancer in an effective, equitable and sustainable way. Approximately 30-50% of all cancers are preventable, with poor diet and excess body weight being one of several key cancer-related risk factors (Te Aho o Te Kahu, 2022). We take a whole of system approach to prevention, which includes a strong focus on cancers related to poor nutrition and excess body weight.

Question 2

Do you agree with our view of the problem? If not, why not? What other problems, if any, do you think should be taken into consideration in assessing options?

Te Aho o Te Kahu agrees with this view of the problem, for the reasons outlined below:

In Aotearoa, children are exposed to high levels of unhealthy food and beverage marketing within their school environments (Signal et al., 2017). Children are at school for a significant portion of their day therefore education settings are important settings to improve the health of children through providing an environment that supports healthy choices.

Te Aho o Te Kahu shares your concerns about the high intake of sugar sweetened beverages among children and young people in Aotearoa New Zealand, where 32% of children consumed fizzy drinks at least once a week in 2020/21 (Ministry of Health, 2021). We agree that sugar sweetened beverages are a significant contributor to the high rates of obesity, poor oral health, diabetes and other health conditions in Aotearoa New Zealand. In 2020/21, one in eight children were classified

as obese, with higher rates among Māori and Pacific children (Ministry of Health, 2021). This is concerning as we know from research that childhood food preferences and excess body weight can continue through to adulthood.

Consumption of unhealthy food and drink increases the risk of developing several cancers. It also affects body weight, which can increase the risk of developing cancers associated with excess body weight, including bowel, breast, lung, stomach, and uterine cancers. Reducing sugar-sweetened beverages, refined carbohydrates and ultra-processed foods can reduce the risk of cancers related to excess body weight (Te Aho o Te Kahu, 2022). Māori and Pacific peoples have a higher burden of obesity-related cancers, such as uterine and breast cancers. Pacific women have over 2.5 times the rate of uterine cancer compared with European/other women, and they also have the most rapidly increasing rates of over time, especially in younger women (Meredith et al., 2012).

In February 2022, Te Aho o Te Kahu released the Cancer Prevention Report (<https://teaho.govt.nz/reports/prevention-report>) summarising evidence-based best practice interventions considered most likely to reduce the exposure to cancer risk factors in our environment (including poor nutrition and excess body weight) (Te Aho o Te Kahu, 2022). A specific action supported by evidence is to create healthy food environments by mandating and supporting the development of healthy food and beverage policies in schools and early childcare centres (page 39). Healthy school food policies can increase consumption of healthy food and reduce consumption of sugar sweetened beverages and unhealthy foods. Comprehensive nutrition policies that are school- and childcare centre-based have improved nutrition and health outcomes in indigenous children, particularly when policies included a focus on reducing sugar sweetened beverages. In addition, healthy school food and drink policies in school are likely to contribute to positive effects on educational outcomes.

Question 3:

Are these the right objectives? Can you think of any others to add?

Te Aho o Te Kahu support the proposed objectives for these new Regulations, listed as:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

We also suggest the following be considered:

1. To include all early learning and secondary schools to the new Regulation, in addition to primary schools
2. Strengthen the healthy food environment by also including food to the new Regulation

Question 4:

Are there any other options that you think should be considered?

Te Aho o Te Kahu supports option 2 outlined as an initial step in supporting healthy food environments in some learning settings. As the food and drink environments in schools in Aotearoa New Zealand vary, we also suggest considering the following additional options to improve the school food environment and to encourage and support the health and wellbeing of students of all ages:

- Place an additional duty on all early learning services to provide only healthy food and drink

Children may eat much of their food each weekday in early learning services and providing a healthy eating environment enables children to maintain normal growth and development.

- Place an additional duty for all schools to provide healthy food as well as drinks

Children in Aotearoa may not always have access to healthy foods out of the school environment. For instance, the 2020/21 New Zealand Health Survey found that 42% of children aged 2-14 years ate the recommended servings of vegetables per day. Māori, Pacific and Asian children and those from more deprived neighbourhoods were less likely to consume the recommended number of servings daily (Ministry of Health, 2021).

Question 5:

Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

We also support your definition of 'healthy drinks,' which are:

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

Question 6:

Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

We acknowledge there may be difficulties in implementing these changes. For instance, it may be difficult 'policing' it if a school is near a supermarket (for the older children), and there may be parental or community resistance to the changes.

Therefore, a lead-in period would be helpful to enable these settings to make changes such as installing water fountains or withdrawing from contracts with caterers. It would also give the schools time to address competing priorities that may be more pressing at the time.

Question 7:

Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Secondary schools report greater access to unhealthy food and drink on school grounds. Secondary school students are more likely to buy their own food and drink, therefore having healthy drinks and food readily available is crucial. Challenges such as those highlighted above will also be relevant to secondary schools.

Question 8:

Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Te Aho o Te Kahu supports replacing the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this. The survey data from 2016 confirmed that the food and drink environments in schools in Aotearoa vary, less than half of primary, intermediate, and secondary schools having a written nutrition policy (Dsouza E, 2017). Mandating and supporting these changes, will enable schools to prioritise the development of healthy food and nutrition policies that are fit for purpose for their school and community.

Question 9:

What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

Te Aho o Te Kahu agrees with the listed circumstances where it may not be appropriate to the apply the duty.

Question 10:

Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Te Aho o Te Kahu agrees that the high-trust, light touch compliance approach is appropriate for a duty to only provide healthy drinks in school

References:

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- Signal L, Stanley J, Smith M, et al. (2017). Children's everyday exposure to food marketing: an objective analysis using wearable cameras. *International journal of behavioral nutrition and physical activity*, 14(1), 137.



Te Aho o Te Kahu. 2022. Pūrongo Ārai Mate Pukupuku, Cancer Prevention Report. Wellington: Te Aho o Te Kahu, Cancer Control Agency.

Proactively Released

Healthy Drinks in Schools Consultation:

Name: 9(2)(a)

I am a mother of 3, grandmother of 1, an ex-9(2)(a) Committee member, past Primary School BOT Chair. I have been a Social Worker for many years and currently work in Public Health.

I know that for many children unfortunately home is not a safe or healthy place. I believe that schools can offer a safe place providing a holistic approach to health and wellbeing. This includes promoting, and in some school's provision of, healthy food and drink options. As I grow older, I increasingly appreciate the impact and influence that schools and education have upon our whole of life wellbeing. Encouraging healthy habits in the early years is imperative. Children teach their parents too. It is most important that the healthy food and drinks practice within schools persists into the high school years also, at a time when young people can make more of their own choices.

My primary concerns for our children and young people: oral health, obesity, and the impact of nutrition and hydration upon learning. In fact, throughout life water is best!

I support Option 4:

"The existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks."

Exemptions:

I would support the following being exempt from the regulations:

Occasional events such as School Ball, Secondary Socials and Primary discos. Though I think that healthy eating and drinking options should be available.

Events such as Powhiri where whanau attend are a great opportunity for modelling healthy choices for whanau to experience foods that they may not usually have and therefore exemptions are not required.

Fundraising:

Fundraising efforts should be free from unhealthy food and drinks. When my son was at Intermediate School I spoke with the Principal and gave an equivalent donation explaining we would support the school but not by selling chocolate bars – I worked in child health at that time.

Compliance:

Whilst there may need to be some means of compliance checking, providing support initially would be the best option to help schools understand the importance of their implementation of regulations. School and home need to work in partnership to foster change.

Submission on Healthy School Food and Drinks.

Date: 31 May 2022

Name: 9(2)(a)

Address: 9(2)(a)

[Redacted]

[Redacted]

To: Ministry of Education

To Whom This May Concern

Firstly, as a mum of a school aged child and secondly a Public Health Nurse, I feel strongly about having healthy food and drink in schools. I ensure when sending my child to school that she has healthy lunches and that when she assists with making lunches for school that she understands the reasons why we are making these healthy choices for her learning and growth. Unfortunately, as a Public Health Nurse, I see the impact of poor food choices due to affordability and accessibility to good nutritious and healthy foods, when I complete health assessments on New Entrants in the region I live. There are children who have poor oral health which has an impact on their overall health and obesity, due to not having access or knowing about the importance of healthier options. We also have children who are attending school with empty tummies and unable to learn and play due to child poverty. I feel that it is a right as a child to have access to healthy food and drinks whilst at school. Also, making it an opportunity to educate our future generation on the benefits of healthy food and drink. I feel that the Ministry of Education, should look at overseas at school having gardens in their schools and children learning to make lunches with the produce that they have grown to feed their tamariki. This not only educates and gives the next generation the skills and knowledge to learn about food but also gives back to the community and feeds our tamariki so that they learn.

I feel that the Ministry of Education, needs to ensure that from ECE's right through to High Schools need to have it mandated that only healthy food and drinks are acceptable for our tamariki so that they have access to healthy foods and drink, whilst at school. This will hopefully improve the health of our children across the lifespan and hopefully educate their families about making healthy choices. By having access to healthy food and drinks it will hopefully improve the health and decrease the cost to our health system. It also allows for children to be able to learn, due to being hungry and then eating non nutritious foods which affects their learning. If, the Ministry of Education only looks at Primary School aged children we are missing an opportunity to help our youth who are often forgotten. Our youth, have higher obesity rates which leads to poorer health outcomes which means that this as an impact on our economy, due to having chronic health conditions that could have been prevented with a healthy food and drink program in all schools across the nation.

Yes, schools have a lot to deal with and don't necessarily have the capacity to research and write rules to deliver healthy food and drinks in their school. I think that the schools should be using the good national guidelines around healthy food and drinks that is used in the Ka Ora Ka Ako Healthy School Lunches Programme, but the Ministry of Education needs to build on this further to improve this programme. I think there should be more funding and bringing in experts to help schools develop a vegetable garden and fund for each school to have a chef/gardener with a nutritionist to help develop nutritious and affordable meals for all. I also feel that this programme needs to be delivered equitably across all so that all children have the same access to healthy children to give them a healthy start to life and learning. The schools are a pinnacle part of the community and are able to role model good healthy behaviours to our tamariki which then helps to build healthier communities. If a child has healthy food and drink they are more likely to learn which then helps change the trajectory for these children and improves our economy of our country. I feel it is important that all schools have to comply with the same rules so this does not send out mixed messages to our children and their families. But also ensures that we provide a program that is strengthened across the nation and is more cost effective to run.

I feel really strongly that the existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (ECE, primary and secondary) to only provide healthy food and drinks.

I feel that these regulations should take place within the next 6-12months. This allows schools to employ people to help with this program and for the tuck shops to change their menus. I feel that the regulations should have minimal exceptions to prevent unhealthy food options becoming easily accessible in the schools community. There are a number of healthy options for fund raising for the schools and maybe using the vegetable gardens with surplus produce could be used to help with fundraising for the school but also allow the families to access to more affordable healthy foods.

Kind regards

9(2)(a)

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

I am providing feedback as a parent of two school age boys, a registered nutritionist of eight years and a nutrition advisor 9(2)(a) who works with educators and tamariki in Early Learning Services and Primary School-age students.

Do you agree with our view of the problem? If not, why not?

I totally agree that primary school children have high rates of tooth decay, but this health issue is also seen in high rates in ELS and Secondary Schools. Sugary drinks are a major contributing factor of tooth decay, but also contribute towards other major NCDs for our children, for example type-2 diabetes and obesity, to name just two. We also know that it is not just sugary drinks that contribute to these negative health outcomes, but 'unhealthy' foods, for example foods high in sugar and fat, and ultra-processed (packaged) foods which contain extremely high quantities of sugar, no or minimal nutrients and are particularly marketed towards our children. So, whilst sugary drinks are a major contributor, other factors are also involved in health outcomes for our children.

What other problems, if any, do you think should be taken into consideration in assessing options?

Our food environment has changed over the decades, with increasing amounts of convenient foods available for purchase, in more convenient places and are at lower prices than the whole foods that positively support our bodily systems. Whole foods contain sugar too, but also come with additional nutrients that allow us to process those intrinsic sugars at a slower rate, avoiding blood sugar spikes and keeping us feeling full. This is what we want for our children as they navigate through life and learn about making their own food choices. Let us provide an environment that enables them to easily choose those foods that will help their development and expose them to health-enhancing drinks AND foods. Why go softly softly with minor adjustments, let us take this opportunity and expand on it.

Are these the right objectives? Can you think of any others to add?

If we are to be inclusive and make a difference in their lives, make these changes occur in Early Learning Services and Secondary Schools as well. For a child to go through their early years in those different education systems and be immersed in positive food environments all the way through would be an amazing opportunity for the youth of Aotearoa. To have grown up in an environment that supports their health all the way through, not just at certain stages, would empower them to make their own food choices from years of positive food exposure/habits.

Tooth decay is the big driver of this new objective, and tooth decay also starts during the pre-school years. I acknowledge that ELS have had a few challenging guidelines and policies to take on in the food environment over the last couple of years (introduction of the food-related choking guidelines and the new Healthy Food and drinks Guidance), so perhaps start with the schools and then include ELS.

Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

It is important that Schools act as good role models with their food and drink choices for their students, so any new objectives should also come with support for schools to communicate the changes and enable their teachers to embrace the changes and fully understand why they are necessary. The new Ka ora Ka ako Healthy School Lunches program could be utilised to disseminate additional assistance and guidelines with schools not familiar with the program.

Are there any other options that you think should be considered?

There is also the opportunity to provide nutrition education to students (and teachers) alongside the new environment, to support and enhance student learning. Education that includes more than just eat this/not that. It would be important to include sensory activities, food exposure lesson plans, garden to table-like opportunities, and the 'why' people eat.

As a parent I would like to see consistency in messaging coming from the schools. On the one hand I see messages in the form of 'healthy' choices for lunchboxes, which is then followed by a sausage sizzle fundraising, or a lolly scramble on a special 'bring a bike to school' day, or high-sugar treats given out if a class has reached their house point target for the term. These new objectives would ensure that Schools walk the talk and provide other ways to fundraise and motivate their students, without linking food with behaviour.

It is recognised that a whole systems approach is needed to make changes to our wider food system, so if we are really wanting to make a change, change the environment surrounding their Schools too, for example limiting junk-food marketing to children. Food and drink policies can improve food environments by reducing exposure to junk food and at the same time making healthier food and drinks more available, accessible, affordable, and widely promoted. This can and should be done within and around all Schools. Multiple public health organisations are advocating for more legislation in this area.

Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

I agree with the Health Coalition Aotearoa's fourth option: "The existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks." This is too good an opportunity to do it by treading lightly; to only include a snapshot of a child's life by only including primary schools. To not provide a consistent and clear message all the way through their education is a missed opportunity. Providing healthy food in Schools and ELS, as well as workplaces, is just one way to make major changes towards healthier, more equitable food environments.

Let us be brave, let this be the start of the beginning of a positive change for our food environment in Aotearoa New Zealand. The European Public Health Alliance has described food environments as "the physical, economic, political and socio-cultural contexts in which people engage with the food system to make their decisions about acquiring, preparing and consuming food". Fundamentally, food environments influence our choices with regards to the food and drink we buy and eat. We are shaped by our environment so let us change food behaviors by altering the structural factors that drive food choice, in an equitable and effective way that will improve population nutrition and diet-related health conditions.

We need to be transformative with our food environments now, the risks are real if we don't, so why not start with our schools, where it is needed the most for the health of our future generations.

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SUBMISSION

Submission on Healthy Drinks in Schools

National Heart Foundation of New Zealand

1 June 2022

National Heart Foundation of New Zealand Contact:

9(2)(a)



Q1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

I am providing feedback on behalf of the Heart Foundation, a national not-for-profit, non-governmental health organisation, which is committed to helping people make heart-healthy choices. Our purpose is to stop all people in New Zealand dying prematurely from heart disease and enable people with heart disease to live full lives.

Our work in the education setting involves improving the availability and promotion of healthy foods in key environments (e.g. schools and early learning services), educating children, youth and their whānau on healthy lifestyle choices, and working with caterers and food preparers on improving the composition of foods sold in these environments. Our food and nutrition team also work with the food industry to help improve the nutritional quality of low-cost, everyday foods consumed by New Zealanders.

Specifically, the Heart Foundation has been working with all types of schools to improve their food, drink and nutrition environments for over 30 years. We currently have 18 nutrition advisors spread throughout Aotearoa from Kaitaia to Invercargill working directly with schools and a national support team to support delivery. We have hands-on experience working with schools, canteens and suppliers, coupled with a good understanding of the sector.

Q2: Do you agree with our view of the problem? If not, why not?

The Heart Foundation agrees with the evidence which outlines tooth decay is a problem in New Zealand children and how drink choices contribute to the issue. The Heart Foundation would like to highlight there are other issues which are contributing to the ill health of children and burden of disease in New Zealand which are associated with consumption of unhealthy food and drinks (Mackay, Garton, Gerritsen, Sing, & Swinburn, 2021). Nutritious food is important for the health of children and young people (both now and into the future), but can also improve their concentration, behaviour and opportunity to learn. Poor nutrition,

establishment of unhealthy food preferences and access to and normalisation of energy-dense nutrient-poor foods within a school environment are mitigatable factors and are acknowledged by the Ministry of Education's discussion document but not addressed in the three options put forward by the Ministry of Education for consultation (World Health Organization, 2017).

2nd part of Q2: What other problems, if any, do you think should be taken into consideration in assessing options?

The Heart Foundation recommends the impact of unhealthy food should be taken into account and a solution to address this impact presented within the proposal options. In New Zealand, research has consistently shown that the vast majority of children are not achieving appropriate nutrition for their growth, development and long-term health (Ministry of Health, 2017). Taste preferences and healthy lifestyle choices are established early in life and providing an environment which promotes, models and enables these choices is critical. Optimal nutrition is critical for the development and growth of children and has an important role in setting the platform for children reaching their future potential. The Ministry of Health Food and Nutrition Guidelines for Healthy Children and Young People were developed based on the best available evidence to prevent nutritional deficiencies and support optimal growth development and long-term health (Ministry of Health, 2012). Given the amount of time that children spend in schools, they are important settings for the implementation and promotion of the Ministry of Health guidelines which demonstrate healthy eating (World Health Organization, 2017; Ministry of Health, 2012). Ka Ora, Ka Ako is a model of food provision which demonstrates how the guidelines can be implemented in the school setting while modelling good nutrition practices and improving the wellbeing of students (Vermillion Peirce, Blackie, Morris, Jarvis-Child, & Engelbertz, 2021). Alignment and consistency of food policy with the Ka Ora, Ka Ako programme would be of benefit for schools.

Q3: Are these the right objectives? Can you think of any others to add?

The Heart Foundation supports the objectives but believes it prudent to expand the second objective to "Schools model healthy food and drink consumption for all school children."

Q4: Are there any other options that you think should be considered?

The Heart Foundation supports option 2 with the inclusion of the promotion and supply of only healthy drinks and food in all schools (inclusive of primary through to secondary).

The Heart Foundation would like to see this option include a gradual transition to including the provision of food in the duty. Internationally, several organisations have recommended schools have healthy food standards and this recommendation has been implemented in 16 different countries (L'Abbé, et al., 2013). Although there are many grey areas in the regulation of food provision, New Zealand can adopt a model based on these international learnings. A starting point may be for schools to apply a simple rule of no provision of confectionary and deep-fried foods, like hot chips and donuts. In addition, ensure vegetables or fruit are included in all bread based or cooked food items.

Q5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

The Heart Foundation agrees with the definition of healthy drinks but would like to see further clarification to include unsweetened reduced- and low-fat milk to ensure exclusion of sweetened flavoured milk and more accurately align with the current Ministry of Health recommendation (Ministry of Health, 2020).

Q6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

The Heart Foundation recommends a lead-in period as some schools and external lunch providers have contracts with suppliers for drinks which can be locked in for several years. A lead-in period would be useful for providers who are not able to easily withdraw from such contracts.

We recommend providing support for schools to implement the duty. These supports could include:

- Student, staff and community engagement.
- Training and development of canteen managers and staff.
- Collaborating with existing school initiatives like breakfast in schools, Ka Ora, Ka Ako and Garden to Table.
- Infrastructure planning for water fountains.

Q: If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

The Heart Foundation recommends an exception be considered for boarding school caterers whereby they are only limited in the portion and frequency of some drink options, such as fruit infused water, diluted fruit juice, unsweetened flavoured water and milo.

Q7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

The inclusion of secondary schools in the duty is important. Secondary school students have greater independence regarding food choice and purchases, including access to purchase products outside of the school grounds. Therefore, role modelling, promotion and provision of healthy food and drinks in the school environment can ensure the healthy choice is the easy choice and further embed positive lifestyle behaviours. Without inclusion in the duty these students will become a lost cohort and will miss the opportunity to improve their health and wellbeing before becoming adults. Lack of regulation in secondary schools leads to a contradictory environment whereby the school curriculum is teaching students about food and nutrition in the classroom but not enabling them to practice this learning on the school grounds with their food purchasing. By not including secondary schools in this duty, we continue to undermine their ability to implement their learning around food and nutrition (World Health Organization, 2017).

Q8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

The Heart Foundation strongly agrees with replacing the current guidance to promote healthy food and nutrition with regulations that require school boards to continue doing this. We commend the Ministry of Education for this action.

School boards hold a duty of care for students. Currently, not having a specific duty around food and drinks is resulting in an inconsistent approach and many schools providing food and drinks which are not in the best interests of students' health. By providing this clarity it becomes easier for school boards to make decisions on the suitability of specific food and drinks in schools for day-to-day purchases and events.

By providing a duty on drinks, the Ministry of Education is contributing to reduce the inequitable burden of disease faced by Māori and Pacific children.

The Heart Foundation strongly believes schools need to actively support the health and wellbeing of students as a priority and demonstrate how to achieve hauora and support the development of lifelong healthy habits.

Q9: What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

Promotion and provision healthy drinks options should be considered at all school activities to prevent mixed messages. The promotion and provision of healthy drinks at school discos, fairs, galas, sports and cultural events is critical to embed the health promotion messages. The circumstances are opportunities to transfer messages from the school to whānau and the community around appropriate and healthy lifestyle behaviours, these messages should not

be dropped because of personal beliefs, fundraising, donations or convenience (World Health Organization, 2017).

There are very few circumstances where it is reasonable this duty doesn't apply on a school's grounds. The Heart Foundation supports an exemption of the duty when specific drink types are part of a child's health plan, such as treatment of hypoglycemia for a child who has type 1 diabetes.

Where food and drinks may be used as part of a curriculum activity, the Heart Foundation supports an exception only if these are used in a way which supports the education and skill development of students regarding nutrition, healthy choices and health environments, such as comparing sugar content of drinks in health or investigating acidity in science or making smoothies within the cooking curriculum.

Q10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

The Heart Foundation recommends the Ministry of Education reviews evidence regarding effective implementation of policies in schools in relation to the level of monitoring and accountability. The Heart Foundation believes monitoring of adherence to the duty implementation would provide the best success rates. Monitoring also allows for best practice to be identified, shared and problems solved between schools. By monitoring compliance, effectiveness of the duty can be measured and reported on further strengthening evidence of the effectiveness of the intervention and providing evidence for further duties on health-related factors affecting students in school (Taylor, McKenna, & Butler, 2010).

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**Submission to the Ministry of Education,
Promotion and provision of healthy drinks in schools:**

We are a group of university students associated with the Bachelor of Health Science at the University of Canterbury. We wish to provide you with our views on the promotion and provision of healthy drinks in schools. Overall, we do agree with the issue presented and how to address it however we have some other considerations to present.

We agree with all three of the objectives that have been proposed as we believe that students should receive a positive education on healthy food and nutrition, and that the school should be modelling this additionally to ensure positive health and wellbeing is promoted. We also believe that the regulations should be appropriate and fit for purpose in all schools, whether public or private, which support kāupapa Māori values.

- (1) We believe that option one is the best option out of the three that have been proposed. However, we also believe that the provision and promotion of healthy drinks in secondary school is also critical to further implement healthy food and drink promotion into adolescence. This is because we think that when children graduate primary school where they have been exposed to only healthy food and drink, they may be more inclined to have unhealthy and sugary drinks at high school as they previously have not been allowed to consume unhealthy drinks at school. Although, we also acknowledge that secondary students are encouraged to make their own decisions based on the education and knowledge they already have.
- (2) When considering the definition of healthy drinks, we have decided that specific electrolytes and healthy forms of milk are the best option to be provided at schools. Electrolytes enable children to stay fitter and healthier for longer periods of time and provides them with a source of energy (Koplan J et al., 2005). It is encouraged that sports drinks or electrolyte based drinks should be used on special occasions such as a time when an individual is burning a high amount of energy or losing nutrients via sweat should be able to have a sports drink to replace what is lost and to maintain energy levels (Beth et al., 2011). All kinds of milk, flavoured, non-flavoured, fat, and low fat, have the potential to improve an individual's nutritional status in primary school children. The benefits include; hydration, dental and bone health, physical attributes, cognitive function, and appetite control. On top of this, milk is a vital source of multiple nutrients that can benefit a balanced diet and has long been advocated for (Rumbold, P et al., 2021).

- (3) Children's attitudes and behaviours toward food and drink they consume at school and at home can be improved significantly by school-level promotion of healthy food and nutrition. Eating habits established at a young age significantly impact a person's ongoing approach to healthy eating and drinking throughout their life. Hence the importance of establishing healthy habits and patterns in the early stages of children's development. Primary schools might face difficulty in being able to only provide healthy drinks to their students is what the students are doing before and after school. We believe that children may be purchasing and consuming unhealthy, sugary drinks on the way to school, and on the way home from school. There is sufficient evidence by the University of Georgia (2021) suggesting that high consumption of sugary drinks affects learning and memory due to the impact of high consumption. When schools provide unhealthy food and drinks, they undermine their efforts to promote healthy eating. It has been found that school-based approaches to promoting healthy eating and drinking, supported by a consistent message from the school itself, are more effective in influencing students' healthy eating and drinking choices.
- (4) Another important factor to consider is the environment outside of school and community surrounding the school, therefore this needs to be some sort of implementation within the household ensuring parents, guardians and caregivers are actively involved in promoting the provision of healthy drinking. Additionally, children may be bringing these already purchased drinks into school. Egli et al. (2019) claims children and primary students are primarily vulnerable to being exposed to unhealthy food and beverage marketing with further research by Swinburn et al., claiming that "the 'obesogenic' of modern environments is fueling the obesity pandemic" (p.1). Particular focus is associated around neighbourhoods with promotion of unhealthy beverages 'normalising' unhealthy behaviours. In addition to this, a study undertaken by Otago University found that children in New Zealand are exposed to roughly 27 advertisements of unhealthy food per day, in which sugary drinks are commonly advertised (Signal et al., 2017).
- (5) There is a possibility that some schools may opt not to promote healthy eating and food without replacing the existing requirement under NAG 5b. The schools could, however, continue to promote healthy food and nutrition to students while also providing them with unhealthy treats. We think that students' health and wellbeing should be at the heart of all decisions made by the school boards along with their school's reputation and making it a new legal duty to only provide healthy drinks is a great step forward for both the students and the board.

Recommendation:

Overall, we recommend that option one is the most appropriate choice for implementing healthy food and drink provision in primary schools. However, we have concerns for the children outside of school hours and the unhealthy food they are exposed to. Additionally, we believe that secondary schools should also implement a similar strategy, to further promote healthy food and drink consumption throughout the life-course. We also think that there should be some leeway around what healthy drinks are, during certain occasions such as sporting events.

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1. In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

Doctors For Nutrition is an Australasian health promotion charity led by medical and dietetic professionals from across Australia, New Zealand and globally. Our vision is a society and healthcare system that embraces nutrition solutions to help people live longer and healthier lives. More information is available at doctorsfornutrition.org.

2. Do you agree with our view of the problem? If not, why not?

We agree that free sugars are a part of the problem, particularly when it comes to dental health. However, free sugars are certainly not the only issue (nor indeed the primary issue) when it comes to the health concerns currently facing our tamariki and population.

Unfortunately our last nutrition survey of children in Aotearoa/New Zealand is 20 years out of date. However, recent research from the US shows declines in added sugars intakes among children, adolescents, and teens from 2001-2018, regardless of sociodemographic factors, food assistance, physical activity level, or body weight status¹.

While it is often assumed that refined sugar and carbohydrate are the major contributors to excess energy intake in Western society, this idea is not supported by research. A recent UK study found that compared to those with normal BMI, obese participants had a 14.6%, 13.8%, 9.5% and 4.7% higher intake from fat, protein, starch and sugar, respectively². In fact, it was concluded that because the proportion of fat in the diet, rather than sugar, was higher among overweight and obese individuals, focusing public health messages on sugar may mislead on the need to reduce fat and overall energy consumption.

Although refined sugar is often blamed for the diabetes epidemic, it seems to have little role in its aetiology besides as a source of additional energy³.

An approach that considers other nutritional aspects, particularly saturated fat content, and ideally that includes healthy foods would be substantially more effective in health promotion. This approach would also be more aligned with actions suggested by the Ministry of Health to promote sustainability with food⁴. Nonetheless, a reduction in free sugars from beverages in our schools is a step in the right direction.

3. What other problems, if any, do you think should be taken into consideration in assessing options?

See above. It is particularly important in the school setting that the environmental impact of food and beverage choices is also a consideration.

4. Are these the right objectives? Can you think of any others to add?

As noted above schools should model both healthy and environmentally sustainable consumption behaviours for children at a young age, ideally for both food and drink.

5. Are there any other options that you think should be considered?

Secondary schools should be included, and secondary students are more likely to have the means to purchase unhealthy drinks. It may be even more important that health promoting behaviours are modelled and supported in the secondary school environment where students are able to make more decisions independent of parents and whānau.

Doctors For Nutrition is a member of Health Coalition Aotearoa and agree with the Coalition that a further option should be considered if we are taking the health of our tamariki seriously. We urge the Ministry to consider that the existing nutrition guidelines for schools are replaced with a

regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks.

6. Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Reduced or low-fat milk is not a healthy drink for children.

While working in the Philippines helping malnourished children, nutritional biochemist T. Colin Campbell noticed those with the highest protein diets were most likely to develop liver cancer. He investigated this further in experimental animal studies. After exposure to the carcinogen (aflatoxin) thought responsible for unusually high rates of liver cancer in Filipino children, high protein diets promoted cancer in the mice, whereas low protein diets inhibited its initiation. The effect of dietary protein was so powerful Campbell explained "...we could turn on and turn off cancer growth simply by changing the levels consumed". Casein, which makes up 87% of the protein found in cow's milk, most consistently and strongly promoted cancer⁵.

Intake of dairy protein particularly (along with other animal sources), increases levels of insulin-like growth factor 1 (IGF-1) hormone^{6,7}, implicated in the development and progression of several cancers⁸. Increased IGF-1 is associated with risk for a number of cancers⁹, but most well established for breast¹⁰, prostate¹¹, and colorectal cancers⁸, for all of which it is believed to be causal.

Dairy consumption has been associated with higher risk of cancer overall¹². Consistent with Campbell's findings, a higher risk of liver cancer was associated with dairy intake in China¹². Risk of several cancers with well-established links with IGF-1 is increased by dairy consumption. Consumption of dairy foods, and milk especially, has been associated with an increased risk of breast cancer^{12,13}. Increased IGF-1 appears associated with oestrogen receptor positive (ER+) but not oestrogen receptor negative (ER-) breast cancers¹⁰, and only ER+ and progesterone positive cancers showed convincing positive associations with milk intake in a recent study that adjusted for soy intake and considered low levels of milk consumption¹³.

Consumption of dairy foods, and again milk especially, has been associated with a dose-dependent increase in risk of prostate cancer¹⁴. Japan, where this research took place, experienced an almost linear 25-fold increase in prostate cancer deaths following World War 2, coinciding with the 'Westernisation' of the Japanese diet, which included a 20-fold increase in milk consumption¹⁵. Again, IGF-1 may be responsible for this association¹⁶. A recent review of scientific publications found that: "The overwhelming majority of the studies included...were suggestive of a link between milk consumption and increased risk of developing prostate cancer."¹⁷

Acne is a near ubiquitous skin condition particularly of adolescence in Westernised societies, but has a substantially lower prevalence in non-Westernised populations where it may even be absent entirely¹⁸. Significantly higher levels of IGF-1 are found in people who have acne compared with those who do not¹⁹. A review of 14 studies including almost 80,000 young people found consumption of dairy significantly increased risk for acne²⁰. Interestingly, and consistent with the proposed link with IGF-1, researchers report a link between adolescent acne and both breast²¹ and prostate cancers²² in later life.

Therefore, Doctors For Nutrition support 'healthy drinks' being defined as plain, unflavoured water, and unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12 only. Both of these choices are consistent with the health of our tamariki and our planet, and are aligned with actions suggested by the Ministry of Health to promote sustainability with food⁴.

7. Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

We support schools being provided with a 'lead-in' period of 6 months to 1 year in order to enable them to adjust or terminate existing contracts and distribute remaining stocks of unhealthy beverages that they are unable to return to suppliers.

8. If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

Not applicable.

9. Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

We agree that there may be challenges as outlined in the example provided and therefore support a short 'lead-in' period as detailed in our response to Question 7.

10. Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Yes, we support this change. It is important that there is a clear and consistent rule for all schools in New Zealand and that all schools provide only healthy drink options.

11. What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

We agree with exceptions to these duties for medical or public health reasons as listed. We also agree in principle with the idea that it can be important to have different kinds of food and drinks for celebrations or special events. This seems reasonable as long as it is occasional, and also that there are always healthy and environmentally sustainable food and drink options provided and encouraged at these events too.

12. Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Yes, we agree with the approach proposed.

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Canterbury

District Health Board

Te Poari Hauora o Waitaha

Submission on proposed changes to the promotion and provision of healthy drinks in schools

To: Ministry of Education

Submitter: Canterbury District Health Board

Attn: Name of contact person
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140

Proposal: The Ministry of Education is seeking views on the promotion and provision of healthy drinks in schools. The National Administration Guidelines (NAGs), which set out the Government's administrative requirements for State school boards, including guidance around promoting healthy food and drink, will no longer be in effect from 1 January 2023. Therefore, the Ministry is seeking guidance on new Regulations made through Education and Training Act 2020. The Ministry has presented three options to consider and provide feedback on around promoting and providing healthy drinks in schools.

SUBMISSION ON PROPOSED CHANGES TO THE PROMOTION AND PROVISION OF HEALTHY DRINKS IN SCHOOLS

Details of submitter

1. Canterbury District Health Board (CDHB).
2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956. These statutory obligations are the responsibility of the Ministry of Health and, in the Canterbury District, are carried out under contract by Community and Public Health under Crown funding agreements on behalf of the Canterbury District Health Board.
3. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

4. We welcome the opportunity to comment on the proposed changes to the promotion and provision of healthy drinks in schools. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively. Education settings have a key role to play in the health of our children and young people.
5. Health creation and wellbeing (overall quality of life) is influenced by a wide range of factors beyond the health sector. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the 'social determinants of health'¹. The most effective way to maximise people's wellbeing is to take these factors into account as early as possible during decision making and strategy development.

¹ Public Health Advisory Committee. 2004. The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health. Public Health Advisory Committee: Wellington: [https://www.moh.govt.nz/notebook/nbbooks.nsf/0/A760651A98E1E878CC256F53006E8599/\\$file/health.pdf](https://www.moh.govt.nz/notebook/nbbooks.nsf/0/A760651A98E1E878CC256F53006E8599/$file/health.pdf)

6. Schools and education settings are a key environment that can contribute positively to the health and well-being of children and young people. The World Health Organisation's (WHO) Global Strategy on Diet, Physical Activity, and Health² notes the importance of schools adopting of school policies and programmes that support healthy diets and physical activity. Additionally, the WHO's report on Ending Childhood Obesity highlighted the importance of policy responses in food type availability, affordability, and marketing to support children's health and prevent childhood obesity.³

General comments

7. The CDHB supports Option 2 outlined in the Discussion Document and has a number of points for consideration outlined below in response to the Ministry's questions.

Specific comments

Question 2: Do you agree with our view of the problem? If not, why not?

8. The CDHB agrees with the Ministry's view of the problem, highlighting the links between sugary drinks and poor health outcomes, including obesity, tooth decay, and type 2 diabetes in Aotearoa New Zealand.

The CDHB is particularly concerned of the impacts of sugar on children's oral health as recent research highlighted this is a significant problem in the Canterbury region. The Christchurch City Council has not yet fluoridated the water supplies and this has contributed to poor oral health for children in Canterbury. Therefore, the CDHB strongly supports other measures that can protect children and young people's oral health.

According to Schluter, Kokaua, and Lee's (2020)⁴ findings, almost one in five children or 18.4% of the 10,766 children in Canterbury included in the research had experienced tooth decay and cavities. Additionally, 5.7% of children in the CDHB region had at least one tooth extracted due to cavities. Additionally, the current need

² World Health Organisation. (2004). Global Strategy on Diet, Physical Activity and Health. WHO: Geneva, Switzerland: <https://www.who.int/publications/i/item/9241592222>

³ World Health Organisation. (2016). Report on the Commission on Ending Childhood Obesity. WHO: Geneva, Switzerland: <https://www.who.int/publications/i/item/9789241510066?ua=1>

⁴ Schluter, P. J., Kokaua, J., & Lee, M. (2020). Severe early childhood caries: a modern (neglected) epidemic?. The New Zealand Medical Journal, 133(1518), 10-18. <https://journal.nzma.org.nz/journal-articles/severe-early-childhood-carries-a-modern-neglected-epidemic>

for dental care for children is exceeding capacity; some children in Aotearoa New Zealand are waiting for a year for much needed dental care and are waiting in pain.⁵

Schluter, Kokaua, and Lee's (2020)⁶ research also highlighted concerning differences between Māori and Pacific children, and non-Māori/ non-Pacific children, suggesting serious equity issues in oral health. According to the findings, 26.2% of Māori children and 40.1% of Pacific children in this research had severe tooth decay and cavities, compared with 15.4% of non-Māori/ non-Pacific children. Regulating sugar through policies in schools will help address some of these inequities and support better overall health outcomes for Māori and Pacific children.

Question 2 Part 2: What other problems, if any, do you think should be taken into consideration in assessing options?

9. The CDHB recommends that food is also considered within the new Regulations, as high sugar food is equally responsible for contributing to poor health outcomes for children and young people. The New Zealand Health Survey 2020/21 noted the rise in prevalence of child obesity, up from 9.5% in 2019/2020 to 12.7% in 2020/21.⁷ Childhood obesity is associated with other health concerns including: early-onset diabetes, asthma, and childhood hypertension.⁸ Childhood obesity is also a predictor of adult obesity, which is associated with additional health concerns including heart disease, hypertension, and type 2 diabetes.⁹

Further, Diabetes New Zealand states in their recent report that type 2 diabetes is anticipated to increase by 70%-90% in the next 20 years¹⁰. This rise in type 2 diabetes is estimated to increase the annual cost of diabetes treatment by 65% to approximately \$3.5 billion in the next 20 years. Diabetes New Zealand recommends four key interventions to address this serious health concern:

⁵ Martin, R. (2021). Children on general anesthesia waiting list akin to abuse, says dentist. RNZ: <https://www.rnz.co.nz/news/national/458489/children-on-general-anaesthesia-waiting-list-akin-to-abuse-says-dentist>

⁶ Schluter, P. J., Kokaua, J., & Lee, M. (2020). Severe early childhood caries: a modern (neglected) epidemic?. The New Zealand Medical Journal, 133(1518), 10-18. <https://journal.nzma.org.nz/journal-articles/severe-early-childhood-carries-a-modern-neglected-epidemic>

⁷ Ministry of Health. (2022). Obesity Statistics. Ministry of Health: <https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/obesity-statistics#:~:text=Child%20obesity%20statistics,children%20had%20been%20relatively%20stable>

⁸ Gonzalez-Suarez, C., Worley, A., Grimmer-Somers, K., & Dones, V. (2009). School-based interventions on childhood obesity: a meta-analysis. American journal of preventive medicine, 37(5), 418-427. https://www.sciencedirect.com/science/article/pii/S074937970900525X?casa_token=U9MBoH8SOzMAAAA:7-SA5WtpD8LVp0nuUIRVT-MSuIFNb_cabnXH_yZWnkqnpOV5_XJZ1w2-CLZICKhZz1qcMfPs

⁹ Gonzalez-Suarez, C., Worley, A., Grimmer-Somers, K., & Dones, V. (2009). School-based interventions on childhood obesity: a meta-analysis. American journal of preventive medicine, 37(5), 418-427. https://www.sciencedirect.com/science/article/pii/S074937970900525X?casa_token=U9MBoH8SOzMAAAA:7-SA5WtpD8LVp0nuUIRVT-MSuIFNb_cabnXH_yZWnkqnpOV5_XJZ1w2-CLZICKhZz1qcMfPs

¹⁰ Diabetes New Zealand. (2021). The Economic and Social Cost of Type 2 Diabetes. Diabetes New Zealand: <https://static1.squarespace.com/static/5a1b161b6957daf4c4f3b326/t/604ec4bde141402d8cca78ba/1615775066261/PwC+Economic+and+Social+Cost+of+Type+2+Diabetes+FINAL+REPORT+27.01.2021+-+SECURED.pdf>

Package of four proposed type 2 diabetes interventions

<i>Healthy People, Healthy Lives</i>	Lifestyle Intervention to prevent the development of type 2 diabetes
<i>Owning our Futures</i>	Lifestyle interventions to achieve remission from type 2 diabetes
<i>Foot Screening and Protection</i>	Better foot screening and protection to avoid amputation
<i>Better Diabetes Medications</i>	Gold standard medication to better manage type 2 diabetes ¹¹

The first proposed intervention is most relevant to the Ministry’s proposed regulations; Diabetes New Zealand suggests that policy interventions are needed to support lifestyle interventions to prevent the development of type 2 diabetes. According to Diabetes New Zealand, policies that limit access to unhealthy food and drink (food and drink high in sugar and saturated fat) and increase levels of physical activity will help prevent the anticipated sharp rise of type 2 diabetes in the population.

The rising prevalence and seriousness of these health concerns suggest that comprehensive policies that consider both food and drink in schools is needed. Therefore, CDHB recommends that the Ministry consider regulations limiting high sugar food in schools alongside drink, as this will support more meaningful change in children’s health outcomes.

Question 3: Are these the right objectives? Can you think of any others to add?

- As stated in Question 2, the CDHB recommends that the new Regulations also address the consumption and access of high sugar food in schools. The Ministry of Health’s *Healthy Food and Drink Guidance for schools*¹² states that good nutrition is essentially for learning, concentration, and energy, as well as physical health.¹² Healthy food in schools supports learning and limiting unhealthy and high sugar foods in schools will support children and young people’s health.

¹¹ Diabetes New Zealand. (2021). The Economic and Social Cost of Type 2 Diabetes. Diabetes New Zealand: <https://static1.squarespace.com/static/5a1b161b6957daf4c4f3b326/t/604ec4bde141402d8cca78ba/1615775066261/PwC+Economic+and+Social+Cost+of+Type+2+Diabetes+FINAL+REPORT+27.01.2021+-+SECURED.pdf>

¹² Ministry of Health (2020). Healthy Food and Drink Guidance: Schools. Wellington: Ministry of Health: https://www.health.govt.nz/system/files/documents/publications/guidance-schools_june2021.pdf

Question 4: Are there any other options that you think should be considered?

11. The CDHB strongly supports Option 2: Replace the existing NAG 5B with the new Regulations to all schools, including primary and secondary schools.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition?

12. The CDHB supports the Ministry's definition of healthy drinks. Plain unflavoured water, low-fat unflavoured milk and non-dairy equivalents are acceptable healthy drinks and aligns with the *Healthy Food and Drink Guidance*.¹³

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

13. The CDHB notes that a short lead-in time may be necessary to introduce new stocks of healthy drinks to schools and remove any existing stock of unhealthy drinks. The CDHB also notes that by implementing Option 2, which applies to all schools, will mean that composite schools do not need to consider ways of limiting access of drinks to primary aged children while allowing access to older students.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

14. The CDHB argues that by including secondary schools in the new Regulations, young people will also be able to benefit from access to healthy food and drink. This will support young people's health and well-being, as well as their learning. Further, promotion of healthy nutrition in secondary schools is undermined if young people can access unhealthy drinks and food at the school. The CDHB argues that it is part of a school's duty of care to not sell unhealthy drinks and food to students.

Additionally, the CDHB recommends that the Ministry ensures and resources schools to comply with the requirements to have one drinking fountain or similar, with clean water supply for every 60 children in schools¹⁴.

¹³ Ministry of Health (2020). *Healthy Food and Drink Guidance: Schools*. Wellington: Ministry of Health: https://www.health.govt.nz/system/files/documents/publications/guidance-schools_june2021.pdf

¹⁴ Ministry of Education. (2021). *Drinking water: schools on town supply*. Ministry of Education: <https://www.education.govt.nz/school/property-and-transport/school-facilities/energy-water-and-waste-management/drinking-water-quality/town-supply/>

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

15. The CDHB supports new Regulations that require school boards to continue to promote healthy food and nutrition. As the NAG will expire from 1 January 2023, another mechanism is needed to ensure that the critical issue of children and young people's nutrition and health is considered within school policies. A recent review of literature highlighted that school-based interventions in nutritional education, changes to food cafeterias and food access at school, and physical activity programmes have been shown to have on-going favourable outcomes for children's health.¹⁵ The evidence highlights that schools are a critical environment for provision of health promoting initiatives. Therefore, regulation that enables educational settings to support what is needed for children to thrive is recommended and needed.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

16. The CDHB agrees with the circumstances highlighted in the Discussion Document. The healthy drinks regulation for schools needs to be all inclusive. Sugary drinks should not be provided at school events, such as discos or fairs, as this undermines the promotion of healthy nutrition.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

17. The CDHB supports the high-trust light-touch approach discussed by the Ministry. Many school boards are already implementing healthy food and drink policies and the new Regulations would be a logical continuation of this.

The CDHB also recommends that the high-trust light-touch approach is accompanied with adequate support. Schools need to be aware of the support that they can access from the regional public health units or from the Heart Foundation NZ in implementing healthy food and drink policies and educating students in nutrition.

¹⁵ Schluter, P. J., Kokaua, J., & Lee, M. (2020). Severe early childhood caries: a modern (neglected) epidemic?. The New Zealand Medical Journal, 133(1518), 10-18. <https://journal.nzma.org.nz/journal-articles/severe-early-childhood-carries-a-modern-neglected-epidemic>

Conclusion

18. The CDHB does not wish to be heard in support of this submission.

19. If others make a similar submission, the submitter will not consider presenting a joint case with them at the hearing.

20. Thank you for the opportunity to submit on Proposed changes to the promotion and provision of healthy drinks in schools.

Person making the submission

9(2)(a) [Redacted]

9(2)(a) [Redacted]

Date: 1/06/2022

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Submissions@cdhb.health.nz

1 June 2022

Ministry of Education

By email: legislation.consultation@education.govt.nz

Re: Proposed changes to the promotion and provision of healthy drinks in schools

Dear Colleagues,

Thank you for the opportunity to provide feedback on the proposed changes to the promotion and provision of healthy drinks in schools.

ProCare is a leading healthcare provider and delivers healthcare services to improve the health and wellbeing of New Zealanders in many ways such as through the ProCare Network (where we represent the largest network of general practice teams), mental health, and wellness services, virtual/tele health, mobile health, and smoking cessation services.

As an organisation we have a strong commitment to Te Tiriti and wider equity principles and this is something that is actively at the forefront of ProCare's approach to increase positive health outcomes for Māori, Pasifika, and those in need.

ProCare takes a population health* and equity approach to our mahi with our practice teams providing care to more than 800,000 enrolled people of whom about 80,000 are Māori and 100,000 are Pacific. There are 152,000 school aged children (aged 5-19), 22,000 of whom are Māori and 26,000 are Pasifika.

At ProCare we have a duty to advocate on behalf of the communities we serve and addressing Aotearoa's obesity epidemic starts with positive education on healthy food and nutrition, regulatory action that models healthy consumption behaviours and access throughout the education system.

Therefore, ProCare is supportive of the Ministry of Education replacing the existing National Administration Guidelines (NAGs) in relation to nutrition and health eating into a new regulation through the Education and Training Act 2020.

Options Analysis

In terms of the proposed options, ProCare supports but wishes to extend Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.

While strengthening the requirements so that primary schools can only provide healthy drinks is a step forward, we would like to see this extended to include secondary schools as well.

Not extending the requirement to provide healthy drinks in secondary schools, as well as primary schools, is missing a critical opportunity to shape the future of our children and young people.

The reason these regulations are needed are clear:

- By the age of five, approximately 60% of Māori and 70% of Pacific children examined by the Auckland Regional Dental Service (ARDS) have dental decay, compared to 30% of non-Māori non-Pacific children
- Māori and Pacific preschool children also have more severe dental disease at examination, with an average of 3 to 3.5 decayed, missing or filled teeth by the age of five, compared to 1.3 for non-Māori non-Pacific children
- 50% of Māori and Pacific children are found to have dental decay in their baby and/or adult teeth at examination, compared to 30% of non-Māori non-Pacific children
- Dental admission rates for children aged 17 years and younger are highest in Pacific children in the Auckland region¹
- Aotearoa has the third highest rate of overweight and obese adults and children within OECD countries².

ProCare is committed to the health and wellbeing of children and youth, and this is a significant step towards reducing the harm of dental decay amongst children in Aotearoa.

Definition of healthy drinks

ProCare agrees with the definition of 'healthy drinks' as defined in the Discussion Document. It is a practical solution to align the definition with that of the Ministry of

¹ Oral Health in the Auckland Region Report by The Community and Public Health Advisory Committee, 2018

²Health Coalition Aotearoa website <https://www.healthcoalition.org.nz/health-issues/unhealthy-food/>

Health's existing guidance on healthy drinking in schools and the guidelines for the Ka Ora Ka Ako free lunches programme.

Timing and implementation

We would propose that primary schools are given 12 months (from 1 January 2023) to implement any changes to the provision of healthy drinks for their students, so that by the start of the 2024 school year primary school students no longer have unhealthy drink options to choose from. This should give most educational institutions enough time to provide suppliers with appropriate notice.

We understand that extending the regulations to include secondary schools may come with additional challenges, so we encourage a practical approach to introducing these regulations to secondary school. For example, secondary schools that have catering contracts with unhealthy drink suppliers may take a phased approach to meeting the regulations, such that they commit to meeting the regulations at the end of the contract, and a Healthy Drink Policy is drafted by the school. For most secondary schools, this should be able to be achieved by the start of the 2025 school year.

Circumstances where the duty will not apply

We support the proposals highlighted in the Discussion Document whereby there may be infrequent events where a school might like to have some flexibility in this policy.

The outlined examples in the Document (Religious/cultural occasions, drinks consumed as part of the curriculum, drinks provided as part of a medically prescribed dietary requirements and in a school where a boil water notice is currently in effect) are logical and we would support those occasions as being one where the duty would be excluded. However, there may be additional infrequent occasions such as school fairs or discos where the provision of unhealthy drinks is a good fundraising opportunity for schools and can add to the 'treat' element of the event and to the wider atmosphere of the event. Therefore, we would support the notion that it would be reasonable not to apply the duty on these occasions either.

Monitoring and compliance

Whilst schools are the experts on ensuring their students, parents and communities comply with school rules, we are supportive of the light touch approach outlined in the discussion document. We believe the 'carrot' approach of encouragement and advocacy around healthy eating and drinking is better than the 'stick' approach of punishing families and schools.

Conclusion

We support the Ministry of Education in its efforts to improve the health of our taiohi and rangatahi and hope that our feedback on the submission is helpful.

We would welcome the opportunity to meet in person to discuss our submission if that would be of assistance.

Yours sincerely,

9(2)(a) [Redacted]

9(2)(a) [Redacted]

9(2)(a) [Redacted]

9(2)(a) [Redacted]

* ProCare's population health strategy underpins the work of its practices to improve wellbeing, equity and outcomes for the 800,000 diverse Aucklanders in our care.

The strategy is based on a comprehensive analysis of the health needs of Auckland's population with priorities for action arising from hui and focus groups with the network, governance groups and the communities we serve.

Our Population Health Strategy It provides the framework for general practice and the wider primary care system to focus on targeted and proactive care and support that improves people's health and wellbeing.

The strategy takes a life course approach based around five goals that are designed to improve the health of the population and provides a framework for understanding patterns, equity gaps and clinical needs, and then targets and develops clinical improvements in a systematic and culturally appropriate way. It supports a people and whānau centred model of care that goes beyond the general practice.

Healthy Drinks in schools consultation:

Name 9(2)(a) [REDACTED]

I am a mother of 2 teenage children who attend secondary school, I have been a member of the PTA and been an active helper in the primary school environment.

I also work as a Health Promotion Advisor. I have set up opportunities for tamariki and whanau to experience cost effective healthy eating and drinking options at playcentre, the foodbank and at events out the community. I believe that it is a human right for tamariki and rangitahi to have the knowledge of and be able to experience healthy drinks and food to ensure they can achieve the best that they can while at school. Schools are the perfect setting to provide this knowledge and environment.

I support option 4:

“The existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks.”

Exemptions:

I would support the following being exempt from the regulations:

Occasional events such as School Ball, secondary socials and primary discos. Though I think that healthy eating and drinking options should still be available.

Events such as Powhiri and communion where whanau attend are a great opportunity for whanau to experience foods that they may not ordinarily have and therefore no exemptions are required.

Fundraising:

Fundraising efforts should be free from unhealthy food and drinks. As a member of the PTA I was always advocating for moving away from chocolate and other fundraising options. The Heart Foundation has a very good guide on other fundraising options.

Compliance:

I think there should be some sort of compliance checking. Initially providing support would be the best option to help schools understand and implement the regulations.



Oral Health Promoters and Educators Group Aotearoa

Submission for: Proposed changes to the promotion and provision of healthy drinks in schools

We are a group of over 30 Oral Health Promoters and Educators from around Aotearoa.

We meet to share ideas and resources to improve the oral health of our tamariki and rangitahi. As oral health promoters and educators we are working with environments such as schools and Early Childhood Centres (ECE's) to teach oral health practises and encourage healthy oral health environments. We are constantly faced with the environment not supporting the mahi that we are doing, therefore loosing the effectiveness of it.

All tamariki deserve to be educated in an environment that fosters healthy choices, and this should not be jeopardized by where they attend school. Providing Tamariki with the knowledge on how to make healthy choices is one factor that can empower them to be adults who can make healthy decisions. No education (or inadequately monitored education) about health may take away that option if they do not receive the information elsewhere. For that reason our group strongly suggests this following (not-listed) option to be monitored by ERO:

“That the existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and all schools have a duty (primary and secondary) to only provide healthy food and drinks.”

This approach makes “the healthy choice the easy choice” in the school environment and supports the learning that is part of the curriculum and also the information about looking after teeth that is given to Tamariki as part of their dental appointments. The policy should also extend to rangatahi, as like mathematics and reading, health is something that is essential to learn, and the knowledge can be developed and expanded as tamariki /rangitahi grow.

Events associated with and at school with food and drink including pōwhiri where whanau are invited are a fabulous opportunity to showcase healthy food and drink options. These are opportunities to get whanau thinking about what they can do differently at home as they can try healthy food and drinks and see which ones their tamariki like without the financial commitment of purchasing them and them not liking them.

Exceptions:

The only exceptions to the rule should be for occasional (3-4 times a year) events such as school balls, secondary socials/dances, discos and galas. Though unhealthy options can be available at the events there should still be a good range of healthy options.

Unhealthy foods and drinks should not be used as fundraisers e.g., chocolate sales. The Heart Foundation has an excellent guide on healthy fundraising options in schools.

Submission to Ministry of Education on Healthy Food and Drinks in Schools

9(2)(a)

Introduction

1. Diabetes New Zealand is the leading national organisation supporting people with all types of diabetes and pre-diabetes. Our role is to lead initiatives and advocate for people with diabetes and their whānau, to improve their health and well-being. We do this by increasing access to, and effectiveness of, information and resources to provide support, promote better understanding and enhance self-management to reduce long-term health complications.

Good nutrition, particularly in the early years of life is fundamental to health. A healthy diet during childhood and adolescence promotes optimal health, growth and cognitive development and may contribute to prevention of disease later in life. Children's health and wellbeing have also been shown to influence a child's 'opportunity to learn' and achieve optimal education outcomes¹.

Health Outcomes and Sugar Sweetened Beverages (SSB's)

2. Understanding the importance of eating healthy food and limiting sugar intake is pivotal to improving health outcomes in our community, reducing the risk of obesity, type 2 diabetes and ultimately the long-term complications that can develop later in life. Education in our primary and secondary schools/kura is often where these life-long lessons begin and schools/kura are an important setting for nutrition intervention as they have the power to influence children's knowledge and behaviour. Tamariki spend a significant portion of their day in the school/kura environment. It is therefore essential that the schools/kura reflect the positive health messages they espouse with their actions. Teaching the benefits of eating healthy food in the classroom, whilst selling unhealthy food and SSBs on school grounds confuses and undermines the message.
3. The New Zealand Health Survey 2018/2019 found that approximately 1 in 9 children (ages 2-14) were obese (11.3%). These obesity statistics put many of our tamariki at risk of developing type 2 diabetes, with an overrepresentation in Māori and Pasifika communities. Further, younger people diagnosed with type 2 diabetes (before 40) have a higher risk of early mortality, cardiovascular disease, chronic kidney disease and retinopathy. Limited access to health food and/or a lack of school-based physical education programmes will be contributing to this problem in New Zealand.² Recent international guidelines for the management of type 2 diabetes in children and adolescent clearly state that there is a need to "eliminate sugar-sweetened beverages, reduce calorie-dense

¹ [healthy-food-schools-factsheet.pdf \(heartfoundation.org.nz\)](#)

² The Economic and Social Cost of Type 2 Diabetes

and nutrient-poor foods” as well as “aim for at least 60 min/day of moderate to vigorous physical activity to improve body composition, glucose management and insulin sensitivity³.”

Obesity is symptomatic with unhealthy diets and lack of exercise.

- In New Zealand, we consume on average about 37 teaspoons of sugar per day in the food we eat and in what we drink. Children should ideally consume no more than about three to four teaspoons per day.⁴
 - A 600ml bottle of soft drink contains approximately 16 teaspoons of sugar. A 375ml can of soft drink contains approximately 10 teaspoons of sugar⁵.
 - Children who consume one sugary drink or more per day are 50% - 60% more likely to be overweight or obese than children who do not. Having one or two sugary drinks per day may increase the risk of developing type 2 diabetes by 26%. The high sugar content and acidity of many sugary drinks can cause tooth decay.⁶
4. The research and evidence espousing the benefits of removing unhealthy foods and SSB’s from school canteens is irrefutable from a child’s health and well-being perspective. Diabetes NZ supports the removal of SSB’s in primary schools but feels the proposed changes to the legislation do not go far enough.

High Schools and Healthy Food

5. Diabetes NZ strongly encourages the Ministry of Education to consider applying the same legislative change to High Schools and adopting a healthy food only stance as well.

There is a concerning trend of children and young people developing type 2 diabetes in New Zealand and certain ethnicities are at greater risk. Māori, Pacific and Asian people are more likely to develop type 2 diabetes than other ethnicities, and often at a younger age.⁷ Circumstantial factors can also increase risk such as people living in socio-economically deprived areas. These areas often have retailers near schools promoting cheap unhealthy food which the teens buy because their money goes further. Foods such as SSBs and hot pies and deep fried chips are full of saturated fat.

If the Ministry of Education legislated against unhealthy food and SSB’s in schools, the risk for some of our children developing type 2 diabetes may be reduced, as evidenced by a review commissioned by the Heart Foundation and authored by Ni Mhurchu (2011) which showed that nutrition policies/guidelines are effective in improving the school food environment and student’s dietary

³ [Screening, assessment and management of type 2 diabetes mellitus in children and adolescents: Australasian Paediatric Endocrine Group guidelines — Charles Darwin University \(cdu.edu.au\)](#)

⁴ <https://toiteora.govt.nz/public/sugary-drinks>

⁵ Taxes on sugary drinks: Why do it?

⁶ <https://toiteora.govt.nz/public/sugary-drinks>

⁷ The Economic and Social Cost of Type 2 Diabetes

intake at school. The review found that to be effective these policies must relate to all food consumed on school premises and have the support of school parents and administration.⁸

⁸ Ni Mhurchu, C. (2011) Effects of Healthier Food Choices in the School Setting on Children's Health, Education and Nutrition. A Summary of Evidence. Prepared for the Heart Foundation of New Zealand. Clinical Trials Research Unit, School of Population Health. University of Auckland. 1- 44.



National Adolescent Oral Health Network

Key Recommendations

The Adolescent Oral Health Group recommends that Schools model healthy drink consumption behaviours for children **and adolescents** at all ages in primary and secondary school. Additionally, we believe there should be regulations for **all** schools and kura to promote healthy food and nutrition.

Education Providers should be accountable for providing a healthy environment for learning. The Education Review Office (ERO) could easily add this as a reporting measure.

We agree with the definition of healthy drinks as below, the only addition we believe should be included is that the plain, unflavoured water should be “still”, as the carbonation of water is acidic to teeth.

General Responses to Questions

1. In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

This submission is on behalf of the National Adolescent Oral Health Network. We are network of over 25 Adolescent Oral Health Coordinators and Health Promoters from around the country. We have the shared vision of good oral health for **all** adolescents, we share information and resources to set up systems that ensure all adolescents have equal opportunity to access services and to identify those who may have missed out. We are also interested in the determinants of good oral health and therefore one of the objectives of our group is to advocate for adolescent oral health issues.

2. Do you agree with our view of the problem? If not, why not? What other problems, if any, do you think should be taken into consideration in assessing options?

We agree that sugar is contributing to poor health of tamariki in primary school. However, the opening statements have little to no mention of high school aged children and the impact sugary drinks have on this population. High schools should also be considered, and changes made to policies around sugary drinks and foods in all schools.

3. Are these the right objectives? Can you think of any others to add?

We agree with:

- All students continue to receive positive education on healthy food and nutrition
- The Regulations are reasonable and fit for purpose in all schools

And think that the following should be changed to:

- Schools model healthy drink consumption behaviours for children **and adolescents** at all ages in primary and secondary school.

4. Are there any other options that you think should be considered?

Option 2 should also include the following: “replace the existing NAG 5b with a duty in Regulations for all (primary and secondary) schools and kura to promote healthy food and nutrition’

5. Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

We agree with the definition of healthy drinks as below, the only addition we believe should be included is that the plain, unflavored water should be “still”, as the carbonation of water is acidic to teeth.

Definition of ‘healthy drinks’

- Plain, still unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

6. Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a ‘lead-in’ period be helpful for schools to transition to the new duty? If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

By applying the duty to all schools (primary and secondary) any issues with implementing in composite and area schools are removed.

In schools where the water is either is not safe to drink or the taste is a barrier to drinking there should be support for the school to provide safe and palatable water.

7. Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

By providing only healthy drinks at secondary school, rangitahi are in an environment which supports the education they are receiving about healthy drink options. This means there are at least 6 hours per day when the healthy choice is the easy choice.

Perhaps where there is a canteen onsite healthy drinks duty could come into force from the start of the school year 2023.

8. *Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.*

Yes, regulations are sometimes necessary for consistency and follow through. All tamariki deserve to be educated in an environment that fosters healthy choices and this should not be jeopardized by where they attend school. Providing tamariki knowledge on how to make healthy choices is one factor that can empower them to be adults who can make healthy decisions. No/ inadequate education on health may take away that option if they do not receive the information elsewhere.

9. *What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?*

- *At any school event to mark any religious event or cultural occasion (for example, communion, pōwhiri)*

This is unnecessary. Unless the beverage is a part of the cultural or religious ceremony e.g communion 'wine'.

- *For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in cooking class)*

Any drinks consumed as part of the curriculum should be in line with the Healthy Food and Drink Guidelines. [guidance-schools_june2021.pdf \(health.govt.nz\)](#)

- *For any drinks provided as part of any medically prescribed dietary requirements*

This is necessary

- *In any school in an area where a boil notice is currently in effect*

This is unnecessary, bottled water must be supplied in these circumstances.

It would be irresponsible to put profit ahead of the health of our tamariki and wider school community, therefore sugary drinks should not be sold at school discos, school fairs or galas.

10. *Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?*

No, schools should be accountable for providing a healthy environment for learning. Education Review Office (ERO) could easily add this as a reporting measure.

9(2)(a)

From: 9(2)(a)
Sent: Wednesday, 1 June 2022 4:00 pm
To: Legislation Consultation
Subject: FW: Re: Promotion and revision of healthy drinks in schools

You don't often get email from 9(2)(a) [Learn why this is important](#)

We will answer this question by question.

Question 1:

We are a group of 6 Oral Health Therapists and Dental Therapists. We work across a variety of schools, Primary, Intermediate, College and Pre Schoolers. Some of us are parents and grandparents. We very much have an interest in this topic and we have to work with the children that are dentally compromised due to Fizzy drinks

Question 2:

We agree with your statistics about the Ministry of Health's Survey. The importance of education on healthy food and drink choices for parents/whanau, should begin with the hapu mother. The price of water in bottles is a contributor. You can buy a bottle of fizzy for under a dollar but water is a lot more expensive. Water out of a tap is free!

Question 3:

Other regulations: Sugary food and drink will be returned home and the child offered a healthy option (school will have a range of healthy options available) allowing children to swap
Each class will have cold water available

Question 4:

Option 1, but why stop at Year 8? Why can't it cover all schools Primary and Secondary

Question 5:

Please don't include any Soda Stream Water or any carbonated water as it has an acidic effect on the enamel of the children's teeth.

Question 6:

Children these days have a voice in choosing what they will and won't drink or eat. Great to see programmes where the children are visiting farms and growing vegies at school which could be part of their lunch. Water should be available to the children all day.

In a composite school that is set up to fail if the older children can have access to fizzy drinks but younger children can't. Remove all the vending machines and take out unhealthy choices from the school cafeteria. Some of the "Tuck Shop" ladies won't like it but again it comes down to education.

Question 7:

Schools would have to dispense with sugary fizzy drinks as rewards. Whanau and teachers would notice a change in behaviors the children would be a lot calmer and not over excited. The fierce "Tuck Shop" lady at the College's won't be happy as her profits will be down

Question 8:

We want to see schools and school boards actively promoting Healthy Eating. It would be hypocritical to promote Healthy Eating but be supplying bad choices. Healthy Food and drink education at an early age is so important.

Question 9:

Each School Board will have its own philosophy on this

Question 10:

I know of schools that had a water only policy and parents were sending colourless drinks in drink bottles as no one could tell what there child was drinking, as there little sweetie “doesn’t drink water”.I think the high trust light-touch compliance approach isn’t appropriate as some parents will fight the idea of being told what they can and can’t give their child.

Proactively Released



Public Health South

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SUBMISSION / ADVICE

To: Ministry of Education / Education Consultation
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legislation.consultation@education.govt.nz

Submitter: Southern District Health Board
Private Bag 1921
Dunedin 9054

Contact Person: 9(2)(a)

Our Reference: 22Apr06

Date: 31 May 2022

Introduction

Southern District Health Board (Southern DHB) presents this submission through its public health service, Public Health South. This Service is the principal source of expert advice within Southern DHB on Public Health matters.

Southern DHB has responsibility under the *New Zealand Public Health and Disability Act 2000* to improve, promote and protect the health of people and communities. Additionally, there is a responsibility to pursue equity¹ and to promote the reduction of adverse social and environmental effects on the health and wellbeing of people and communities. With 4,250 staff, we look after the lower South Island (Otago and Southland) and deliver health services to a population of 353,100. This population includes 4,249 teachers and 50,564 students in 228 schools.²

Public Health services are offered to populations rather than individuals and are considered a “public good”. We aim to create or advocate for healthy social, physical and cultural environments. For example, to build healthy school communities, we work with local governments and education providers to develop policies and create environments that “make the healthy choice, the easy choice” for all.

Southern DHB values its special relationship with Ministry of Education partners in Otago and Southland (early childhood to tertiary education settings). Decades of collaboration between education and health workers in our region have forged tight bonds, based on shared values. Partners are committed to family, child and youth wellbeing, including optimal health for education achievement. This investment pays dividends across the life course, and lays the foundation for strong, resilient communities.

This submission provides general advice to the Ministry of Education relating to the discussion document, *Proposed changes to the promotion and provision of healthy drinks in schools*.

¹ Ministry of Health. Whakamaua: Māori Health Action Plan 2020-2025. Wellington: Ministry of Health; 2020.

² Ministry of Education. Education counts: Know your region [Otago Region, Southland Region]. 2020. Available from: www.educationcounts.govt.nz

Southern DHB commends the Ministry of Education for proposing a new Regulation under the *Education and Training Act 2020* in order to retain *National Administration Guideline (NAG) 5(b)* – school boards “to promote healthy food and nutrition for all students”. Thank you for this opportunity to comment on your proposal. Our key recommendations and responses to your questions follow.

Key recommendations

Public Health South recommends that the new Regulation under the *Education and Training Act 2020* creates duties for all education providers (primary and secondary schools and kura):

- (a) to promote healthy food and nutrition, and
- (b) to only provide healthy food and drinks.

‘Healthy food and drinks’ for children and young people are defined in Ministry of Health documents that are evidence-informed, expert-reviewed, and regularly updated. Key documents for regulatory compliance are:

- Ministry of Health. *Food and Nutrition Guidelines for Healthy Children and Young People (aged 2–18 years): a background paper*. Wellington: Ministry of Health; 2012 [partial revision 2015].³
- Ministry of Health. *Healthy Food and Drink Guidance – Schools*. Wellington: Ministry of Health; 2020.⁴

Good nutrition is important for child growth and development, as well as student learning (behaviour, concentration, energy).³⁻⁵ Good nutrition underpins educational achievement and quality of life. Schools can no longer rely on nutrition education and weak food policies to overcome the strong influence that an unhealthy school food environment has on food choice.³⁻⁶ It is time to strengthen New Zealand (NZ) government policies and create healthy school food environments for all children.⁶

A pragmatic approach to healthy food and drink provision is needed. For example, minimal standards for ‘healthy food and drinks’ could simply exclude ‘red’ items, such as sugar-sweetened beverages, confectionary (lollies, chocolate, icing), and deep-fried foods (energy-dense, nutrient-poor foods).⁴

Education providers have a duty to provide a safe, healthy environment for students, which includes provision of drinking water (*Building Regulations 1992*, Clause 12) and no ‘red’ food items.⁴ Education Review Office (ERO) reviewers could monitor schools’ progress towards fulfilling these duties, as part of their routine health and safety review.

General Comments – responses to questions

1. *In what capacity are you providing feedback? For example, are you responding as a parent, student, organization, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.*

Public Health South is the Southern District Health Board’s public health service, the DHB’s principal source of expert advice on Public Health matters. This submission was prepared by Health Promotion Advisors and Healthy Active Learning Advisors in Otago and Southland, who are also educators, dietitians, parents/caregivers, and school community members.

2. *Do you agree with our view of the problem? If not, why not? What other problems, if any, do you think should be taken into consideration in assessing options?*

- *Problem statement: “NZ students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.”*

³ Ministry of Health. Food and nutrition guidelines for healthy children and young people (aged 2–18 years): A background paper. Wellington: Ministry of Health; 2012 [partial revision 2015].

⁴ Ministry of Health. Healthy food and drink guidance: Schools. Wellington: Ministry of Health; 2020.

⁵ World Health Organization. Report on the Commission on Ending Childhood Obesity. Geneva: WHO; 2016.

⁶ D'Souza E, Vandevijvere S, Swinburn B. The healthiness of New Zealand school food environments: a national survey. Aust NZ J Public Health. 2022;online. doi.org/10.1111/1753-6405.13210

- *Context: research evidence, Child and Youth Wellbeing Strategy, structural and historic inequities*

Public Health South agrees with the problem statement (above) in principle, but this narrow definition restricts opportunities to effectively prevent tooth decay, obesity, type 2 diabetes and other health problems.

A narrow view of a complex problem may perpetuate health and social inequity for Māori, Pacific and other underserved communities. Therefore, a broader definition of the problem is in the best interests of NZ children and society.

Suggestions for a broader definition of the health problem:

- **Tooth decay:** Sugar-sweetened beverages (SSB) and sweet, sticky foods (e.g., confectionary, chocolate, dried fruit) make a significant contribution to tooth decay in NZ children (ages 1-18 years). Sucrose is a highly consumed, cariogenic free sugar. Previous research found that 'beverages' (26%) and 'sugar & sweets' (21%) were the main sources of sucrose in NZ children's diets.⁷ Primary and secondary school children are susceptible to tooth decay; prevalence of having a filled/dressed tooth increased with age.⁷
- **Obesity:** Intakes of free sugars and SSB are also a determinant of body weight.⁸ Almost one-third of NZ children (2-14 years) are overweight (18%) or obese (13%).⁹ Child obesity rates are rising and 2.5 times higher in most deprived areas.⁹ This is a serious problem requiring urgent attention.³⁻⁶ Obese children may experience more discrimination, injuries and poorer health over their lifetime, than healthy weight children.⁵ This suffering can have detrimental impacts on educational achievement and quality of life,⁵ so preventive action is necessary.
- **Malnutrition:** *NAG 5(b)* has a broad goal of good nutrition. Children and adolescents need good nutrition for optimal growth, development, and learning (behaviour, concentration, energy).³⁻⁶ NZ children (5-14 years) consumed around one-third of their daily nutrients during school hours.¹⁰ Younger NZ children had better food and nutrient intakes than older children.⁷ They were more likely to eat breakfast at home before school and to eat food brought from home (school canteen use increased with age).⁷ NZ school canteen users ate less vegetables and fruit, and more foods high in fat and/or sugar; they had higher BMIs than non-canteen users.¹¹ Secondary schools need food environment regulation, as well as primary schools.
- **Unhealthy food environments:** Children and adolescents enjoy making food choices (usually impulsive, subconscious decisions), so this is a crucial time for schools to provide a healthy food environment and 'make the healthy choice, the easy choice'.^{4-6,11}

Healthy school food environments are important, especially in underserved NZ communities.^{5,12,13,14,15} Healthy food policies,¹² including nutrition standards for food provision,^{4,13} should apply to: Ka Ora,

⁷ Ministry of Health. NZ Food NZ Children: Key results of the 2002 National Children's Nutrition Survey. Wellington: Ministry of Health; 2003.

⁸ Te Morenga L, Mallard S, Mann J. Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ*. 2012;346:e7492. doi: 10.1136/bmj.e7492

⁹ Ministry of Health. Annual data explorer 2020/21: New Zealand Health Survey [data file]. 2021. Available from: minhealthnz.shinyapps.io/nz-health-survey-2020-21-annual-data-explorer/

¹⁰ Regan A, Parnell W, Gray A, Wilson N. New Zealand children's dietary intakes during school hours. *Nutr Diet*. 2008;65(3):205-210.

¹¹ Utter J, Schaaf D, Ni Mhurchu C, et al. Food choices among students using the school food service in New Zealand. *NZ Med J*. 2007;120:2389.

¹² Ministry of Education. Healthy Active Learning; 2020. Available from: www.education.govt.nz/our-work/changes-in-education/healthy-active-learning/

¹³ Ministry of Education. Ka Ora, Ka Ako. Healthy School Lunches Programme: Nutrition guidelines; 2021. Available from: assets.education.govt.nz/public/Uploads/20210927-Nutrition-Guidance-Formatted-FINAL.pdf

¹⁴ Protect Kids from Junk Food Marketing. Consensus statement [NZ]. 2021. Available from: www.junkfoodfree.org

¹⁵ Smirk E, Mazahery H, Conlon CA et al. Sugar-sweetened beverage consumption among New Zealand children aged 8-12 years: a cross sectional study of sources and associates/correlates of consumption. *BMC Public Health*. 2021;21:2277. doi.org/10.1186/s12889-021-12345-9

Ka Ako [Healthy School Lunches], school canteens, lunch orders, before/after school care, classroom rewards, sponsorship/marketing and fundraising.⁶ Schools need practical support to develop and implement effective school food policies in Aotearoa.^{6,12,16} This need is highest in secondary schools due to insufficient staffing, especially in underserved areas.¹⁷

Many parents would welcome healthy school food environments. Parents told us:

“It’s shocking that several teachers at this school give [my child] sweets for being good!”

“My son used to enjoy his lunches until [the school] allowed fast food orders. How can you compete against that, and the pressure to have what everyone else is having?”

3. *Are these the right objectives? Can you think of any others to add?*

- a. *All students continue to receive positive education on healthy food and nutrition.*
- b. *Schools model healthy drink consumption behaviours for children at a young age.*
- c. *The Regulations are reasonable and fit for purpose in all schools.*

Public Health South agrees with objectives A and C (above), but objective B requires broader scope:

[b.1] All schools model healthy food and drink consumption behaviours for children.

[b.2] All schools only provide healthy food and drinks to children.

All schools (ELS, Y1-13) must look after the health and wellbeing of children in their care for optimal learning and education achievement. Nutrition is fundamental to children’s health and development,³ so all schools have a duty to provide a healthy school food environment for students (objectives A, B.1 and B.2).^{3-6,12}

Regulations outlining school duties must be reasonable and fit for purpose (objective C). Environmental change (objective B.2) is top priority, as it will have the greatest impact on NZ children’s food and drink consumption.⁵⁻⁶ At a minimum, every school should provide potable tap water (*Building Regulations 1992*, Clause 12) and no ‘red’ foods (no SSB, confectionary [lollies, chocolate, icing] or deep-fried food).⁴ Classroom nutrition education will have minimal impact if this learning is not modelled in the school food environment.

‘Healthy food’ could be regulated. School food provision guidelines exist,⁴ a pragmatic approach could be taken (simply excluding ‘red’ foods that are not part of a healthy diet – SSB, confectionary, fried food), and this duty could be rolled out by 1 January 2023 with a lead-in period.

Public health priorities are based on need. Therefore, secondary schools should have a duty ‘to provide only healthy food and drinks’ because relatively few have a healthy eating ‘water only’ policy, yet many have a canteen/tuck shop and sell unhealthy food and drinks.⁶ In the Southern region, secondary schools have a greater need for healthy food and drinks regulation than primary schools. The following schools currently have a ‘healthy eating/water only’ policy:

School type	Southland	Dunedin
Primary schools	57% (n=38, 10 of 67 unknown)	Half
Secondary schools	33% (n=4, 5 of 12 unknown)	Half
Year 1-13 schools	(2 unknown)	
Special school	100% (n=1)	
Teen Parent	100% (n=1)	

¹⁶ Ronto R, Rathi N, Worsley A, Sanders T, Lonsdale C, Wolfenden L. Enablers and barriers to implementation of and compliance with school-based healthy food and beverage policies: a systematic literature review and meta-synthesis. *Public Health Nutr.* 2020;23(15):2840-2855. doi:10.1017/S1368980019004865

¹⁷ Secondary Principals’ Council of Aotearoa. Entitlement staffing adequacy: a survey of secondary and composite school principles. 2021. Available from: www.ppta.org.nz/publication-library/document/1457

Equity also determines need. Socio-economic disadvantage is associated with higher SSB consumption in NZ children ages 8-12 years.¹⁵ It is unfair and unjust that one-quarter of Māori and Pacific children (aged 5-16 years) consumed SSB three or more days a week.¹⁸ To address health equity, the Regulations should cover primary and secondary schools with high Māori and Pacific student enrolments, including composite and other schools.²

4. *Are there any other options that you think should be considered?*

- *Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.*
- *Option 2: replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.*
- *Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks*

Public Health South recommends Option 4: replace the existing NAG 5(b) with duties in Regulations for all early learning services (ELS), schools (Y1-13) and kura:

- (a) to promote healthy food and nutrition, and
- (b) to only provide healthy food and drinks.

Our reasons for including all education providers (ELS, Y1-13) and food were provided under questions 2 and 3. The inclusion of all school-aged children is best for student learning and removes any ambiguity for area and composite schools, and secondary schools that have year 7/8 students. (This is the situation in Invercargill; there are no intermediate schools.) It also eliminates a major ethical problem - secondary schools (Y9-13) condoning, promoting and benefiting financially from the sale/provision of unhealthy foods (red items: SSB, confectionary, fried food). This sends mixed messages and undermines 'social good' norms established in primary schools.

If Option 4 is unacceptable, then our second preference is Option 2 (all schools provide healthy drinks), assuming this option also includes:

"a duty in Regulations for all schools and kura to promote healthy food and nutrition".

5. *Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?*

Public Health South agrees with the definition of 'healthy drinks', which is consistent with Ministry of Health guidance for schools.^{4,13} Additional terms (below) should be added for clarity:

- 'Plain, unflavoured, still/tap water' (why? Carbonated water is cariogenic. Avoid single-use plastic waste).
- 'Plain, unflavoured reduced or low-fat milk' (why? Many hot/cold drink flavours contain added sugar).
- 'Unsweetened reduced or low-fat plant-based milks (e.g., soy, rice, almond, oat) with added calcium and vitamin B12.' (no change).

We fully support the proposed restriction of all SSB, so they are not promoted or substituted for 'healthy drinks'. Potable tap water should be the first drink of choice for hydration (no single-use plastics).³ Cow's

¹⁸ Kruse K. Consumption of sugary drinks among children and their parents or caregivers. [In Fact]. Wellington: Health Promotion Agency Research and Evaluation Unit; 2013.

milk contains essential nutrients to support bone health and protect oral health.³ Fortified plant-based milks are a source of calcium and vitamin B12 for children who do not consume dairy.³

6. *Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty? If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?*

All primary schools (including area and composite schools) and secondary schools should be included. Many primary schools already have a healthy eating 'water only' policy, so this duty reinforces current policy implementation and adherence. The duty is flexible. Schools must provide potable tap water for student hydration (*Building Regulations 1992*, Clause 12). However, provision of other healthy drinks is optional and at a school's discretion.

NZ schools face common barriers when they implement healthy food and drink policies, including resistance from parents and students, inconvenience, competition from local shops, lack of infrastructure, lack of choice for school foodservice providers, and loss of profits.⁶ Other common financial, physical and social barriers are described by Ronto et al. (2020).¹⁶ Enabling factors include: sufficient funding, effective policy communication and management, and positive stakeholder attitudes.¹⁶ NZ schools can engage, at no cost to them, the support and expertise of Ministry of Health Healthy Active Learning advisors in order to develop and implement a school food policy.¹² Given the breadth of factors that may influence implementation, a lead-in period would help schools transition to new duties.

Across the Southern district, we are aware that some schools may have SSB and food-related contracts to fulfil before making the transition to providing only healthy food and drinks. Marketing and sponsorship also requires careful consideration. Some schools will need time to rebrand or source new appliances. For example, when the Southern District Health Board implemented its 'no SSB' policy, 'Coca-Cola' skins on refrigerators supplied by Coca-Cola were replaced with 'Pump' branding. Schools should not provide (or promote) unhealthy food or drink products as rewards. For sporting achievement, Te Hiringa Hauora's water-only 'player of the day' award (PDF) focuses on what is important for sporting performance (effort, good attitude, water for hydration), not fast food, SSB or confectionary.

7. *Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?*

All secondary schools should have duties 'to promote healthy food and nutrition' and 'to only provide healthy food and drinks' to students. This investment in healthy school food environments will pay dividends over the life course, mainly through preventing tooth decay, obesity and diet-related diseases (evidence to justify these problems and our proposed regulatory objectives was presented in questions 2 to 4). Secondary schools may experience common barriers,^{6,16} noted in question 6, but any improvement would be worthwhile.

After investing eight years in normalising a 'water only' policy, it is unclear why the Ministry would choose to abandon it at Y9 when students would benefit most from a healthy school food environment. A healthy food environment (policy and food provision in canteen/tuck shop) would have the greatest impact on students' food choices, eating habits, nutrition, learning, health, and education achievement.

8. *Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.*

Public Health South fully supports: retaining NAG 5(b) 'to promote healthy food and nutrition' and introducing a new regulatory duty (our Option 4) 'to only provide healthy food and drinks to children'.

This broader scope would come into effect 1 January 2023. School boards could commit to these new duties and have a lead-in period.

We have explained our reasons previously (questions 2 to 4). Unhealthy eating and drinking are complex problems that require a pragmatic solution.

9. *What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?*

Public Health South agrees that there may be a limited number of circumstances (infrequent events) when it would be appropriate for schools to provide an unhealthy food or drink to children. These include:

- provided as part of any medically prescribed dietary requirements – for example, a school may need to provide fruit juice or a lolly to manage a child’s low blood sugar (diabetes).
- at any school event to mark any religious or cultural occasion (e.g., communion, pōwhiri) – We have mixed views on whether the duty should apply to these and other special events (such as school discos, fairs and galas). Perhaps ‘amber’ drinks⁴ could be allowed at these infrequent events, even though it would be a wonderful opportunity for schools to show the community that they can still have fun when only healthy food and drinks are provided.
- consumed as part of the curriculum (e.g., using fruit grown at school to make a drink in a cooking class) – Children should be taught how to make healthy food items/meals during cooking sessions. We agree that children should be allowed to prepare and consume (≤150ml) fresh fruit smoothies, blended whole fruit with no added free sugars (no extra fruit juice).¹⁹

We disagree with the following proposed exclusion:

- In any school in an area where a boil water notice is currently in effect – Schools have a duty of care to provide free, potable tap water to students for hydration (*Building Regulations 1992*, Clause 12). If there is a boil water notice, then schools should have plans in place to source potable water from another source, ideally in bulk containers for bulk distribution (avoiding single-use plastics). Depending on demand, a tanker/bulk container/mobile water filling station could provide clean drinking water, or children could bring their own (safe) water from home. It would be inappropriate for a school to supply SSB instead of ‘healthy drinks’ in this situation.

During the 2021 lead contamination of the water supply to Waikouaiti, Karitane and Hawksbury in East Otago, the Dunedin City Council supplied Waikouaiti School and others with potable water. Initially every classroom received two 20L containers each day. Eventually a 5000L water tank was supplied.²⁰

10. *Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?*

Public Health South does not believe that a high-trust, light-touch regulatory approach (no monitoring or consequence of gross non-compliance) will be effective,^{6,16,21} so it is not in the best interests of children. Education providers have a duty to provide a safe, healthy environment for students, which includes provision of drinking water (*Building Regulations 1992*, Clause 12) and no ‘red’ foods.⁴

¹⁹ National District Health Board Food and Drink Environments Network. National Healthy Food and Drink Policy (2nd ed). Wellington: Ministry of Health; 2019.

²⁰ Radio NZ. Waikouaiti School adapting to no water while lead in supplies [audio recording]. 4 Feb. 2021. Available from: <https://www.rnz.co.nz/national/programmes/first-up/audio/2018782215/waikouaiti-school-adapting-to-no-water-while-lead-in-supplies>

Education Review Office (ERO) reviewers should monitor schools' progress towards fulfilling these duties, as part of their routine health and safety review. This simple accountability mechanism would have a significant impact^{16,21} on the success of Healthy Active Learning.

The Ministry of Health employs Healthy Active Learning advisors across Aotearoa to inspire every NZ early learning service and school (Y1-13) to develop and implement a healthy eating 'water only' policy.¹² This work is challenging when stakeholders have a negative attitude, are under-resourced, or have other priorities.¹⁶ Many NZ secondary schools, especially those in underserved areas, have inadequate staffing,¹⁷ so they would benefit from the excellent support provided by this Public Health service (at no cost to schools). Greater investment in this health workforce would assist schools with transitioning to healthier food environments.

Unlike Australia,²¹ it is not compulsory for NZ schools to have a school food policy. Effective regulation and monitoring^{6,16,21} will improve NZ school food environments for children to flourish.

Yours sincerely / Ngā mihi,

9(2)(a)



²¹ Rosewarne E, Hoek AC, Sacks G, *et al.* A comprehensive overview and qualitative analysis of government-led nutrition policies in Australian institutions. BMC Public Health. 2020;20:1038. doi.org/10.1186/s12889-020-09160-z



01 June 2022

To whom it may concern

Submission to Ministry of Education for the removal of sugary drinks from primary & secondary schools:

Nelson Youth Council agrees to remove sugary drinks from New Zealand schools. Sugar is one of the biggest health issues for children and students in New Zealand. We think that removing the option of sugary drinks and encouraging kids to bring water to school will benefit all of NZ's tamakiri positively.

Topics that the Nelson Youth Council would like to submit on are Tooth Decay:

It is very important that kids look after their teeth well, especially at a young age. We think that by eliminating the sugar drinks being sold at schools, kids will develop healthier teeth. We also understand that many children aged 0-14 are having to get their rotten teeth extracted. The cost of this medical treatment is huge and ever growing, therefore we need to act as soon as possible.

Education:

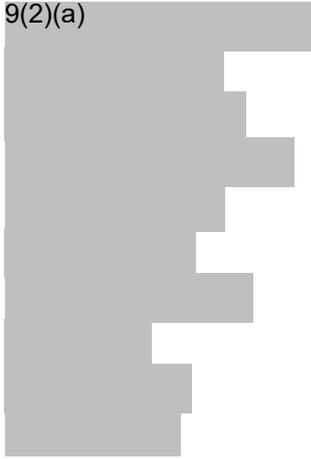
We agree on schools supporting students to bring water to school. Unhealthy nutrition, including sugar drinks, leads to lower academic achievements and concentration at school. Therefore, we should encourage more students to be healthy.

We also suggest that schools include a compulsory program concerning healthy eating and nutrition. If more students knew about the many ways sugar negatively affects their health, they might make better decisions about their health.

In conclusion, we support the removal of sugary drinks from primary & secondary schools. We thank the Ministry of Education for giving Nelson Youth Council the opportunity to give feedback on these changes.

Yours sincerely,
Nelson Youth Council

9(2)(a)



Ngā Kaikaunihera Rangatahi o Whakatū

Proactively Released

1 June 2022

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
NEW ZEALAND

Email: legislation.consultation@education.govt.nz

To whom it may concern,

Attached are the comments that Sanitarium Health Food Company wishes to present on the *Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools*.

Yours sincerely

9(2)(a) [Redacted]

[Redacted]

9(2)(a) [Redacted]

[Redacted]

Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

Question 1:

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

The following feedback is provided on behalf of Sanitarium Health Food Company. Sanitarium have been committed for over 120 years to providing the community with truly nourishing, affordable plant-based foods, and to supporting New Zealanders to adopt healthier eating patterns.

Question 2:

Do you agree with our view of the problem? If not, why not?

What other problems, if any, do you think should be taken into consideration in assessing options?

The Ministry of Education highlights that New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.

Sanitarium strongly agrees that supporting New Zealand children to make healthy food and drink choices at school not only helps to fuel their learning, but also helps to shape lifelong eating habits, which can support healthy eating into adulthood. This is of the utmost importance, especially as the latest Health Survey data shows that around one third of adults and 13% of children are classified as obese. Dental caries are also a significant public health concern in New Zealand, and disproportionately impact children of Māori and Pacific decent, as well as those living in the lowest socioeconomic areas.

We agree that limiting free and added sugars in the diet is an important public health measure, however we would support the “problem”/ “opportunity” being reframed to acknowledge that it is the overall nutritional value of a beverage that has the greatest impact on health, rather than a single nutrient in isolation (i.e. free sugars).

Question 3:

Are these the right objectives? Can you think of any others to add?

The Ministry of Education’s proposed objectives for this new Regulation are:

- 1) All students continue to receive positive education on healthy food and nutrition
- 2) Schools model healthy drink consumption behaviours for children at a young age
- 3) The Regulations are reasonable and fit for purpose in all schools.

Sanitarium supports the objectives proposed by the Ministry.

Question 4: Are there any other options that you think should be considered?

The Ministry considered three Options:

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students. This was identified as the Ministry's preferred choice
- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Sanitarium support the Ministry's proposal to only supply 'healthy drinks' to students in primary and intermediate schools (Option 1). The New Zealand Beverage Council and New Zealand Food & Grocery Council members have previously committed to sell only bottled water directly to primary and intermediate schools, however, there has been an issue of other wholesaling firms selling members products to schools. Adopting Option 1 across all primary and intermediate schools would ensure that all young children in New Zealand are exposed only to nutritious beverages while at school, to help fuel their learning and shape future habits into adolescence and adulthood.

Sanitarium would also support the Regulation extending to Early Learning Services, such as kindergartens and ngā kōhanga reo, that provide drinks for their students.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

The Ministry proposed the following definition of 'healthy drinks':

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

While we agree that water, low fat milk and fortified plant-based milks are nutritious beverages, we recommend that the following changes be made to the current definition of 'healthy drinks':

Recommended Changes to Current Definition of 'Healthy Drinks' for Primary and Intermediate Schools

"Unsweetened reduced or low-fat plant-based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12"

- Recommend that this definition be changed to **"unflavoured plant-based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12"**. This would increase the accessibility of a range of nutritious beverages, many of which are 'low sugar' and have a high Health Star Rating, while maintaining the presumed intent of the guidelines to ensure that flavoured plant-based milks (e.g. chocolate/ vanilla flavoured), that have a higher sugar content, are still excluded from the definition.

- Rationale for this recommendation is detailed below:
 - A review of plant-based milks currently available in New Zealand revealed a range of products with a 4.5 or 5 Health Star Rating (HSR) that would not meet the current recommendation to choose “unsweetened” options, particularly amongst soy milks. In comparison, many products that would be deemed ‘better options’ by the guidelines (i.e. do not contain added sugar) have a lower HSR, for example many unsweetened nut milks have a 4 HSR. Inconsistencies like these serve only to cause confusion amongst the public and undermine the credibility of the HSR system.
 - In addition, while all plant-based milks can be consumed as part of a healthy diet, soy milk is often the first to be recommended by healthcare professionals, due to the comparable nutritional profile to dairy milk. Analysis of iRI Scan Data (MAT 20 March 2022) revealed that of the top 20 selling soy milk SKUs available in New Zealand, 3 contain no added sugar; with only 1 of these being fortified with calcium and none containing vitamin B12. In comparison, many soy milks with a small amount of added sugar are fortified with calcium, vitamin B2, B12 and D, but still meet the requirement to be labelled ‘low sugar’ as per the Australia New Zealand Food Standards Code.
- This was also brought to the attention of the Ministry of Health as part of their 2020 review of the Eating and Activity Guidelines for New Zealand adults and resulted in the recommendation to choose “no added sugar” varieties being removed in their guidelines for non-dairy milk alternatives.
- In addition, most plant-based milks are, by nature, low in saturated fat, therefore it is not necessary to specify “reduced” or “low fat” in this definition.

“Reduced or low fat milk”

- Should the Regulation extend to Early Learning Services, we recommend that this definition is changed to **“Reduced or low fat milk (or full-fat milk for children <2 years)”** to acknowledge that children up to the age of 2 require the additional energy from full fat milk to support their growth and development.

Exclusion of Liquid Breakfasts/ UP&GO from Regulation

In addition to the recommended changes to the current definition, we strongly recommend that the Ministry acknowledge the unique positioning of liquid breakfasts (like UP&GO) and categorise them alongside other milk products (e.g. yoghurt, dairy food, custard) rather than as a drink, and thus exclude them from this Regulation. This exception should be detailed in the definition of ‘healthy drinks’.

Rationale:

1. Classification as a Formulated Supplementary Food

Liquid breakfasts, such as UP&GO, are designed to provide a convenient source of essential nutrients for when the usual diet may be low in energy or nutrients due to meal skipping, poor appetite, or poor dietary variety. They differ from flavoured milks and other sugar sweetened beverages in that they are Formulated Supplementary Foods, which require specific nutrient criteria to be met under Standard 2.9.3 of the Australia New Zealand Food Standards Code (FSC):

Division 3 Formulated supplementary foods

2.9.3—5 Compositional requirements for formulated supplementary foods

- (1) A formulated supplementary food must contain in a serving no less than:
- 8 g protein; and
 - 550 kJ; and
 - 20% *RDI of at least 1 vitamin or mineral listed in Column 1 of the table to S29—14.

As such, the nutrient profile of liquid breakfasts like UP&GO differs from other beverages, making it more appropriate to be classified alongside other milk products, such as yoghurt and dairy foods. As detailed in Appendix One, the nutrient profile of UP&GO compares favourably to commonly available yoghurts/ dairy foods; UP&GO provides a similar amount of energy and protein per 100mL/g, with less saturated fat and more dietary fibre.

2. Meets requirements to be deemed a 'healthy' food or beverage

UP&GO also meets most criteria set out under the Ministry of Health 'Healthy Food and Drink Guidance – Schools' to be classified as a 'healthy' option, as detailed below:

Table One: Classification of UP&GO as a 'healthy' beverage based on criteria from the Healthy Food & Drink Guidance - Schools

Are a good source of nutrition	<ul style="list-style-type: none"> UP&GO delivers protein, fibre plus 10 essential vitamins and minerals (vitamin A, B1, B2, B3, B6, B12, C, folate, calcium and phosphorus) The UP&GO range provides a minimum of a 4.5HSR All UP&GO products are low GI (ranging between 25-48)
Are the basis of a healthy diet	<ul style="list-style-type: none"> UP&GO is specifically designed to provide a convenient source of essential nutrients when the usual diet may be low in energy or nutrients for reason such as meal skipping, poor appetite and poor dietary variety. It can therefore be included to help support a healthy diet
Are generally lower in saturated fat, salt and added sugar	<ul style="list-style-type: none"> All UP&GO meet the criteria to claim 'low in saturated fat' and 'low in sodium/salt' as per the FSC Standard 1.2.7 UP&GO Original contains 6.3g of total sugar per 100mL, and this is a mix of both naturally occurring sugar (from skim milk) and added sugar. The World Health Organisation (WHO) recommends adults and children aged 9 years and older limit free sugar intake to less than 10% of their total energy intake. In the context of the whole diet, the added sugar in a 250mL original UP&GO contributes a small amount (around 2%) to children's total daily energy (based on energy requirements of an average, moderately active 9 year old girl). In addition, UP&GO No Added Sugar is also available in New Zealand which does not contain added sugar
Are mostly whole and less processed	<ul style="list-style-type: none"> Although ultra-processed foods (UPFs) are often discussed, there is no universally accepted definition for UPF's. The current NOVA system does not assess the nutritional value of a product, which means that many nutritious products, like UP&GO, are deemed ultra-processed, although they provide protein, fibre, vitamins and minerals; are low in saturated fat and sodium; and have a high Health Star Rating. Other examples of nutritious foods that can be deemed ultra-processed include high fibre breakfast cereals, wholegrain

	bread, fortified or lactose-free milks, and plant based milks; all of which provide valuable nutrition and are encouraged to be consumed as part of the Food and Nutrition guidelines.
Come from the four food groups	<ul style="list-style-type: none"> • The New Zealand Eating and Activity Guidelines recommend that New Zealanders “enjoy a variety of nutritious foods every day including some milk and milk products, mostly low and reduced fat”. UP&GO contains skim milk powder and as detailed in Appendix One, compares favourably to commonly available yoghurts/ dairy foods in terms of its nutrient profile

In summary, we believe that liquid breakfast like UP&GO are uniquely placed to provide portable nutrition for children at school, to help fuel them through their day. While UP&GO Original contains a small amount of added sugar, it is minimal in the context of the whole diet. There are also no added sugar variants available which may help meet the needs of growing children.

Utilising the Health Star Rating (HSR) system in Secondary Schools (Option 2)

While Sanitarium support the Ministry’s proposal to adopt Option 1, should this Regulation be extended to secondary schools (Option 2), we recommend that “drinks with a Health Star Rating (HSR) of 3.5 or above” be added to the definition of ‘healthy drinks’. Previous research¹ has found that a HSR of 3.5 accurately discriminates between healthy and unhealthy products, with this ability strengthened by the recent changes to the HSR system as part of the 5-year review. Including “drinks with a HSR of 3.5 or above” would ensure that sugar sweetened soft drinks, which have the strongest evidence for detrimental effect on health, are not available to young people, but that a range of more nutritious beverages are available. Utilising the HSR system as part of this Regulation may also act as a means of educating students on how to select more nutritious foods and beverages.

This approach would acknowledge that adolescents tend to consume more soft drinks than younger children², and by making more nutritious alternatives available at secondary schools this could help displace sugary soft drinks/ energy drinks etc purchased outside of school but consumed during school hours. It is also aligned with the Ministry of Health ‘Food and Nutrition Guidelines for Healthy Children and Young People’ which states “in recognition that New Zealanders do drink fizzy/soft drinks, a diet fizzy/soft drink would be a better choice than a sugary fizzy/soft drink because it provides less energy (kJ) and does not contribute directly to dental caries”.

¹ Jones, A., Rådholm, K., & Neal, B. (2018). Defining ‘Unhealthy’: A systematic analysis of alignment between the Australian Dietary Guidelines and the Health Star Rating system. *Nutrients*, 10 (4):doi, 10.3390/nu10040501

² The 2002 National Children’s Nutrition Survey found that the following percentage of children consumed soft drinks at least once per week: 5-6 years = 38-43%, 7-10 years = 39-46%, 11-14 years = 48-50%. The 2008/09 National Nutrition Survey found 78.4-83.7% of individuals aged 15-18 years consumed soft drinks at least once per week.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

Although Sanitarium are not best placed to comment on the feasibility of implementing this new Regulation, we recognise the value of transition periods in the manufacturing sector, and suspect this would be similar in schools.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Secondary school students have a greater degree of independence and ability to purchase beverages outside of the school setting. This may mean that Regulations at secondary schools may have lesser impact on consumption behaviours than those in primary and intermediate schools.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Sanitarium agrees that the current NAG 5(b) provision be continued for all schools. As noted in the Discussion Document, without this requirement, some schools may choose not to promote healthy food and nutrition education.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

The Ministry recognises there may be circumstances or events (religious, cultural etc) where the requirements to only provide healthy drinks to year 1-8 students may not be reasonable. The Ministry identified circumstances as including communion, powhiri, drinks consumed as part of the curriculum, drinks provided as part of medically prescribed dietary requirements, for areas where a boil water notice is in force, during school discos, school fairs and galas.

Sanitarium support the Ministry's pragmatic approach which acknowledges that there may be certain circumstances where this Regulation may not be appropriate, for example, children who may require sugar sweetened beverages as treatment for hypoglycaemia/ low blood sugar for children with diabetes.

We believe that this Regulation should apply to:

- Drinks provided by or available to buy in a primary school, kura or intermediate school
- Drinks for special occasions, such as discos, where the beverages are provided by the school

We recommend that the Regulation specifies that drinks brought with students to school are outside of scope, as per the Ministry of Health Food and Drink Guidance- Schools.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Sanitarium support the approach suggested by the Ministry. The Ministry of Health staff involved with the Ka Ora Ka Ako programme are well placed to support primary and intermediate schools to implement this Regulation.

Appendix One

Figure Two: Classification of milk products under the 'Healthy Food and Drink Guidance – Schools' (page 14)

Milk products

Green	Reduced- or low-fat milk products with an HSR of ≥ 3.5 : <ul style="list-style-type: none"> • yoghurt and dairy food (≤ 150 g portion) • custard (≤ 150 g portion) • cheese (≤ 40 g portion)
Amber	Full-fat milk products with an HSR of ≥ 3.5 : <ul style="list-style-type: none"> • yoghurt and dairy food (≤ 150 g portion) • custard (≤ 150 g portion) • cheese (≤ 40 g portion) Reduced- or low-fat cream, sour cream and cream cheese Lite ² coconut milk or coconut cream, or coconut cream diluted with water
Red	Full-fat milk products with an HSR of < 3.5 : <ul style="list-style-type: none"> • yoghurt and dairy food (> 150 g portion) • custard (> 150 g portion) • cheese (> 40 g portion) • full-fat cream, sour cream and cream cheese • frozen desserts (eg, ice cream) • full-fat coconut milk and coconut cream

² "Lite" refers to a version of the standard variety that is reduced in fat, salt, energy and/or sugar.

Table Two: Nutrient Content of UP&GO compared to Other Dairy Products

Product	Energy (kJ) per 100mL/g	Protein (g) per 100mL/g	Saturated fat (g) per 100mL/g	Total sugar (g) per 100mL/g	Fibre (g) per 100mL/g	Calcium (mg) per 100mL/g	HSR	Classification under 'Healthy Food & Drink Guidance'	Information Source
UP&GO Original	326	3.3	0.2	6.3	1.6	120	4.5	Red	On pack data – 11.05.2022
UP&GO No Added Sugar	231	3.4	0.3	4.2	1.6	120	5	Red	On pack data – 11.05.2022
Anchor Calci-Yum Chocolate Dairy Food	339	3.6	0.6	9.9	Not declared	206	3.5	Green	Anchor Website (11.05.2022)
Meadow fresh Calci Strong Chocobomb	340	3.7	0.6	9.9	Not declared	215	4*	Green	Meadowfresh website (11.05.2022)

Meadow fresh Paw Patrol Chocolate Dairy Food	310	3.6	0.6	9.3	Not declared	210	4.5*	Green	Meadowfresh website (11.05.2022)
Meadow fresh Berry Selection Yoghurt	380	4.2	1.9	8.3	Not declared	160	4*	Green	Meadowfresh website (11.05.2022)
Meadow fresh Goodies Smooth Yoghurt Strawberry	290	4.0	0.7	8.5	Not declared	140	4.5*	Green	Meadowfresh website (11.05.2022)
Uno Strawberry Yoghurt	275	4.3	1.1	6.3	<1	124	4	Green	Anchor Website (11.05.2022)
Yoplait Seriously Smooth Vanilla/ Banana Custard	318	4.4	1.4	10.0	Not declared	130	4*	Green	Yoplait website (11.05.2022)
Yoghurt, assorted berry fruits, Fruit Corner	467	5.0	1.04	14.8	0.8	130	4*	Green	New Zealand Food Composition Database
Yoghurt, Fresh 'n' Fruity, assorted fruits, regular fat, fortified Ca, vitamins A & D	390	4.2	1.7	12.1	0.2	189	4*	Green	New Zealand Food Composition Database
Yoghurt, Fresh 'n' Fruity, Lite, assorted fruits, non-fat,	132	4.2	0.06	2.1	0.2	189	5*	Green	New Zealand Food Composition Database

fortified Ca, vitamins A & D									
Yoghurt, Greek-Style, Fresh 'n' Fruity	460	4.5	5.5	3.7	0.0	170	3*	Amber	New Zealand Food Composition Database
Yoghurt, Greek-style, low fat, Fresh 'n' Fruity	266	5.7	1.75	3.6	0.0	167	5*	Green	New Zealand Food Composition Database
Yoghurt, Greek-style, Yoplait	478	4.5	5.96	3.6	0.0	170	3*	Amber	New Zealand Food Composition Database
Yoghurt, Meadow fresh, assorted fruits, low fat, sweetened, fortified Ca	330	4.3	0.65	11.9	0.4	167	4.5*	Green	New Zealand Food Composition Database
Yoghurt, Meadow fresh, Live lite, assorted fruits, non-fat, fortified Ca, vitamins A & D	218	4.9	0.11	6.5	0.2	148	5*	Green	New Zealand Food Composition Database

*Calculated from available information as HSR not displayed on pack

Healthy Drinks in schools consultation:

9(2)(a) [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Name: 9(2)(a) [REDACTED]

9(2)(a) [REDACTED]

[REDACTED] I have a strong personal interest any opportunity whereby schools foster healthy behaviour for the generations to come.

I sadly did not grow up in an environment whereby every child was valued and cared in a way that resulted in equitable outcomes equating to teeth for life. As a child of poverty toothbrushes were not the priority for my whānau, and although we were not a family who could afford unhealthy foods and drinks this submission is relevant to this policy. A policy such as this would have made my basic lunch of a sandwich, piece of fruit and water the norm within my peers as opposed to being ostracised for not having juices or other sugary treats as the other more affluent children.

Therefore, my perspective is possibly very different to others in this way, I find that sometimes creating an acceptable norm should consider the poor and what is possible for them so simplicity and food as nourishment. This seems to be more relevant in these times with more child poverty being identifiable than any other era in our history.

In relation to the health of teeth and the opportunity to have one's own teeth for life as an ideal, this is not reflected in my family of 7 siblings, only two of us have enough teeth left to produce a decent smile, the ability to eat most foods and feel confident to talk to others without shame. This policy is one of many strategies that must be implemented to enable others like me and my whānau are able to live without the pain and embarrassment of poor oral health. Access to fluoridated water should have been available when I was a child, I may have had all my teeth today.

I support option 4:

"The existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks."

Exemptions:

I would support the following being exempt from the regulations:

There should be an acceptance of special occasions sometimes calls for special food, alongside of course healthy options that of course can be special as well depending what they are. There should be some clear guidelines provided for schools for this to reduce confusion. Special diet foods for individuals must not be included in this policy but again guidelines should clarify these.

Fundraising:

There are other options that can be used for fundraising as I have experienced over the years as a strong school supporter. Such as sponsoring individuals in fun runs etc, family photos, paying for student helping hands, and other non-food products for sale just to name a few.

Compliance:

I think using competition, enabling innovation, focusing on the champions, and the schools who role model are the positive way of ensuring the policy is carried by schools. There should be funding made available for the schools that have made changes through the policy. Another laminated certificate on the wall of the school office would not suffice. Developing student leaders who champion the policy and represent the student voices but also are acknowledge and recognised for their roles will build leaders for now and in the future.

Tēnā koutou, tēnā koutou, tēnā tātou katoa

9(2)(a) 



Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

We are seeking your views on the promotion and provision of healthy drinks in schools

Overview

The promotion of healthy food and drink in schools improves children's behaviours around what they eat and drink at school and at home. Eating habits developed at a young age shape a person's ongoing approach to healthy eating and drinking through to adulthood, so it's important to promote the benefits of healthy eating and drinking during children's early development.

The National Administration Guidelines (NAGs) set out the Government's administrative requirements for State school boards.¹ NAG 5(b) guides school boards to promote healthy food and nutrition for all students. Since 2009, the Ministry of Health has been working with schools to encourage the voluntary adoption of healthy eating and water-only policies.²

From 1 January 2023, all NAGs, including NAG 5(b), will no longer be in effect in the legislation, because of some changes we're making to how schools do their planning and reporting. We are currently looking at transferring the NAG requirement relating to nutrition and healthy eating into a new Regulation made through the Education and Training Act 2020.

The introduction of new Regulations also provides an opportunity to strengthen the requirements so that schools can provide healthy drinks only. This would bring schools in line with the healthy drinking standards in the Ka Ora Ka Ako Healthy School Lunches programme, and existing guidance from the Ministry of Health's Healthy Active Learning programme.

We plan to bring the Regulations into force from the end of this year, before the NAGs stop having effect.

This discussion document presents the government's preferred option and two other options we have considered that we'd like your feedback on.

Question 1:

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

The Public Health Association of New Zealand (PHANZ) is a national association with members from the public, private, and voluntary sectors. Our vision is 'Hauora mō te katoa – oranga mō te Ao' or 'Good health for all – health equity in Aotearoa'. We advocate for the health of all New Zealanders. We are providing feedback as an organisation that includes parents, public health experts, and nutritionists. Members in our organisation may also be providing feedback individually.

¹ 'State' schools include: ordinary State schools, designated character schools (including Kura Kaupapa Māori), State integrated schools, specialist schools and distance schools.

² Schools that have water-only policies only allow water and plain, low-fat milk to be permitted on-site.

Problem definition/opportunity

New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.

Research in New Zealand has highlighted 'free sugars' as contributing significantly to high rates of obesity, poor oral health, diabetes and other health-related diseases.³ The consumption of free sugars in sugar sweetened beverages now contributes to 26% of the total sugar intake of children.⁴ Studies conducted by the Environmental Health Indicators New Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand.

The government has committed, through the Child and Youth Wellbeing Strategy, to ensure that children have the best possible health as a foundation for wellbeing. Long-standing structural and historic inequities in New Zealand society have disadvantaged particular groups, which has resulted in Māori and Pacific children being over-represented in these figures.

The Ministry of Health's Health Survey found that Māori children were more likely to consume sugar sweetened beverages than non-Māori children. Between 2002 and 2016, Māori children in Year 8 were significantly more likely to suffer from decayed, missing, or filled teeth than their non-Māori peers.⁵ In 2018/2019, Pacific children aged 1-14 years were nearly twice as likely as non-Pacific children to have had teeth removed due to decay, an abscess, infection or gum disease in the past 12 months.⁶

Question 2:

Do you agree with our view of the problem? If not, why not?

What other problems, if any, do you think should be taken into consideration in assessing options?

We don't agree with the narrow view of the problem provided in the discussion document. Tooth decay among New Zealand children due to consumption of sugar-sweetened beverages is only one of the myriad of problems that occur as a result of unhealthy food environments in childhood and adolescence. The problem is actually much broader as sugary drinks are associated with increasing the risk of obesity and development of non-communicable diseases such as type 2 diabetes mellitus, hypertension, dyslipidaemia, inflammation, gout, fatty liver disease, cardiovascular disease, as well as mental health issues such as stigmatization, depression and anxiety. The New Zealand Health Survey 2020/21 has shown that the rate of obese children aged 2 - 14 years has increased by 9.5%, most prevalent in the Pacific (35.3%) and Māori (17.8%) children. It also found that children living in the most socioeconomically deprived areas were 2.5 times as likely to be obese as children living in the least deprived areas. The State of World's Children 2019 report by UNICEF has shown that New Zealand had the second highest prevalence of overweight children 5 -19 years (UNICEF, 2019). Therefore the absence of healthy food

³ Free sugars are defined by the World Health Organisation as monosaccharides and disaccharides added to food by both the manufacturer and consumer, including sugars naturally present in honey, syrups, and fruit juice.

⁴ Sundborn et al, "New Zealand's growing thirst for a sugar-sweetened beverage tax", New Zealand Medical Journal, 2015.

⁵ Ministry of Health, WAI 2575 Maori Health Trends Report, 2019.

⁶ Health Quality & Safety Commission New Zealand: Bula Sautu report - Pacific health in the year of COVID-19, 2021.

and drink regulations and unhealthy food environments in schools are putting our tamariki at risk of harm and setting them up for an unhealthy future.

The discussion document also misses several important opportunities.

(1) The document doesn't include a narrative that can demonstrate Government obligations under Te Tiriti that include addressing health inequalities and supporting tamariki hauora. By keeping Te Tiriti central along with the wider health implications of unhealthy food and drink in schools, it will be clearer to see why it is important for everyone to play their part and have strong policy in this area. If forgotten, continued breaches of Te Tiriti will be evident by allowing schools to feed tamariki Māori unhealthy food and drinks, thereby, limiting the ability of students to achieve Pae Ora (Ministry of Health, 2022).

(2) All children, no matter what age, deserve to be educated in a healthy environment. We strongly believe that healthy food and drink policies should be applicable to early childcare settings, primary school, Kohanga Reo, Kura Kaupapa, and secondary schools – leaving no gaps in a child's care or education. In the Under 5 Energize programme in the Waikato positive messages in early childhood centres around water and milk as the best drinks were associated with less visible dental decay than seen in comparable centres not receiving positive messages (Rush et al., 2017). We have the opportunity to teach children and role model healthy nutrition from the outset.

(3) Although the discussion document mentions the result of structural health inequities and how they have disproportionately affected Māori and Pacific children compared to non-Māori/non-Pacific. The objectives lack an equity focus and thus the opportunity to address inequities. Without policy that aims to address structural inequities and prioritise equity, the status-quo will remain and Māori and Pacific children will continue to be disadvantaged.

(4) As outlined above, the problem provided in this discussion document narrowly focuses on sugary drinks only and misses the opportunity to look holistically at food/kai and the whole food environment at schools. Regulations on only part of a child's intake will not have the optimal effect on health and hauora.

(5) There is also the opportunity to think about sustainability, food sovereignty, and the environmental impact of our food and drinks. Both in terms of the food/drink options, packaging, and disposal of waste. Schools can be role model organisations for sustainability, by taking into consideration the health of our planet as well.

References:

UNICEF (2019) The State of the Worlds Children 2019. Children, Food and Nutrition: Growing well in a changing world. UNICEF, New York

Ministry of Health (2022). He Korowai Oranga. <https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga>

Rush, E., Obolonkin, V., Young, L., Kirk, M., & Tseng, M. (2017). Under 5 Energize: tracking progress of a preschool nutrition and physical activity programme with regional measures of body size and dental health at age of four years. *Nutrients*, 9(5), 456.

Objectives

Our proposed objectives for these new Regulations are:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age

- The Regulations are reasonable and fit for purpose in all schools.

Question 3:

Are these the right objectives? Can you think of any others to add?

The proposed objectives should be strengthened if we are to truly put the health of all children at the centre of this policy.

We recommend that the objectives be amended to specify that the Regulations;

- (1) will be best-practice evidence-based recommendations
- (2) will uphold Te Tiriti obligations and Kaupapa Māori views
- (3) will aim to address health inequities facing those most disadvantaged
- (4) will aim to role-model sustainable food and drink choices

Some ambiguities we need further clarification on are;

- (1) What does 'positive education' entail? Who will be responsible for developing and providing the educational materials and delivering them? Will they be culturally appropriate?
- (2) What auditing processes will be done to measure the impact of these Regulations?

Options analysis

We have identified three options that we'd like to get your feedback on. These are:

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.
- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Option 1 is our preferred option, and what we're proposing to do, but we're keen to get your feedback on all of them. The options are explained in more detail on the following pages, along with specific questions.

Question 4: Are there any other options that you think should be considered?

We think a fourth option should be considered which would extend Option 2 to regulate **food and drinks in all school settings (early childcare, primary and secondary, Kohanga Reo, Kura Kaupapa)**. Educating and promoting healthy eating and drinking habits from early childhood right through to secondary school will help children to follow a healthier lifestyle later in adulthood with reduced risk of health issues. Regulation of both food and drink within the school environment across all age groups will achieve the best outcomes for Māori and Pacific children.

We also recommend promoting sustainable food practices. For example, reducing food packaging and appropriate disposal of food and drink packaging and organic waste. All schools should promote the use of reusable water bottles and this should be facilitated by

the Government. The Government should equip all schools with good quality water filters that are designed to fill reusable water bottles. This would make drinking water at school the easiest, cheapest, and most sustainable option. Sustainable food practices also include prioritising a plant-based diet, minimising meat consumption, and sourcing food/produce locally.

Definition of 'healthy drinks'

For options 1 and 2, 'healthy drinks' are defined as:

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

This is consistent with the Ministry of Health's existing guidance on healthy drinking in schools, and the guidelines for the Ka Ora Ka Ako free lunches programme.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

We recommend that the definition provided should be slightly amended. While reduced or low fat milk is preferable, standard milk is also acceptable for school-aged children and it is also cheaper. The saturated fat in milk is a very small amount. ~2 g/100 mL and for growing children this may be necessary as a source of energy and fat soluble vitamins. There is a concern about the protein content of plant based milk and they should not be considered a good source of protein even if B12 and Calcium are added as the protein quality and quantity is much less than milk. Further consideration should be given to the environmental footprint of food/drink options (e.g., [dairy relative to plant-based milk production](#)) and the affordability of the options provided.

Instead we think the definition of 'healthy drinks' should be:

- Plain, unflavoured water;
- Plain, unflavoured dairy milk;
- Plain, unflavoured and unsweetened plant-based milks (e.g. soy, rice, almond, oat)

Why not regulate healthy food?

Regulation of school-level provision of healthy food and drink is common practice in other OECD countries, with some going as far as specifying percentages of micronutrients (such as zinc and iron) that should be provided. However, regulating food standards and/or nutritional requirements for the food provided in schools would not be possible to roll out nationally before 1 January 2023.

In the first instance, regulating the provision of healthy drinks is simpler to implement and makes a difference to schools and students. This is because water is the healthiest drink humans can consume. No other drinks are as good at hydrating your body while also being good for your oral health.

The same cannot be said for food. Fruit is good for you, but only eating fruit is not. A healthy diet requires a balance of different food types and getting this right in Regulations, while accounting for specialist diets and allergies, takes time. For this reason, we are not proposing healthy food regulation as part of these changes.

Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students

For option 1, when we say 'primary schools', we mean:

- full primary schools
- contributing primary schools
- area and composite schools
- intermediate schools.

Approximately 110 secondary schools comprise some primary school-aged children (usually in Years 7 and 8). Applying the Regulation to primary school-aged children in these settings may make it difficult for these schools to adopt a whole-school approach to healthy drinking. For example, the children in Year 8 would not be allowed to purchase drinks from a vending machine, but children in Years 9-13 would. We are therefore seeking feedback on the impact for these schools of a requirement to only provide healthy drinks to year 1-8 students.

Similarly, approximately 170 area and composite schools comprise both primary and secondary school-aged children, but in many cases, the schools contain a majority of primary school children and some secondary school-aged children. Because most of these schools contain a majority of primary school children, we are proposing to include these schools within the requirement to only provide healthy drinks to year 1-8 students. We'd like to hear your feedback on the impacts for these area and composite schools.

The benefits of healthy drink policies are the same for secondary schools as they are for primary schools. However, we know that the earlier in a child's development we can encourage healthy habits, the better. So in the first instance, we are proposing to start with a duty on primary schools to only supply healthy drinks, though we recognise that some primary schools may require additional time to move towards a full healthy drinking policy.

There are different circumstances in secondary schools compared to primary schools regarding provision of drinks. In particular, fewer secondary schools already have healthy drinking policies compared to primary schools, and canteens and tuck shops are more prevalent in secondary school settings. More work needs to be done to understand the challenges that secondary schools would face in implementing this policy.

For the reasons above, this is our preferred option.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

There is a duty of care to provide supportive environments for children. Children need to be protected from the harmful effects caused by a poor diet. We think a 'lead in' period is not necessary for implementation of a healthy drinks only policy. Consideration for a lead in period would however be warranted if the regulations were to extend to healthy food as well. By not including food regulations as well as drinks you are likely to undermine the health-based messages and education provided in the curriculum. Therefore, we recommend that regulations are put in place for food and drinks within the school

environment, and that the drink regulations be implemented immediately (including the installation of water filters for encouraging use of reusable bottles), while a lead in period be allowed for regulations on healthy and sustainable food options.

Option 2: replace the existing NAG 5b with a duty in Regulations, and place an additional duty on all schools (primary and secondary) to only provide healthy drinks

According to a 2016 University of Auckland survey, of the 819 schools sampled, 67.5% of primary and 23.3% of secondary schools with a school food service (e.g. canteen or lunch order system) offered only milk and water as beverage options⁷. It is unclear however, from the data available, exactly how many schools have a healthy drinking policy in 2022.

Healthy drinking is beneficial to children. Avoiding sugary, carbonated drinks is good for a child's general health, dental hygiene, concentration, school behaviour and educational outcomes. Schools that have voluntarily implemented water-only policies have seen that it benefits teaching and learning as well as student health and wellbeing.

By making sure schools promote healthy eating and nutrition, and that schools also refrain from providing unhealthy drinks in all circumstances, healthy consumption messages remain consistent, and learners are more likely to 'buy-in' to the messages they are being taught if the school itself models those behaviours.

We are seeking feedback from schools about the impact of introducing a new duty on school boards of primary and secondary schools to only provide healthy drinks. For example, we don't know if some schools have catering contracts with unhealthy drink suppliers that will exceed the introduction date of the Regulations in October 2022. If a school is not able to easily withdraw from such a contract, they may be left with a large supply of drinks which they are then unable to sell.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

The benefits of having healthy food and drink regulations in secondary schools by far outweighs any of the challenges. If you are to put children's hauora at the centre of this policy then the inconvenience that some schools may face due to ending contracts with unhealthy drink suppliers and the reduction of fundraising through vending machine contracts is a spurious argument. Economically the huge cost involved with treatment of health issues (such as ≈\$33 million for decayed teeth and extraction under general anaesthesia among 8,400 in year 2021) are highly related to consumption of sugary drinks and processed, low-nutrient foods and therefore is a reason to keep the date of the Regulation to Oct 2022. Our tamariki are being exposed to sugary, carbonated, and even highly caffeinated drinks that are negatively affecting their ability to learn and thrive. The time to act is now.

Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks

Option 3 would continue the current requirement all State school boards have been subject to since 2009.

⁷ For this survey, 'primary schools' included full primary and intermediate schools, 'secondary schools' included secondary and composite schools

School-level promotion of healthy food and nutrition is proven to be effective in improving children's attitudes and behaviours towards the food and drink they consume at school, and at home. Eating habits established at a young age significantly impact a person's ongoing approach to healthy eating and drinking throughout their life. That's why it is important to establish healthy habits and patterns in the early stages of children's development.

A school's promotion of healthy food and nutrition is undermined where the school also actively provides unhealthy food and drink. Whole-school approaches to healthy eating and drinking, where the educational messages are underpinned with consistent messaging from the school itself, have been found to be more effective in influencing students' healthy food and drink choices.

If we didn't replace the existing requirement under NAG 5b to promote healthy eating and food, there is a possibility that some schools may choose not to do so. However, under this option, schools could continue to promote healthy food and nutrition while also providing unhealthy food and drinks to their students.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

The guidance given to promote healthy food and nutrition should be replaced with regulations that will support the school environment to be a role-model for healthy food and nutrition. Voluntary policies are not as effective as government-led policies in reducing the consumption of unhealthy food and drinks (Ashfin et al., 2015). We also believe that regulations makes it easier for school boards to action the changes that need to be happen. In our members experience with Project Energize, principals, school boards and teachers welcomed the ability to be able to say "this is the rule" rather than having to defend and justify their actions to those that oppose it.

Reference:

Afshin A, Penalvo J, Del Gobbo L, Kashaf M, Micha R, Morrish K, et al. (2015) CVD Prevention Through Policy: a Review of Mass Media, Food/Menu Labeling, Taxation/Subsidies, Built Environment, School Procurement, Worksite Wellness, and Marketing Standards to Improve Diet. *Curr Cardiol Rep*

Circumstances where the duty will not apply

Under options 1 and 2, we recognise that it may not be appropriate to apply this duty under all circumstances. There may be some exceptions for infrequent events that many people would consider to be reasonable.

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri);
- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class);
- For any drinks provided as part of any medically prescribed dietary requirements;
- In any school in an area where a boil water notice is currently in effect.

We want to ensure that students are drinking healthy drinks as part of their everyday habits, but also want to make sure the new duty is reasonable and accounts for the realities of school life. We'd like your feedback on whether you think there are other circumstances – such as

school discos, school fairs and galas – where it would be reasonable to not apply the duty to only provide healthy drinks.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

Careful consideration needs to be given to any exemptions as you are at risk of undermining the health-based messages. For the duty to be successful it has to be clear, and there should be limited exceptions. The school should act at all times as a role-model organisation/environment for the students and must put children's health in the centre of all decisions. If the school understands that as their obligation, they can then be trusted to make decisions on particular exemptions to the duty.

Our feedback on the specific exemptions provided in the discussion document are;

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri) there must be a range of options and the healthy option should be the easy option to choose. These events should be infrequent (i.e., only special occasions, once a term).
- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class) would be acceptable given it was for educational purposes and happened infrequently throughout the year.
- For any drinks provided as part of any medically prescribed dietary requirements such as diabetic children or anorexia would be acceptable.
- In any school in an area where a boil water notice is currently in effect we would expect that bottled water be provided to the students.

Selling unhealthy food and drinks as fundraisers for the school should also no longer be allowed. It is contradictory to the healthy food curriculum and does not model the healthy nutritious environment we want to see in our schools and also in our homes. For example, parents of children in our organisation have been tasked with selling chocolate or pies to fundraise for schools. This should not be allowed and schools should think of better ways to fundraise.

Monitoring and compliance

It is important to note that the proposed new duty for options 1 and 2 to only provide healthy drinks only applies to school boards. **The duty would not apply to parents of students in that school**, who could still choose to provide unhealthy drinks to their children to take to school.

However, schools could go further than the Regulations by putting in place a school policy which stopped children from bringing unhealthy drinks into school, so long as they consult with their school community and parents can access a written version of the policy on request.

We know from a 2016 Auckland university survey, that a majority of primary school boards that submitted a response had already introduced a healthy drinks policy themselves. Given this, we're proposing to have a light-touch compliance approach to the new duty. This means that if we receive complaints from parents, students or other agencies saying that a school is in breach of the duty, the local regional office would get in touch to find out why. We are not proposing any formal sanctions for failure to comply with the duty. We think this is a

proportionate response to a system where many schools boards have already opted to implement a healthy drinks policy.

The Ministry of Health has employed 30 staff based in regional public health units to assist with voluntary approaches to healthy food in schools' policies, and the roll-out of the Ka Ora, Ka Ako Healthy School Lunches programme. Given their existing responsibility to visit, encourage and work with schools in their area to establish healthy eating and drinking policies, these staff would be well-placed to highlight a new, strengthened Regulation for school provision of healthy drinks, as well as the impact on Māori and Pacific children. These staff will not be required to inspect schools' compliance with the new duty and would instead continue to encourage and advocate healthy eating and drinking policies.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

We think that a high-trust light-touch approach with an auditing component would be appropriate. Enforcement of the regulation should not be the role of kaimahi but their role is to encourage, support and provide a role model environment. Auditing of compliance with the duty could be included in ERO reports which are publicly available – this means parents and other interested parties have the opportunity to know what is being done, and the school can have data on how they are tracking and where they can improve. The government can then collate all the data to provide an overall view of the school environment in Aotearoa, providing a feedback loop to guide further changes or initiatives as needed.



Auckland Women's Health Council

Submission of the Auckland Women's Health Council Proposed changes to the promotion and provision of healthy drinks in schools

Background to the Auckland Women's Health Council

The AWHC was founded 33 years ago (July 1988) and has a special interest in patient rights, informed consent and decision-making in health care, health consumer advocacy, the Code of Health and Disability Services Consumers' Rights ('Code of Rights'), consumer voice and representation, medical ethics, and the social and commercial determinants of health.

The AWHC has had a long and sustained interest in advocacy and consumer representation; our goal is to provide an independent feminist voice focused on women's and family/whānau health and health services. Over the last three decades we have been active in advocating for upholding patient/ consumer rights, including making formal submissions on a wide range of health topics, such as the legislation and regulations governing various health and disability services, and in consumer representation roles relating to health and disability services.

Our priorities include: that women have the right to make informed decisions regarding their own health care and treatment; that women participate in all decision-making processes for health care services; and that women have accessible, affordable, available, and accountable health care services.

In the context of the "Proposed changes to the promotion and provision of healthy drinks in schools" we are not a school, nor do we have any role or responsibilities to or in any schools. However, all Executive Committee members are parents and do have or have had parental roles in the dietary choices of their children. In as much as we have an ongoing advocacy role in the health and well-being of Auckland women, we believe that a healthy diet is critical for health, well-being and longevity.

AWHC beliefs regarding healthy food and drink:

We believe that:

The vast majority of children/tamariki not only survive but thrive only on breastmilk and water as a first option, and properly formulated alternative infant and toddler milks and water as a second option. Drinks that are not water or milk, such as juices, fruit drinks, cordials, soft drinks and other sweetened drinks, are not necessary for the growth health and well-being of children/tamariki.

A child's diet should predominantly comprise fresh foods, cooked/created at home with a focus on a plant-based diet plus quality animal protein or complex plant proteins. Highly processed foods, foods high in sugar and additives should be avoided or provided as occasional foods only.

The consumption of healthy food should be modelled and encouraged from a young age and children/tamariki should be taught about what their bodies need to thrive and be healthy from a young age.

Schools/kura have a role in modelling and teaching children/tamariki and young people/rangatahi at primary and secondary schools about healthy food and nutrition.

Schools/kura should not be making unhealthy food available except for special occasions such as school events (social events, fund-raising fairs, etc.). Unhealthy food should not be available to children/tamariki in schools/kura through school tuck shops and lunch buying programmes.

Children/tamariki are better able to learn when provided with healthy, nutritious food, and are not hungry. Children/tamariki learn better and behave better and are more focused in school/kura when they do not have access to sweetened drinks.

Nutrition and Health

We are concerned that the discussion document focuses only on the contribution that sugar sweetened beverages makes to high rates of decayed, missing or filled teeth in children/tamariki in Aotearoa New Zealand (Problem definition/opportunity – Question 2). We agree that there is a significant problem with oral health in New Zealand children/tamariki; at the same time we believe that there are additional important long term health issues that should be considered as well when discussing the role of healthy food and drink in schools/kura. To omit healthy food from this discussion and to ignore long-term health issues is a missed opportunity to make a significant difference to the health of our children/tamariki well into their futures.

Unhealthy food and drink are major contributors to numerous health issues.

According to a Ministry of Health report¹ on health loss in Aotearoa New Zealand:

Across all condition groups, cancers and vascular and blood disorders (including coronary heart disease) are the equal leading causes of health loss at 17.5% of total DALYs² each. Diabetes and other endocrine disorders is 9th with 4.1% of total DALYs; diabetes alone accounts for 3% of total DALYs. Coronary heart disease is by far the leading specific cause of health loss accounting for 9.3% of DALYs

In addition, diabetes is a risk factor for coronary heart disease, ischaemic stroke, and dementia, and so indirectly contributes to the burden of other diseases. “Furthermore, a raised blood glucose or glycated haemoglobin (HbA1c) level below the diagnostic threshold for diabetes (sometimes called pre-diabetes) also increases the risk of these conditions.”¹ On this basis, the total burden of diabetes and pre-diabetes, including both direct and indirect burdens, is estimated to be 4.7% of total DALYs.

Collectively, dietary risk factors and excess energy intake (high BMI) account for 11.4% of health loss. The MoH report acknowledges that the impact of diet as a risk factor is “likely to underestimate diet-related health loss because it is based on only three dietary components: high sodium intake, low vegetable and fruit intake, and high saturated fat intake”¹, and doesn’t include other dietary influences, such as sugar consumption/high blood glucose. However, high BMI can be included along with the dietary risk because it reflects dietary energy intake in excess of energy expenditure requirements.

1 MoH, 2013: [Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016](#). Wellington: Ministry of Health.

2 Disability adjusted life years. DALY combines information on both fatal outcomes (early death) and non-fatal outcomes (illness or disability).

Among individual risk factors, high BMI (7.9%) was the second greatest risk to health.

High BMI, blood glucose, sodium intake, and saturated fat intake and low vegetable and fruit intake all contribute to vascular disease (including coronary heart disease) and most contribute to diabetes, while obesity, sodium intake and low fruit and vegetable intake contribute to the burden of cancer.

The MoH Report finds that “there is considerable scope for prevention, with tobacco, diet, physical activity, alcohol, obesity and diabetes all important potentially modifiable risks to health.”¹

The International Cancer Research Agency (IARC) lists diet and body weight/BMI as two of the five major lifestyle factors³ that contribute to cancer. If all five were addressed one third of cancers could be prevented.^{4,5}

Reflecting the significant contribution that cancer makes to health loss, as reported in *Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study*¹, IARC reports that in 2020, Aotearoa New Zealand had the second highest incidence of cancer⁶ in the world (second only to Australia).⁷ Cancer is the leading cause of premature death in 30 to 69 year old New Zealanders,^{Error! Bookmark not defined.} approximately 25,000 people are diagnosed in this country each year.^{Error! Bookmark not defined.} Addressing the dietary contribution to cancer could save thousands of lives in this country in the future.

Unhealthy diet is the biggest contributor to type 2 diabetes.

The number of people diagnosed with diabetes in Aotearoa New Zealand has increased by over a third in the last decade to almost 280,000; that is one in every eighteen people.⁸

According to the MoH, “this increase is largely due to the growing prevalence of type 2 diabetes, which accounts for around 9 out of 10 diabetes cases. Growing levels of obesity are fuelling this increase which is predicted to reach between 390,000–430,000 people living with type 2 diabetes by 2040, one in every twelve people.”

Additionally, “the incidence of type 2 diabetes mellitus in children and adolescents is increasing as the rates of childhood obesity have increased. Evidence suggests that this disease commonly progresses more rapidly in youth compared with adults and is associated with high rates of early microalbuminuria, hypertension, and dyslipidemia.”⁹ Young people with type 2 diabetes have a much shorter life expectancy than their peers with type 1 diabetes, due to the aggressive nature of their disease and associated comorbidities.⁸

High blood glucose (including diabetes and pre-diabetes) accounts for 6% of health loss in Aotearoa New Zealand, including health loss from both disability and premature mortality.¹

3 The others are tobacco smoking, alcohol consumption and exercise.

4 WHO, 2022: Cancer Fact Sheet, World Health Organization, 3 February 2022

5 Wild CP, Weiderpass E, Stewart BW, editors, 2020: World Cancer Report: Cancer Research for Cancer Prevention. Lyon, France: International Agency for Research on Cancer.

6 All diagnoses for all cancer types/sites.

7 IARC: [Data visualization tools for exploring the global cancer burden in 2020](#), World Health Organisation, International Agency for Research Cancer.

8 MoH, 2022: Draft Diabetes Action Plan 2022-2027, Ministry of Health, Wellington.

9 Narasimhan S & Weinstock RS, 2014: Youth-onset type 2 diabetes mellitus: lessons learned from the TODAY study. Mayo Clinic Proceedings, 2014 Jun;89(6):806-16.

Proposed changes to the promotion and provision of healthy drinks in schools

In light of the compelling evidence that unhealthy food is a major contributor to the burden of disease, including mortality, AWHC finds it quite bizarre that proposed changes focus on the promotion and provision of healthy drinks alone.

In terms of the options that are presented in the Discussion Document, we believe that there should be a fourth option:

That the existing nutrition guidelines for schools are replaced with a regulation that all schools and kura **promote healthy, nutritious food**, and a duty on **all** schools/kura (primary and secondary) **to only provide healthy food and drinks**.

This would mean that all school tuck shops/cafeterias could only provide/sell healthy food and drinks, and that all schools must be teaching students about healthy food and drink.

The importance of this opportunity for schools/kura to influence the life-long health of our children/tamariki and young people/rangatahi cannot be overstated.

We do not believe that “regulating the provision of healthy drinks is simpler to implement” is an adequate or valid reason not to include healthy food in these regulations.

We believe that this should be implemented at both primary and secondary schools/kura, especially because secondary schools are more likely to have tuck shops.

We agree that there should be circumstances where the duty to provide only healthy food and drink may not apply, such as for school events and social events such as school fairs and other fundraising events, socials/dances/balls.

We also believe that, while students and whānau should be encouraged to bring only healthy food to school, strict regulation of this should not be imposed or prescribed. One of the greatest barriers to healthy eating is cost.

Equitable access to health and well-being is not just about enablers – e.g. promoting and providing healthy food and drink within schools – but also about dismantling barriers. Financial barriers to health and well-being are a significant issue for our most vulnerable communities. No amount of promotion and teaching will assist people living with high levels of deprivation and/or below the poverty line to buy healthy food when unhealthy, calorie dense food is cheaper. In the last year fresh fruit and vegetables have increased in price by 17%, almost three times the rate of inflation, already at a 30-year high. Regulations about promoting healthy food and drink, and education about healthy nutrition will not pay for healthy food, and the social and economic factors that influence poor health must also be addressed in order for families/whānau to be in a position to supply their children/tamariki and young people/rangatahi with healthy food for eating at school/kura.

In terms of the circumstance where schools/kura have an existing supply of, or contract to buy and supply unhealthy food and drink for sale or use at school events, a “sunset” clause of 12 months should be more than adequate to allow schools to exhaust that supply or end a contract for supply. Food and drink have a shelf life and it would be entirely possible for schools/kura to transition to compliance with the regulations in a 12 month period.

9(2)(a)

From: 9(2)(a)
Sent: Thursday, 2 June 2022 10:26 am
To: 9(2)(a) Legislation Consultation
Cc: 9(2)(a)

Subject: RE: Our submission to the Healthy Drinks in Schools proposal

You don't often get email from 9(2)(a) [Learn why this is important](#)

Many thanks 9(2)(a)

Ngā mihi
9(2)(a)

From: 9(2)(a)
Sent: Thursday, June 2, 2022 8:25 AM
To: legislation.consultation@education.govt.nz
Cc: 9(2)(a)

Subject: Our submission to the Healthy Drinks in Schools proposal

Kia ora koutou

Healthy Families NZ is a large- scale initiative that brings together community leadership in a united effort for better health. It aims to improve people's health where they live, learn work and play by taking a systems approach for prevention. The Healthy Families NZ teams around the country work collaboratively with local leaders and organisations to identify , design and implement changes to help people make healthier choices and live healthier lives. Healthy Families Waitākere is one of 10 locations (11 lead providers). On behalf of many of our locations we have prepared a national submission as well as our local view on the proposal.

Therefore, please find attached:

- Healthy Families NZ submission detailing examples of community led change across a number of Healthy Families locations.
- Healthy Families Waitākere submission to the Healthy Drinks in Schools Proposal
- Appendix 1 – Detailing the work that Healthy Families Waitākere has done with 52 schools in West Auckland

Please also note;

The Healthy Families Waitākere initiative is led by Sport Waitākere. As a Regional Sports Trust, our Healthy Active Learning team are part of the regional approach to schools (HAL) led by Aktive. We are in support of their submission.

Healthy Families Waitākere is also a member of Healthy Auckland Together (a regional collaboration hosted by ARPHS) and we are also in support of their submission.

Nga mihi nui

9(2)(a)

Healthy Families Waitākere Manager

9(2)(a)

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WINNER: LEADERSHIP IN DIVERSITY AND INCLUSION CATEGORY
WINNER: COMMUNITY IMPACT - LOCAL/COMMUNITY CATEGORY - MAGIC PLAY BOX



NEW ZEALAND SPORT+RECREATION AWARDS 2021

Healthy Families Waitākere is delivered by Sport Waitākere, working together to create sustainable, healthy change in our communities



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Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

We are seeking your views on the promotion and provision of healthy drinks in schools

Overview

The promotion of healthy food and drink in schools improves children's behaviours around what they eat and drink at school and at home. Eating habits developed at a young age shape a person's ongoing approach to healthy eating and drinking through to adulthood, so it's important to promote the benefits of healthy eating and drinking during children's early development.

The National Administration Guidelines (NAGs) set out the Government's administrative requirements for State school boards.¹ NAG 5(b) guides school boards to promote healthy food and nutrition for all students. Since 2009, the Ministry of Health has been working with schools to encourage the voluntary adoption of healthy eating and water-only policies.²

From 1 January 2023, all NAGs, including NAG 5(b), will no longer be in effect in the legislation, because of some changes we're making to how schools do their planning and reporting. We are currently looking at transferring the NAG requirement relating to nutrition and healthy eating into a new Regulation made through the Education and Training Act 2020.

The introduction of new Regulations also provides an opportunity to strengthen the requirements so that schools can provide healthy drinks only. This would bring schools in line with the healthy drinking standards in the Ka Ora Ka Ako Healthy School Lunches programme, and existing guidance from the Ministry of Health's Healthy Active Learning programme.

We plan to bring the Regulations into force from the end of this year, before the NAGs stop having effect.

This discussion document presents the government's preferred option and two other options we have considered that we'd like your feedback on.

Question 1:

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

We are providing feedback on behalf of the Healthy Families NZ national collective. This collective includes:

Healthy Families Far North and Te Rūnanga O Whaingaroa
Healthy Families Waitākere and Sport Waitākere
Healthy Families South Auckland and The Southern Initiative
Healthy Families South Auckland and The Cause Collective
Healthy Families Waikato and Te Kōhao Health

¹ 'State' schools include: ordinary State schools, designated character schools (including Kura Kaupapa Māori), State integrated schools, specialist schools and distance schools.

² Schools that have water-only policies only allow water and plain, low-fat milk to be permitted on-site.

Healthy Families Rotorua and Te Arawa Whānau Ora
Healthy Families East Cape and Te Ao Hou Trust
Healthy Families Whanganui, Rangitīkei, Ruapehu and Te Oranganui Iwi Health Authority
Healthy Families Hutt Valley and Hutt City Council
Healthy Families Christchurch
Healthy Families Invercargill and Active Southland

Healthy Families NZ is a prevention initiative which brings community leaders together in a united effort for better health. We aim to improve people's health and wellbeing of people where they live, learn, work, and play by taking a systems approach to reducing the risk factors that lead to preventable chronic diseases.

Healthy Families NZ is funded in 10 locations (eleven lead providers) across Aotearoa by the interim Health NZ.

Problem definition/opportunity

New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.

Research in New Zealand has highlighted 'free sugars' as contributing significantly to high rates of obesity, poor oral health, diabetes and other health-related diseases.³ The consumption of free sugars in sugar sweetened beverages now contributes to 26% of the total sugar intake of children.⁴ Studies conducted by the Environmental Health Indicators New Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand.

The government has committed, through the Child and Youth Wellbeing Strategy, to ensure that children have the best possible health as a foundation for wellbeing. Long-standing structural and historic inequities in New Zealand society have disadvantaged particular groups, which has resulted in Māori and Pacific children being over-represented in these figures.

The Ministry of Health's Health Survey found that Māori children were more likely to consume sugar sweetened beverages than non-Māori children. Between 2002 and 2016, Māori children in Year 8 were significantly more likely to suffer from decayed, missing, or filled teeth than their non-Māori peers.⁵ In 2018/2019, Pacific children aged 1-14 years were nearly twice as likely as non-Pacific children to have had teeth removed due to decay, an abscess, and infection or gum disease in the past 12 months.⁶

Question 2:

Do you agree with our view of the problem? If not, why not?

What other problems, if any, do you think should be taken into consideration in assessing options?

³ Free sugars are defined by the World Health Organisation as monosaccharides and disaccharides added to food by both the manufacturer and consumer, including sugars naturally present in honey, syrups, and fruit juice.

⁴ Sundborn et al, "New Zealand's growing thirst for a sugar-sweetened beverage tax", New Zealand Medical Journal, 2015.

⁵ Ministry of Health, WAI 2575 Maori Health Trends Report, 2019.

⁶ Health Quality & Safety Commission New Zealand: Bula Sautu report - Pacific health in the year of COVID-19, 2021.

The problem is much more significant than what has been outlined above. It ideally requires expansion to include further preventable chronic diseases caused by unhealthy food and drink choices and a child's right to a good health environment during their education, from ECE through to Year 13.

Good health is a fundamental right of every child (Machel, 2017; Office of the Children's Commissioner, 2006; Office of the United Nations High Commissioner for Human Rights, 1990).

Children should have the right to grow up in health-promoting educational environments, free from junk food and sweetened drinks. During a child's education, they should be protected from unhealthy food and sweetened drinks and provided the best opportunity to form healthy habits which will last their lifetime.

But right now, our ECEs, schools and kura are places where children regularly source unhealthy food and sweetened drinks, starting them on the road to unhealthy habits. This early introduction can lead to preventable chronic diseases such as obesity, type 2 diabetes, heart disease, gout, etc. Poor nutrition and a diet high in additives are proven to affect physical and mental health, particularly concerning dental health.

Our children are already experiencing the effects of early introduction to unhealthy food and sweetened drinks, and are now the second heaviest in the OECD. Māori rangatahi up to the age of 14 are nearly twice as likely, and Pasifika more than three times as likely, to be obese than European or Pākeha children.

In addition to drinks, food can also be a major source of sugar intake and therefore will also cause some of the diseases outlined above. We suggest schools provide foods with a limited concentration of sugar to help fight the burden of poor health caused by sugar that New Zealand children face.

Education is key to improving these unenviable statistics and our ECEs schools, kura and need to lead the way.

Objectives

Our proposed objectives for these new Regulations are:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

Question 3:

Are these the right objectives? Can you think of any others to add?

We would change the second to the following as it would best describe the accumulating benefits of the objective.

Schools model healthy drink consumption behaviours for children ~~at~~ from a young age

In addition to drinks, we recommend that 'foods' are included in the objectives, with a view to limiting the concentration of sugar in these items.

Options analysis

We have identified three options that we'd like to get your feedback on. These are:

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.
- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Option 1 is our preferred option, and what we're proposing to do, but we're keen to get your feedback on all of them. The options are explained in more detail on the following pages, along with specific questions.

Question 4: Are there any other options that you think should be considered?

As a collective, we would like to see further aspirations to protect children from junk food during their education.

Whilst we are encouraged by the proposed updating of NAG 5, further education and regulation on healthy food and nutrition will be required to bring considerable change in rates of preventable chronic disease in children and young people.

We would like to see these regulatory changes utilised as a stepping stone for further systemic changes to support our children learning in health-promoting environments. The Ministry of Education should consider further regulatory changes in the near future to include food in schools.

In addition to primary and secondary schools, we recommend the regulatory change to include Early Childhood Education centres (ECE's) and kindergartens. Children at younger ages in these learning facilities also have major dental problems because of exposure to sugary drinks. A recent NZ study of 5-year-old children found that 40.9% experienced dental disease already and 20% have 3 or more teeth decayed. This decay would have started during pre-school.

Definition of 'healthy drinks'

For options 1 and 2, 'healthy drinks' are defined as:

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

This is consistent with the Ministry of Health's existing guidance on healthy drinking in schools, and the guidelines for the Ka Ora Ka Ako free lunches programme.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Yes we agree with the definition of healthy drinks and have no other drink options to add.

Why not regulate healthy food?

Regulation of school-level provision of healthy food and drink is common practice in other OECD countries, with some going as far as specifying percentages of micronutrients (such as zinc and iron) that should be provided. However, regulating food standards and/or nutritional requirements for the food provided in schools would not be possible to roll out nationally before 1 January 2023.

In the first instance, regulating the provision of healthy drinks is simpler to implement and makes a difference to schools and students. This is because water is the healthiest drink humans can consume. No other drinks are as good at hydrating your body while also being good for your oral health.

The same cannot be said for food. Fruit is good for you, but only eating fruit is not. A healthy diet requires a balance of different food types and getting this right in Regulations, while accounting for specialist diets and allergies, takes time. For this reason, we are not proposing healthy food regulation as part of these changes.

While we agree with the above statement that food regulation is a more complex challenge, we believe this change (water only schools) can act as a springboard for further conversations with school boards and management on implementing healthy food in schools.

During her time in parliament, Sue Kedgley instated the Healthy Food in Schools Guidelines, which she said was two years in the making. This included a budget of \$12M and trained consultants going into schools to teach canteen staff about healthy menus. Within two years, this was enacted, and children across the motu were only eating healthy food during school hours. Whilst the problem is complex, Sue Kedgley's prior work in this area can be used as a blueprint for future work and demonstrates it can be done within a reasonable timeframe and budget.

Furthermore, the Ka Ora Ka Ako Healthy School Lunches Programme has a robust national guideline which could be used as a blueprint for healthy food and drinks in schools regulation.

Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students

For option 1, when we say ‘primary schools’, we mean:

- full primary schools
- contributing primary schools
- area and composite schools
- intermediate schools.

Approximately 110 secondary schools comprise some primary school-aged children (usually in Years 7 and 8). Applying the Regulation to primary school-aged children in these settings may make it difficult for these schools to adopt a whole-school approach to healthy drinking. For example, the children in Year 8 would not be allowed to purchase drinks from a vending machine, but children in Years 9-13 would. We are therefore seeking feedback on the impact for these schools of a requirement to only provide healthy drinks to year 1-8 students.

Similarly, approximately 170 area and composite schools comprise both primary and secondary school-aged children, but in many cases, the schools contain a majority of primary school children and some secondary school-aged children. Because most of these schools contain a majority of primary school children, we are proposing to include these schools within the requirement to only provide healthy drinks to year 1-8 students. We’d like to hear your feedback on the impacts for these area and composite schools.

The benefits of healthy drink policies are the same for secondary schools as they are for primary schools. However, we know that the earlier in a child’s development we can encourage healthy habits, the better. So in the first instance, we are proposing to start with a duty on primary schools to only supply healthy drinks, though we recognise that some primary schools may require additional time to move towards a full healthy drinking policy.

There are different circumstances in secondary schools compared to primary schools regarding provision of drinks. In particular, fewer secondary schools already have healthy drinking policies compared to primary schools, and canteens and tuck shops are more prevalent in secondary school settings. More work needs to be done to understand the challenges that secondary schools would face in implementing this policy.

For the reasons above, this is our preferred option.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a ‘lead-in’ period be helpful for schools to transition to the new duty?

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

Excludes ECE, kindergarten and secondary schools from the duty

Children should be exposed to healthy food and drink from the moment they enter the education system, to give them the best chance at developing healthy habits which last a lifetime. Option one is only a short period in a young child’s life, midway through their education.

A separate regulation for primary and secondary schools would create a two-tiered system of support and create further capacity strain for composite schools. From ECE to Year 13, the entire education sector should be regulated to ensure continuity and consistency for our children.

For this reason, it will not go far enough to ensure healthy habits are established.

Further explanation of 'promote healthy food and nutrition'

What "promote healthy food and nutrition" means would also need to be fleshed out, as without proper resources or expectations it will be dismissed as noncritical to the regulatory changes.

Option 2: replace the existing NAG 5b with a duty in Regulations, and place an additional duty on all schools (primary and secondary) to only provide healthy drinks

According to a 2016 University of Auckland survey, of the 819 schools sampled, 67.5% of primary and 23.3% of secondary schools with a school food service (e.g. canteen or lunch order system) offered only milk and water as beverage options⁷. It is unclear however, from the data available, exactly how many schools have a healthy drinking policy in 2022.

Healthy drinking is beneficial to children. Avoiding sugary, carbonated drinks is good for a child's general health, dental hygiene, concentration, school behaviour and educational outcomes. Schools that have voluntarily implemented water-only policies have seen that it benefits teaching and learning as well as student health and wellbeing.

By making sure schools promote healthy eating and nutrition, and that schools also refrain from providing unhealthy drinks in all circumstances, healthy consumption messages remain consistent, and learners are more likely to 'buy-in' to the messages they are being taught if the school itself models those behaviours.

We are seeking feedback from schools about the impact of introducing a new duty on school boards of primary and secondary schools to only provide healthy drinks. For example, we don't know if some schools have catering contracts with unhealthy drink suppliers that will exceed the introduction date of the Regulations in October 2022. If a school is not able to easily withdraw from such a contract, they may be left with a large supply of drinks which they are then unable to sell.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

We believe this would bring about the most positive change for children and would like to see ECE included in this option. This would ensure continuity for children throughout their education and have the highest chance of developing healthy habits that last a lifetime.

We would also like to see the promotion of healthy food and nutrition in schools (as stated in option 1).

Schools should be able to see out their contractual obligations with distributors without penalty. However, those contracts should not roll over to start a new period once the regulation is finalised (end of 2022).

⁷ For this survey, 'primary schools' included full primary and intermediate schools, 'secondary schools' included secondary and composite schools

As a collective, Healthy Families NZ has worked alongside schools to create health-promoting education environments.

Healthy Families Far North: Since 2020, we have been working with Queenstown Resort College Te Tai Tokerau campus, to develop and implement a student-led healthy kai and wai policy. This has included students taking on a monthly wellbeing challenge which supports a healthy lifestyle, encourages a variety of cooking techniques and styles, and increases the nutritional value of kai and wai on campus.

Healthy Families Waitākere: Since 2016, we have been working with 52 schools to improve water infrastructure, develop water policies and harness the power of student leadership to promote drinking water – leading to healthier education environments for 96% of the school aged population in West Auckland.

Healthy Families Hutt Valley: We've worked in partnership with schools who have taken the opportunity to develop water-only policies and create a school environment that promotes and supports healthy choices is one way that schools can help students reach their potential.

Healthy Families Invercargill: We have collaborated for years with a range of organisations such as the Southern District Health Board, and Heart Foundation, to encourage schools to choose healthier food and beverage options. This has resulted in significant changes being implemented in canteens throughout the city, through a range of initiatives including Rethink Your Drink, and Water Only Schools.

Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks

Option 3 would continue the current requirement all State school boards have been subject to since 2009.

School-level promotion of healthy food and nutrition is proven to be effective in improving children's attitudes and behaviours towards the food and drink they consume at school, and at home. Eating habits established at a young age significantly impact a person's ongoing approach to healthy eating and drinking throughout their life. That's why it is important to establish healthy habits and patterns in the early stages of children's development.

A school's promotion of healthy food and nutrition is undermined where the school also actively provides unhealthy food and drink. Whole-school approaches to healthy eating and drinking, where the educational messages are underpinned with consistent messaging from the school itself, have been found to be more effective in influencing students' healthy food and drink choices.

If we didn't replace the existing requirement under NAG 5b to promote healthy eating and food, there is a possibility that some schools may choose not to do so. However, under this option, schools could continue to promote healthy food and nutrition while also providing unhealthy food and drinks to their students.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Yes, we believe the current guidance needs to be replaced with Regulations to bring the most positive change for Aotearoa's children. As trends and indicators continue to paint a worrying

picture of children's health and wellbeing (occurring under NAG 5), now is the time to create a robust system to protect children from unhealthy food and drink.

Regulating healthy food and drink takes the decision-making burden off the shoulders of ECE/School/Kura management and refocuses collective attention on how to best meet the regulations.

Our children are in this health crisis because we have made it easy to sell sugary food and drink at school. Therefore, the largely voluntary code is part of the problem, not part of the solution.

Circumstances where the duty will not apply

Under options 1 and 2, we recognise that it may not be appropriate to apply this duty under all circumstances. There may be some exceptions for infrequent events that many people would consider to be reasonable.

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri);
- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class);
- For any drinks provided as part of any medically prescribed dietary requirements;
- In any school in an area where a boil water notice is currently in effect.

We want to ensure that students are drinking healthy drinks as part of their everyday habits, but also want to make sure the new duty is reasonable and accounts for the realities of school life. We'd like your feedback on whether you think there are other circumstances – such as school discos, school fairs and galas – where it would be reasonable to not apply the duty to only provide healthy drinks.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

Schools are unique places where children should be protected from unhealthy food and drink. For this reason, the number of exceptions needs to be at a minimum. Having exceptions for events and celebrations elevates unhealthy food and drink to being a treat or reward, building unhealthy perceptions and behaviours towards junk food.

Monitoring and compliance

It is important to note that the proposed new duty for options 1 and 2 to only provide healthy drinks only applies to school boards. **The duty would not apply to parents of students in that school**, who could still choose to provide unhealthy drinks to their children to take to school.

However, schools could go further than the Regulations by putting in place a school policy which stopped children from bringing unhealthy drinks into school, so long as they consult with their school community and parents can access a written version of the policy on request.

We know from a 2016 Auckland university survey, that a majority of primary school boards that submitted a response had already introduced a healthy drinks policy themselves.

Given this, we're proposing to have a light-touch compliance approach to the new duty. This means that if we receive complaints from parents, students or other agencies saying that a school is in breach of the duty, the local regional office would get in touch to find out why. We are not proposing any formal sanctions for failure to comply with the duty. We think this is a proportionate response to a system where many schools boards have already opted to implement a healthy drinks policy.

The Ministry of Health has employed 30 staff based in regional public health units to assist with voluntary approaches to healthy food in schools' policies, and the roll-out of the Ka Ora, Ka Ako Healthy School Lunches programme. Given their existing responsibility to visit, encourage and work with schools in their area to establish healthy eating and drinking policies, these staff would be well-placed to highlight a new, strengthened Regulation for school provision of healthy drinks, as well as the impact on Māori and Pacific children. These staff will not be required to inspect schools' compliance with the new duty and would instead continue to encourage and advocate healthy eating and drinking policies.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Yes, we believe the high-trust model is sufficient. Sanctioning non-compliers will not nurture buy-in and trust, whereas softly bringing people on board will strengthen relationships and support ownership of the changes.

We would like to see some form of monitoring/tracking taking place, with a plan to review periodically to understand current levels of compliance and whether this approach needs to be revised.

How to have your say

We are seeking your views on proposed changes to the promotion and provision of healthy drinks in schools.

You can email your submissions to legislation.consultation@education.govt.nz or write to:

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
New Zealand

Submissions close on 2 June 2022 and will inform advice to the Minister of Education on final policy proposals that would be submitted to Cabinet.

Webinars to discuss the proposed Regulations will also be held during the period of public consultation. The webinars will give you the opportunity to discuss the proposals, ask us questions and make suggestions. If you would like to attend one, please contact us on legislation.consultation@education.govt.nz, and let us know your name and the email address you'd like to be contacted on.

Purpose of feedback

We are seeking your views on the suggested changes discussed above. Your feedback will enable us to make better informed decisions about proposed changes to the promotion and provision of healthy drinks in schools.

Please be assured that any feedback you provide will be confidential to those involved in analysing the consultation data. We will not identify any individuals in the final analysis and report writing unless you expressly give permission for this. However, submissions, including submitters' names, and documents associated with the consultation process may be subject to an Official Information Act 1982 request.

2 June 2022

Ministry of Education - Te Tāhuhu o te Mātauranga
Mātauranga House
33 Bowen Street
Wellington 6011

Re: Submission on the proposed changes to the promotion and provision of healthy drinks in schools

Tēnā koutou,

Thank you for the opportunity to provide written feedback on the **proposed changes to the promotion and provision of healthy drinks in schools**.

Regional Public Health (RPH) is the public health unit for the greater Wellington region (Wairarapa, Hutt Valley and Capital & Coast District Health Boards). We deliver a range of population and personal health services, aiming to improve the health of communities throughout the greater Wellington region. In particular, we focus on achieving equitable health outcomes for Māori, Pacific peoples, tamariki and young people, low income whānau and other people groups facing complex challenges.

We are happy to provide further advice or clarification on any of the points raised in our written submission. The contact point for this submission is:

Name: 9(2)(a)

Email: 9(2)(a)

Naku noa, na

9(2)(a)

9(2)(a)

9(2)(a)

9(2)(a)

Regional Public Health's reasons for submitting:

We provide public health services in the greater Wellington region. We have a focus on improving the health of Māori, Pacific and whānau on low incomes, especially tamariki and rangatahi in these whānau. We work together with the people and organisations in our region to make our communities healthier, safer places to live. We aim to keep all our population well, improve health and prevent illness.

Health and wellbeing are influenced by many factors including housing, income, nutrition, and access to health and social services. Our public health work involves working together with communities and health services to influence these factors.

RPH is involved in the promotion of healthy food and drinks across the greater Wellington region working alongside health, education, councils and Non-Government Organisations to promote water-only policies and initiatives.

General comments

RPH **commends** the Ministry of Education (the Ministry) for taking the opportunity to review and strengthen this area of Regulation

RPH **does not consider** any of the three Options outlined in the discussion document are suitable for the Regulation of a healthy food and drink nutritional school environment.

RPH **strongly supports** that the existing nutrition guidelines for schools are replaced with a Regulation which includes both primary and secondary schools. This Regulation would state that all schools (primary and secondary) are to only provide and promote healthy, nutritious food and drinks. This would support a 'whole-school approach' in cases where schools run from Year 1-13.

The benefits of making the healthy choice the easy choice in schools are significant. Consistent approaches between primary, intermediate and secondary schools are important. While many secondary school students can access off-site provisions to purchase food and drink, schools have the responsibility to support healthy school environments for students. This provides a positive education which models health and wellbeing benefits for their students.

Specific comments

Q 1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

As a public health unit, RPH is a key organisation involved with the health and wellbeing of communities across the greater Wellington region (Wairarapa, Hutt Valley and Capital & Coast District Health Boards). Our purpose is to improve and protect the health of the population in the greater Wellington region with a focus on achieving equity.

Q 2: Do you agree with our view of the problem? If not, why not? What other problems, if any, do you think should be taken into consideration in assessing options?

- a) RPH **agrees** with the problem definition, but considers the need for the Ministry to expand this definition to include the provision and promotion of healthy food, the mental wellbeing of children, and a whole-school approach (primary and secondary).

RPH **considers** that The Ministry has a responsibility to minimise the health impact associated with the consumption of unhealthy drinks for all students in education settings. RPH recognises that Māori and Pacific peoples experience greater health inequalities and are significantly over represented with health conditions such as tooth decay, obesity and type-2 diabetes. RPH **commends** the action of the Ministry for defining this problem and aiming to advance health equity.

- b) RPH **strongly recommends** the Ministry consider the following additional problems in the definition: a focus on the provision of healthy food, the link between the consumption of sugary drinks with the lack of focus children experience in the classroom^{1,2} and expanding this regulation to a whole-school approach (primary and secondary).

Q 3: Are these the right objectives? Can you think of any others to add?

RPH **agrees** with all three objectives.

Q 4: Are there any other options that you think should be considered?

RPH **strongly recommends** that an *Option 4 should be considered*:

Option 4: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.

We **recommend** that the existing nutrition guidelines for schools are replaced with a Regulation which includes both primary and secondary schools. This Regulation should state that all schools are to only provide and promote healthy, nutritious food and drinks. This approach will allow the Ministry to model a supportive, healthy learning environment that is consistent with the Ministry of Health's existing guidance on healthy drinking in schools and Ka Ora Ka Ako programme.

Q 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

¹ Jirout J, LoCasale-Crouch J, Turnbull K, et al. (2019). How Lifestyle Factors Affect Cognitive and Executive Function and the Ability to Learn in Children. *Nutrients*. Aug 20;11(8):1953. doi: 10.3390/nu11081953. PMID: 31434251; PMCID: PMC6723730.

² Adolphus, K., Lawton, C. L., & Dye, L. (2013). The effects of breakfast on behavior and academic performance in children and adolescents. *Frontiers in human neuroscience*, 7, 425. <https://doi.org/10.3389/fnhum.2013.00425>

- a) RPH **agrees** with the definition of healthy drinks, and notes that the option of plain water and reduced or low-fat / plant based milks as healthy drink options are acceptable and are consistent with the existing Ministry of Health Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2-18).
- b) RPH **does not** consider any other drinks should be included in this definition.

Q 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

- a) RPH **does not** consider any difficulties for primary schools to provide healthy drinks. Many primary schools have already implemented healthy water-only policies without legislation in place.
- b) RPH **does not** foresee the need for a lead-in period for schools to transition to this new duty.

RPH **recommends** a whole-school approach that provides and promotes healthy, nutritious food and drinks. This would support a whole-school approach in cases where schools run from Year 1-13. We believe that this will reduce potential difficulties that may otherwise occur if schools attempt to enforce the Regulation amongst only a select proportion of the students within their school setting.

RPH cannot think of any reason why area and/or composite school should encounter any difficulties when compared to full primary schools or contributing primary schools.

Q 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

RPH recognises the health **benefits** of this duty. The duty will provide a healthy, supportive environment, reducing the risk of conditions such as tooth decay, obesity and Type-2 diabetes amongst students. Māori and Pacific peoples experience greater health inequalities and are significantly over represented with health conditions such as these listed. The provision of healthy drinks supports a child's ability to learn and their overall mental health and physical wellbeing.

Applying this Regulation to both primary and secondary schools, will support consistent health messaging across all school students and will ensure that progress in this area is reinforced during adolescence. There is the opportunity for significant health gains to be made in the secondary school environments. As noted in your document, only 23.3% of secondary schools with a school food service restrict the drinks supplied to healthy drinks, compared to 67.5% of primary schools.

The **challenge** RPH considers for secondary schools during this transition is the financial viability and availability of healthy food and drink options. RPH **recommends** the Ministry provide support to Canteen managers and external vending suppliers in adopting a healthy food and drink menu, and recognises that a lead-in time may be appropriate to allow for this transition.

Q 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

RPH **does not** support Option 3, as this is essentially an extension of the status quo. The status quo does not support and encourage school boards who have not implemented healthy water-only policies to make any change.

The presence of Regulations may provide school boards with a degree of protection from challenges from within their school communities when implementing a healthy food and drink environment. Many schools have already begun to progress this work and the Ministry should support school boards to model an evidence-based approach which includes health programmes and school based interventions that effectively influence student healthy food and drink choices³.

Q 9: What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

- a) RPH cannot think of any circumstance where the duty should not be applied. The circumstances listed are not necessary, as they are addressed in other guidelines, such as personal health plans. For example, a child with Type 1 diabetes will have a specific 'Type 1 Diabetes School Plan' that outlines the steps to manage their blood sugars as needed. Or, in the event of a 'boil water notice', schools will follow necessary protocols that include the provision of bottled water or boiled water for students' consumption.
- b) RPH cannot think of any other circumstances where it would be necessary to not have the duty applied. For example, the availability of sugary drinks at events such as galas and discos undermines the schools promotion of a healthy nutritional environment. RPH has examples of case studies which demonstrate schools replacing sugar sweetened beverages with healthy alternatives which are attractive and fun. These include jugs of water filled with ice, sliced fruits and veggies such as strawberry, orange, cucumber, mint and coriander at gala days⁴. These initiatives have been successful and welcomed by the parents.

Q 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

RPH **agrees** with a high-trust light-touch approach and **recommends** the Ministry commits additional resource to support Canteen Managers so they can maximise sales to healthier options as they transition from unhealthy drinks.

A large proportion of primary schools have already implemented a healthy drinks policy. It is appropriate to adopt a high-trust light-touch approach which is monitored by the school itself. RPH **recommends** that the Ministry provides tools and supports which guide schools with their adoption, implementation and reviewing of a healthy nutritional environment.

As this may be a significant change for some schools, a light touch approach early on will benefit, support and encourage schools who have not previously implemented the water only policies. This should include school boards reporting their annual progress to parents.

³ Gonzalez-Suarez C, Worley A, Grimmer-Somers K, et al. (2009) School-based interventions on children obesity: a meta-analysis. *American Journal of Preventive Medicine*. 37: 418-27.

⁴ *Water-only schools | RPH*. rph.org.nz. (2020).



2 June 2022

**Submission to the Ministry of Education:
Consultation on introducing a healthy drinks only policy into primary schools.**

The New Zealand College of Public Health Medicine (NZCPHM) welcomes the Ministry of Education's (the Ministry) public consultation on the Regulations relating to the promotion and provision of healthy drinks in schools.

About the New Zealand College of Public Health Medicine

The [New Zealand College of Public Health Medicine](#) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 218 active members, including 182 fully qualified specialists, with the majority of the remainder being advanced trainees in the medical specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM partners to achieve health gain and equity for our population, eliminating inequities across socioeconomic and ethnic groups, and promoting environments in which everyone can be healthy.

Introduction

The NZCPHM understands that the National Administration Guideline (NAG) 5 (b) that guides school boards to promote healthy food and nutrition for all students will no longer be in place by 1 January 2023. The principles outlined in the NAG would need to be implemented by developing a new Regulation made through the Education and Training Act 2020.

In Aotearoa New Zealand, research demonstrates that the food environment, including sugary drinks, is not supportive of healthy food choices.¹ Currently the consumption of sugary drinks in schools is a public health hazard, reducing the wellbeing of our tamariki and rangatahi.

Background

The evidence linking sugary and unhealthy beverages to poor health outcomes (such as dental diseases, diabetes, and obesity) is unequivocal.²

Current research indicates that Aotearoa New Zealand has one of the highest rates of childhood obesity with the OECD.³ The World Obesity Federation reports obesity levels are rising significantly globally, and substantive actions are required to curb this epidemic.⁴ Poor food and beverage choices start in childhood and continue into adulthood therefore any effective intervention to reduce obesity must start early in the life course.⁵

The proposed Regulations will enable proactive action to reduce the consumption of sugary drinks therefore lessening the possibility of future negative health outcomes, such as obesity and dental disease.

Position

The NZCPHM understands that some schools have already adopted a healthy drinks policy. This activity needs to be supported and strengthened by Regulation, rather than relying on voluntary implementation. Researchers at the University of Auckland reported that “measures to restrict sugar drinks in schools are plagued by supply chain loopholes and product definition”⁵ making it difficult for schools to comply with a healthy drinks policy. The finding that industry self-regulation in New Zealand is not effective is corroborated by South African research.⁶

Implementing the proposed Regulations would also signal that the Government acknowledges the detrimental impact sugary drinks have on tamariki’s hauora. The New Zealand Dental Association recently reported that 8,500 children were hospitalised last year for the removal of decaying teeth⁷. This level of preventable hospitalisation evidences the need to develop robust policy to reduce the consumption on sugary drinks and subsequently lessen the burden on health services.

The NZCPHM supports the evidence provided in the New Zealand Beverage Guidance Panel’s policy brief “Options to reduce Sugar Sweetened Beverages Consumption in New Zealand.”¹ This document clearly articulates the problem and outlines the solutions. Importantly, it notes that reducing the consumption of sugary drinks, with effective policies, is highly cost-effective in terms of public health interventions.

Government agencies should all play their part in supporting the goal of Aotearoa New Zealand being Sugary Drink Free by 2025. Tamariki are the greatest consumers of unhealthy drinks, therefore have the greatest risk of developing adverse outcomes. Due to structural inequities in Aotearoa New Zealand, Māori and Pacific children are disproportionately represented in poor health outcomes (e.g. diabetes, obesity, and dental caries) arising from the consumption of sugary beverages. We tautoko initiatives that support all children, especially Māori and Pacific, to make healthier beverage choices. It is for these reasons we support the three broad objectives outlined in the Ministry’s consultation paper.

Response to the Consultation Questions

Question 1: In what capacity are you providing feedback?

The NZCPHM is providing feedback as an organisation with expertise in population health, with a particular interest in advocating for the best health outcomes for children. We have published a range of policy statements, including child obesity, child poverty, fluoridation, and have endorsed the New Zealand Beverage Guidance Panel’s paper², providing guidance and recommendations on public health initiatives that improve the wellbeing of tamariki. The principles outlined in the Ministry’s proposed policy are aligned with the NZCPHM’s objective to “tackle the obesogenic environment and norms”⁸ therefore we are pleased to provide feedback on the “Discussion document: proposed changes to the promotion and provision of healthy drinks in schools.”

¹ The NZCPHM has formally endorsed New Zealand Beverage Guidance Panel’s Policy Brief: Options to Reduce Sugar Sweetened Beverage (SSB) Consumption in New Zealand. This document published in 2014, has been further developed and a 2020 policy paper is available at <https://www.fizz.org.nz/index.html>.

² The NZCPHM’s statements and endorsements can be accessed at <https://nzcp hm.org.nz/Policy-Statements/10944/>

Furthermore, it is likely NZCPHM members, based in the regional public health units, will be involved in the implementation of the proposed Regulations

Question 2: Do you agree with our view of the problem?

The NZCPHM agrees in part with the problem definition. We note the problem definition is narrowly defined; focusing only on reducing the consumption of sugary drinks. We anticipate that in the future, additional work will be undertaken to widen the Regulations to reduce the consumption of other obesogenic foods within the school environment.

Question 3: Are these the right objectives?

The NZCPHM supports the Ministry's three key objectives outlined in the consultation paper:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

These broad objectives underpin the actions that will influence positive behaviours around healthy beverages choices.

Options on the Regulations

The NZCPHM supports Option 2. We do not think any other options should be considered.

Option 2: *replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.*

A life-course approach is required to address healthy nutritional outcomes including reducing sugary beverages. We support Option 2 as we argue that a "whole of school approach" is required to ensure healthy drinks and foods are promoted and available to all tamariki and rangatahi throughout their school years e.g., as they progress through Early childhood education, primary, intermediate, and secondary schools.

We support the New Zealand Dental Association's position that Regulations around healthy beverages should include rangatahi and secondary school students.

There must be consistency regarding healthy beverages within Aotearoa New Zealand's school system. Inconsistent application of policies like these is confusing and can lead to the public being uncertain whether they are evidence based or purely ideological. When children move from schools where there is a healthy drinks policy to one where no such policy is in place it is likely they will revert to poor beverage choices Overseas studies support these findings, indicating that children's behaviours are influenced by their peers and environmental circumstances, when making beverage choices.⁹ For these reasons we do not support Option 1.

One of the objectives of the Ministry's policy is to ensure "*The Regulations are reasonable and fit for purpose in all schools.*" Therefore, we conclude that administratively it would be more efficient if all schools implemented the policy across all school settings.

We have no further comments regarding question 4.

Question 5: Do you agree with this definition of healthy drinks?

The definition of healthy drinks outlined in the consultation paper, is consistent with overseas policies and is all encompassing e.g., sugary drinks include fruit juices, flavoured milks, and sports drinks. The Regulation will only allow children to drink plain water and milk, including plant-based milks. We support the comprehensive definition outlined in the proposed Regulation.

Why not regulate healthy food?

The NZCPHM accepts the premise that regulating food standards for the food provided in schools would not be possible before 1 January 2023 and is therefore excluded from this current consultation. However, as we have stated in our submission, the end goal should be to reduce all unhealthy food and beverages in schools. Other agencies such as the Health Coalition Aotearoa support the Government progressing this mahi.¹⁰ As noted in the Ministry's consultation paper, other OECD countries have implemented broad health promoting policies and therefore we encourage cross-Government discussions on how this agenda can be achieved.

We have no further comments regarding question 6.

Question 7: Option 2 – Benefits and/or Challenges that secondary schools would face.

The consultation paper notes there is limited data available regarding the number of secondary schools with healthy drinking policies, therefore it may take time to get "buy in" from rangatahi to accept the water / milk only policy.

Schools should support and reinforce behaviours when rangatahi make good beverage choices. This approach will make easier for the schools to introduce the Regulation and encourage compliance over time.

We have no further comments regarding question 8.

Question 9: Circumstances Where the Duty Will Not Apply

We support policies that would ban sugary drinks across all school events such as sporting events and socials. Whilst a universal ban is the best option, it may be challenging for schools to implement the Regulation immediately across all school events. Schools are already under pressure as they work through the post-Covid situation, therefore we suggest banning sugary drinks in the classroom is the first step and, then later, implement policy to remove sugary drinks from all school activities. Expecting schools to ban sugary drinks from all school activities by 2023 would run counter to the key objectives described in the consultation e.g., "The Regulations are reasonable and fit for purpose in all schools."

We agree with the exemptions outlined in the consultation paper, that in some circumstances, such as cultural events, school cooking class, medically prescribed instances and when the water is deemed unsafe to drink, it may be necessary to drink products other than water or milk. We note that urgent action is required to improve water quality if potable water is not available to schools.

Question 10: Monitoring and Compliance

Ensuring Compliance

When the Regulation is implemented the NZCPHM would encourage the development of procedures to monitor and manage compliance. Recent research indicates that although beverage companies are not selling sugary drinks directly to schools, sugary drinks are still available in schools through

third parties.³ We suggest further training and education may be required within the school environment to ensure the Regulations are understood and fully implemented. Schools should be offered adequate support, based on their need, to adequately meet the Regulations.

Collecting Metrics and Tracking Success

When Government policies and regulations are implemented, relevant metrics should be collected to measure the impact of the intervention. The New Zealand Dental Association has some data describing the association between sugary drinks and children's health outcomes, but we need a national database providing outcome related metrics. This information could be used to inform other health promoting initiatives such as moving to ban unhealthy foods from schools.

Additional Comments

Reducing the Consumption of Sugary Beverages is an Equity Issue

Reducing sugary beverages consumption is an equity issue. Due to impacts of colonisation and discrimination a greater proportion of Māori and Pacific people live in areas of high deprivation. There is an association between poverty and the consumption of sugary drinks. Evidence demonstrates that children living in areas of high deprivation experience higher concentrations of venues selling unhealthy foods.¹¹ Removing sugary drinks during school hours will allow child to be sugar-free for a good part of their day and will have a beneficial impact on their wellbeing.

Reducing Sugary Drinks is Part of a Wider Healthy Foods Initiative

We note the Ministry's consultation is solely focusing on sugary drinks. Policies to address the consumption of unhealthy drinks in schools must be coupled with other strategies to achieve long-term positive impacts on children's health. The NZCPHM strongly recommends the Ministry works with other government sectors to develop comprehensive policy that supports child wellbeing by aiming to reduce the consumption of obesogenic food and drink and encourages greater physical exercise, particularly incidental exercise such as is gained by being able to safely walk and cycle to school.

The Ministry is leading the initiative to address the consumption of sugary drinks in schools; however, collaboration and leadership are needed to make non-sugary drinks the norm. Other ministries (education, health, whānau ora and pacific affairs) must work in concert towards the end goal of restricting the availability of sugary drinks in Aotearoa New Zealand.

Key Messages

1. Regulations should be developed that mandate healthy beverages e.g., water and milk (including plant-based milks) in schools.
2. The Regulations should be implemented across all schools at all levels e.g., at Early Childhood education, primary, intermediate, and secondary schools
3. Ideally, sugary drinks should be removed from all school events but in practical terms this may be challenging to implement immediately.

³ Sundborn G, Thornley S, Veatupu L, Lang B. If soft drink companies can do it, why can't government? Sugary drink sales policies in schools must be tightened. ANZ Journal of Public Health.17 February 2022. (<https://doi.org/10.1111/1753-6405.13218>)

4. Sugary drinks are part of the obesogenic environment, therefore future Regulations should be comprehensive and seek to reduce obesity by promoting healthy foods and drinks and increasing physical exercise.
5. A process should be in place to monitor compliance and measure the impact of the intervention.
6. Inter-sectoral collaboration will improve successful policy implementation.

Thank you for the opportunity to submit on the Regulations regarding healthy beverages in schools. The NZCPHM views the proposed Regulations as an important opportunity to improve health outcomes for children living in Aotearoa New Zealand. We trust our feedback is helpful. Please contact us if you require further clarification on any issue raised in this submission.

Ngā mihi

9(2)(a)

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References

¹ New Zealand Beverage Guidance Panel. Policy Brief: water only schools for Aotearoa, New Zealand. New Zealand. 2020
(<https://www.fizz.org.nz/index.html>)

² Public Health England. Sugar Reduction: The evidence for action. London, United Kingdom.2015.
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf)

³ Unicef. World of Influence: understanding what shapes child well-being in rich countries. Innocenti Report Card 16. Florence, Italy.2020.
<https://assets.ctfassets.net/7khjx3c731kq/IYSqwHAIX4yN7gOlpnueS/c9c1005642c66e69c54b93a05cc3bdc0/Report-Card-16-Worlds-of-Influence-child-wellbeing.pdf>

⁴ The World Obesity Federation. World Obesity Atlas 2022. United Kingdom.2022.
(<https://www.worldobesityday.org/resources/entry/world-obesity-atlas-2022>)

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(<https://theconversation.com/south-africa-must-ban-sugary-drinks-sales-in-schools-self-regulation-is-failing-160621>)

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An additional interview can be heard at <https://www.nzda.org.nz/about-us/news/dr-rob-beaglehole-speaks-to-newstalk-zbs-simon-barnett-james-daniels-aftern>

⁸ New Zealand College of Public Health Medicine. NZCPHM Policy Statement on Childhood Obesity, Wellington, NZCPHM 2016.

(<https://nzcphm.org.nz/Policy-Statements/10944/>)

⁹ Lebel A, Morin P, Robitaille E, Lalonde B et al. Sugar Sweetened Beverage Consumption among Primary School Students: Influence of the Schools' Vicinity. 2016. Journal of Environmental and Public Health, Volume 2016.

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¹¹ Hopgood, S. A Pasifika dietitian is calling for a ban on advertising sugary drinks near schools. Radio New Zealand – The Spinoff. 4 May 2022.

(<https://thespinoff.co.nz/society/04-05-2022/ban-advertising-sugary-drinks-within-500m-of-schools-says-pasifika-dietitian>)

Healthy Drinks in Schools Consultation

To: Ministry of Education

Submission on: Healthy Drinks in Schools

Name: Public Health Services, MidCentral District Health Board

Address: Public Health Unit, MidCentral District Health Board
Private Bag 11036, Palmerston North 4442

Attention: 9(2)(a)

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MidCentral District Health Board's Public Health Service is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and for improving, promoting and protecting their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956. These statutory obligations are the responsibility of the Ministry of Health and, in the MidCentral District are carried out under delegation by Public Health Services.

Health is influenced by a wide range of factors beyond the health sector and so we are grateful for the opportunity to comment.

Our Public Health Service from MidCentral DHB comprises Health Promotion, Health Protection and Public Health Nurses all of whom work in or with schools. Our health promotion advisors work with our community and are guided by Te Tiriti o Waitangi, the Ottawa and Bangkok charters, Whakamaua: Maori Health Action Plan 2020 – 2025 and Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025. Māori models of health such as Te Whare Tapa Whā and Te Pae Mahutonga are integral to the work that we do.

Sugar sweetened beverages (SSBs) are a significant contributor to childhood obesity, poor oral health and Type-2 diabetes, and are associated with poor diet and nutrition, lower academic achievement and problem behaviours. Of particular concern for children, loss of sleep, headaches and anxiety have been linked to SSBs, in particular, those containing caffeine. This is coupled with mounting evidence that sugar is also addictive (Beaglehole, 2014).

We support the following option (option 4):

"The existing nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori promote healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy food and drinks."

Rationale:

In health promotion “making the healthy choice the easy choice” is a key tool in the Ottawa Charter. This ensures consistency of messages, so what is taught in the classroom about healthy food and drinks is reinforced by the school environment.

We support a holistic view of health in education settings. Te Whare Tapa Whā is a Māori model of health and is one of the four concepts at the heart of the Health and PE curriculum. Concepts of hauora should not be separated from each other when learning about health as they are interdependent and interrelated.

As the curriculum states “the societal view [of health] is holistic and encompasses physical, spiritual, social and emotional health and wellbeing. This holistic view of health and wellbeing underpins Te Whare Tapa Whā model of hauora developed by Mason Durie (Ministry of Education, 1999). Therefore nutrition, physical activity, mental health, our whānau and social connections need to be the foundation when learning about our bodies and healthy choices. Particularly, mental health conversations need not be separated from the conversations about food and drink choices and physical activity. It is so important that children are learning about the connection between our moods, emotional health, the food we eat and drink and how our society portrays unhealthy food and drink in advertising and marketing.

Our communities are saturated with advertising and marketing of unhealthy food and drinks. This advertising is on our phones, in our homes, on our sports fields and in all our community environments.

A space free from advertising and marketing of unhealthy food and drink options provides positive outcomes for health and wellbeing of tamariki and rangitahi as well as reducing peer pressure to consume unhealthy foods and drinks. A University of Otago Study¹ where 90 children wore cameras for two full days found that the children were exposed to 554 brands per 10-hour day, or nearly a brand a minute.

The majority of these exposures occurred in school (43 per cent), at home (30 per cent), and in-store (12 per cent), most commonly on brand labels (46 per cent), product packaging (22 per cent) and commercial signage (13 per cent).

The relative number of exposures to unhealthy food and drinks was higher in comparison to social and healthy food messages. The study also found that there are links between socio-economic status and exposure to harmful advertising.

Consistency of messaging is important to make the most of and strengthen the Ka ora Ka ako programme. As it is a requirement of the lunches to be healthy so too should be the messages and education around healthy food and drink in the school setting in order to make the healthiest choice the easiest choice.

In our region 11 out of 17 Secondary schools and all 4 Kura Kaupapa for secondary aged rangitahi are receiving the Ka Ora Ka Ako healthy lunches in schools. These schools are already educating and providing healthy food and drink options for students. These show it is possible to have provide healthy drinks and foods in a secondary environment. By implementing option 4 as above the

secondary schools not already part of Ka Ora Ka Ako are supported to provide a healthy food and drinks environment for their students.

Local Data:

In the MidCentral region there are already a number of schools and Early Learning Services who have a healthy eating and/or water only policy or rule:

Water only schools and early learning services survey conducted in August 2019, results as follows.

Early learning services

- 23 ELS completed survey
- 21 or 91 % reported having a healthy eating/nutrition/hauora policy
- Of those 21, 18 or 86 % said their policy included a procedure or statement on limiting the provision of drinks to children to water and milk only.
- Of the 23 responses, 22 or 96 % said their early learning service actively promotes water only messages to children and their whānau.

Schools overview

- 56 out of 100 Kura Kaupapa, Primary and Intermediate Schools in the MidCentral region completed our Water Only survey.
- 62% or 35 out of 56 schools reported having a Water Only policy or rule. It is likely that the 44 schools that did not respond did not have a Water Only Policy or rule.
- Of the 56 schools, 53 were primary or full primary, and 3 kura kaupapa māori.

Breakdown

Primary/ Intermediate Decile 1 – 4 ,

- 60% or 15 out of 25 reported having a water only policy or rule.
- 80% or 20 out of 25 schools reported they are actively promoting water only messages in schools.

Primary/ Intermediate School 5-10, #28

- 64% or 18 out of 28 reported having a water only policy or rule. 71% or 20 out of 28 schools reported they are actively promoting water only messages in school.

Kura kaupapa Māori #3

- 67% or 2 out of 3 kura reported having a water only policy or rule.
- 67% or 2 out of 3 kura reported they are actively promoting water only messages in school.

Local school stories around water only schools actions:

Tokomaru School Case Study 2016

Positive outcomes from water only

- The principal reported a shift in student's attitude. Students initially felt it was unfair that they couldn't have sugary drinks school anymore, but now enjoy the novelty of using drink bottles and using a drinking fountain at school.
- Noticeable shift in behaviour reported by teachers
- There were no complaints or objections from parents
- Children are more aware of their hydration levels and are drinking more during the school day
- A school environment which supports waste minimisation and student health and wellbeing

Longburn School Water Only Whānau Survey 2018

In 2018 we sent a survey home to whānau in order to gather information around Longburn School becoming a Water and Milk Only school. From this survey we had 23 replies with the following whanau perspectives collected.

- 21/23 thought Longburn School should become Water and Milk Only with the reasons being creating a home and school link, students well-being and concentration, and alternatives being too sugary and only a treat.
- 100% of respondents agreed that classrooms should be Water and Milk Only. 39% for School Events and Fundraisers being Water and Milk Only, 60% for Camps and 78% for events where Longburn promotes Water Only.
- Over half of the respondents wanted healthy food and drink promotional resources to be more available at Longburn School with comments that we can teach good choices, knowledge is power and we can set a good example to students.
- The majority (17/23) felt that the newsletters were the best way to communicate with our community about health messages with 13/23 agreeing that Facebook is also a useful tool.

Supporting climate change action and consistency with school environmental action and advocacy.

- Tokomaru school reported prior to having a water only policy, up to 30 bottles a day were being collected by the principal from the school grounds following lunch. The principal felt the issue of fizzy drinks and juices was not only a health issue but also an environmental one that did not support their zero waste aspirations.

Resources required:

Schools need infrastructure to make sure that water fountains are safe and pleasant for tamariki to use. Ongoing funding will need to be made available by the Ministry of Education to upgrade and maintain water fountains.

Some schools water supply is unsafe or unappetising, this shouldn't be a barrier to bringing in the regulations instead these schools should be supported to provide water to tamariki.

In 2016 Health Promoting Schopol advisor did a water only schools survey in our region. One of the aims of the survey was to find out what kind of support schools are looking for to help them consider a water-only policy. Many schools identified the need for help with attaining community (including local dairies) and parent buy-in, also practical support such as examples of a policy, research, resources and plenty of information on the benefits of a policy. One school stated "research to

support the decision that can easily be shared/understood by parents". Another school suggested "poster and promotional material." One school suggested that "water-only practices [could] be incorporated in a wider nutrition/healthy eating guideline and procedure".

Opportunities:

Campaigns run by New Zealand Dental Association such as "Switch to water" and Healthy Active Learning Advisors can support by making drinking water exciting and appealing.

Supporting schools to implement regulations should be the focus of HAL advisors, rather than working to encourage a voluntary policy..

Government investment in creating a healthy generation.

The government has recently invested large amounts of money to help combat food insecurity, improve student achievement and create healthy food and drink environments within schools. To support this investment, high level discussions and action between the Ministry of Health and Ministry of Education leaders is crucial to provide clear direction and support for the advisors. This will strengthen each other's work and consequently the support given to schools to create positive change. A positive, supportive, open and transparent relationship between the two ministries is central to schools receiving best practice from advisors and the outcomes the investment is trying to achieve.

Fundraising:

No unhealthy food and drinks as fundraisers are not consistent with messages in the classroom. The Heart Foundation provides a guide to healthy fundraising options.

<https://www.heartfoundation.org.nz/educators/edu-resources/healthy-fundraising-ideas>

Special occasions that can be exempt:

School ball and socials – unhealthy options available but healthy too!

References:

Beaglehole, R. (2014). Sugar sweetened beverages, obesity, diabetes and oral health: a preventable crisis. *Pacific Health Dialog*, 20 (1), 39-42.

New Zealand Curriculum. 2014. Health and Physical Education. <https://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum/Health-and-physical-education>

Associate Professor Leah Watkins, Ryan Gage, Moira Smith, Christina McKerchar, Professor Robert Aitken, Professor Louise Signal. An objective assessment of children's exposure to brand marketing in New Zealand (Kids'Cam): a cross-sectional study.

<https://www.otago.ac.nz/news/news/otago836848.html>

Proactively Released

Dear Minister of Education,

RE: Proposed changes to the promotion and provision of healthy drinks in schools

Please find the submission from the New Zealand Beverage Guidance Panel (NZBGP) in blue text below.

Kind regards,

9(2)(a)

We are seeking your views on the promotion and provision of healthy drinks in schools

Overview

The promotion of healthy food and drink in schools improves children's behaviours around what they eat and drink at school and at home. Eating habits developed at a young age shape a person's ongoing approach to healthy eating and drinking through to adulthood, so it's important to promote the benefits of healthy eating and drinking during children's early development.

The National Administration Guidelines (NAGs) set out the Government's administrative requirements for State school boards.¹ NAG 5(b) guides school boards to promote healthy food and nutrition for all students. Since 2009, the Ministry of Health has been working with schools to encourage the voluntary adoption of healthy eating and water-only policies.²

From 1 January 2023, all NAGs, including NAG 5(b), will no longer be in effect in the legislation, because of some changes we're making to how schools do their planning and reporting. We are currently looking at transferring the NAG requirement relating to nutrition and healthy eating into a new Regulation made through the Education and Training Act 2020.

The introduction of new Regulations also provides an opportunity to strengthen the requirements so that schools can provide healthy drinks only. This would bring schools in line with the healthy drinking standards in the Ka Ora Ka Ako Healthy School Lunches programme, and existing guidance from the Ministry of Health's Healthy Active Learning programme.

We plan to bring the Regulations into force from the end of this year, before the NAGs stop having effect.

This discussion document presents the government's preferred option and two other options we have considered that we'd like your feedback on.

Question 1:

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

¹ 'State' schools include: ordinary State schools, designated character schools (including Kura Kaupapa Māori), State integrated schools, specialist schools and distance schools.

² Schools that have water-only policies only allow water and plain, low-fat milk to be permitted on-site.

I am providing feedback on behalf of the New Zealand Beverage Guidance Panel (NZBGP). The NZBGP was established in 2014 to “to provide guidance on the relative benefits and risks for health of various categories of drinks”.

To date the NZBGP have written and presented to government MPs three policy briefs relating to:

- i) Options to reduce sugar sweetened beverage (SSB) consumption in New Zealand (2014)
- ii) A sugary drinks TAX for New Zealand (2017)
- iii) Water only schools for Aotearoa New Zealand (2020)

9(2)(a)

The position taken here by the NZBGP is heavily informed by the most recent policy brief (attached) the NZBGP jointly authored with Glenview Primary School Staff and Students titled **Water only schools for Aotearoa New Zealand**. This policy brief was presented by Glenview Primary School (Cannons Creek) students to Members of Parliament including Hon Julie Anne Genter (Greens Spokesperson for Health) and Dr Shane Reti (National Spokesperson for Health) on Wednesday 5th August 2020. This policy brief was also forwarded to Hon Peenie Henare (Assoc Minister of Health, Labour) after he was unexpectedly unable to attend the symposium.

Problem definition/opportunity

New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.

Research in New Zealand has highlighted ‘free sugars’ as contributing significantly to high rates of obesity, poor oral health, diabetes and other health-related diseases.³ The consumption of free sugars in sugar sweetened beverages now contributes to 26% of the total sugar intake of children.⁴ Studies conducted by the Environmental Health Indicators New Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand.

The government has committed, through the Child and Youth Wellbeing Strategy, to ensure that children have the best possible health as a foundation for wellbeing. Long-standing structural and historic inequities in New Zealand society have disadvantaged particular groups, which has resulted in Māori and Pacific children being over-represented in these figures.

The Ministry of Health’s Health Survey found that Māori children were more likely to consume sugar sweetened beverages than non-Māori children. Between 2002 and 2016, Māori children

³ Free sugars are defined by the World Health Organisation as monosaccharides and disaccharides added to food by both the manufacturer and consumer, including sugars naturally present in honey, syrups, and fruit juice.

⁴ Sundborn et al, “New Zealand’s growing thirst for a sugar-sweetened beverage tax”, New Zealand Medical Journal, 2015.

in Year 8 were significantly more likely to suffer from decayed, missing, or filled teeth than their non-Māori peers.⁵ In 2018/2019, Pacific children aged 1-14 years were nearly twice as likely as non-Pacific children to have had teeth removed due to decay, an abscess, infection or gum disease in the past 12 months.⁶

Question 2:

Do you agree with our view of the problem? If not, why not?

What other problems, if any, do you think should be taken into consideration in assessing options?

Yes, we agree with the description of the definition/opportunity.

We also think that the negative impact on learning, concentration and behaviour a high sugar diet and consumption of high sugary drinks needs also to be considered in this policy. (Thornley, 2014) By considering this issue provides further support to take strong action on sugary drinks.

Reference: Thornley S, Sundborn G. The case to ban sugary food and drink from schools: these products are addictive, and kids will learn best without them. Pac Health Dialog. 2014 Mar;20(1):17-21. PMID: 25928991.

Objectives

Our proposed objectives for these new Regulations are:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

Question 3:

Are these the right objectives? Can you think of any others to add?

Yes

Options analysis

We have identified three options that we'd like to get your feedback on. These are:

⁵ Ministry of Health, WAI 2575 Maori Health Trends Report, 2019.

⁶ Health Quality & Safety Commission New Zealand: Bula Sautu report - Pacific health in the year of COVID-19, 2021.

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.
- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Option 1 is our preferred option, and what we're proposing to do, but we're keen to get your feedback on all of them. The options are explained in more detail on the following pages, along with specific questions.

Question 4: Are there any other options that you think should be considered?

The NZGBP preference is **Option 2** – as this includes high schools.

However, we think it should be modified in the following way/s:

- i) **Early childcare centres and kindergartens** should also be included as many pre-schoolers have significant dental caries. (A recent NZ study of 5-year-old children found that 40.9% experienced dental disease already and 20% have 3 or more teeth decayed)

If **Option 2** (with the inclusion of High Schools) is thought to be too prescriptive for High Schools – making **Option 1** most likely to be approved leaving High Schools exempt from any policy – we ask that the condition below be considered to **ALSO** be part of **Option 2**, that will ensure sugar in drinks is reduced in high schools.

- ii) For high schools **only** in addition to water and unflavoured milk – low and zero sugar alternatives may also be available (at the discretion of the school). A low sugar alternative is clarified as a drink that has < 5 grams of sugar per 100 mills.

Definition of 'healthy drinks'

For options 1 and 2, 'healthy drinks' are defined as:

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

This is consistent with the Ministry of Health's existing guidance on healthy drinking in schools, and the guidelines for the Ka Ora Ka Ako free lunches programme.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

We think the definition could be simplified to meet criteria below.

Healthy drinks are defined as:

- Plain, unflavoured water;
- Plain unsweetened milks.

Why not regulate healthy food?

Regulation of school-level provision of healthy food and drink is common practice in other OECD countries, with some going as far as specifying percentages of micronutrients (such as zinc and iron) that should be provided. However, regulating food standards and/or nutritional requirements for the food provided in schools would not be possible to roll out nationally before 1 January 2023.

In the first instance, regulating the provision of healthy drinks is simpler to implement and makes a difference to schools and students. This is because water is the healthiest drink humans can consume. No other drinks are as good at hydrating your body while also being good for your oral health.

The same cannot be said for food. Fruit is good for you, but only eating fruit is not. A healthy diet requires a balance of different food types and getting this right in Regulations, while accounting for specialist diets and allergies, takes time. For this reason, we are not proposing healthy food regulation as part of these changes.

Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students

For option 1, when we say 'primary schools', we mean:

- full primary schools
- contributing primary schools
- area and composite schools
- intermediate schools.

Approximately 110 secondary schools comprise some primary school-aged children (usually in Years 7 and 8). Applying the Regulation to primary school-aged children in these settings may make it difficult for these schools to adopt a whole-school approach to healthy drinking. For example, the children in Year 8 would not be allowed to purchase drinks from a vending machine, but children in Years 9-13 would. We are therefore seeking feedback on the impact for these schools of a requirement to only provide healthy drinks to year 1-8 students.

Similarly, approximately 170 area and composite schools comprise both primary and secondary school-aged children, but in many cases, the schools contain a majority of primary school children and some secondary school-aged children. Because most of these schools contain a majority of primary school children, we are proposing to include these schools within the requirement to only provide healthy drinks to year 1-8 students. We'd like to hear your feedback on the impacts for these area and composite schools.

The benefits of healthy drink policies are the same for secondary schools as they are for primary schools. However, we know that the earlier in a child's development we can encourage healthy habits, the better. So in the first instance, we are proposing to start with a duty on primary schools to only supply healthy drinks, though we recognise that some primary schools may require additional time to move towards a full healthy drinking policy.

There are different circumstances in secondary schools compared to primary schools regarding provision of drinks. In particular, fewer secondary schools already have healthy drinking policies compared to primary schools, and canteens and tuck shops are more prevalent in secondary school settings. More work needs to be done to understand the challenges that secondary schools would face in implementing this policy.

For the reasons above, this is our preferred option.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

No comment

Option 2: replace the existing NAG 5b with a duty in Regulations, and place an additional duty on all schools (primary and secondary) to only provide healthy drinks

According to a 2016 University of Auckland survey, of the 819 schools sampled, 67.5% of primary and 23.3% of secondary schools with a school food service (e.g. canteen or lunch order system) offered only milk and water as beverage options⁷. It is unclear however, from the data available, exactly how many schools have a healthy drinking policy in 2022.

Healthy drinking is beneficial to children. Avoiding sugary, carbonated drinks is good for a child's general health, dental hygiene, concentration, school behaviour and educational outcomes. Schools that have voluntarily implemented water-only policies have seen that it benefits teaching and learning as well as student health and wellbeing.

By making sure schools promote healthy eating and nutrition, and that schools also refrain from providing unhealthy drinks in all circumstances, healthy consumption messages remain consistent, and learners are more likely to 'buy-in' to the messages they are being taught if the school itself models those behaviours.

We are seeking feedback from schools about the impact of introducing a new duty on school boards of primary and secondary schools to only provide healthy drinks. For example, we don't know if some schools have catering contracts with unhealthy drink suppliers that will exceed the introduction date of the Regulations in October 2022. If a school is not able to easily withdraw from such a contract, they may be left with a large supply of drinks which they are then unable to sell.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

If high schools are not likely to be included (Option 1). We think that high schools should be given the option to also provide 'low or no sugar alternatives' provided such drinks meet the criteria of having < 5 grams of sugar per 100 mills.

This may make implementation of such a policy more acceptable/practicable particularly for high schools.

⁷ For this survey, 'primary schools' included full primary and intermediate schools, 'secondary schools' included secondary and composite schools

Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks

Option 3 would continue the current requirement all State school boards have been subject to since 2009.

School-level promotion of healthy food and nutrition is proven to be effective in improving children's attitudes and behaviours towards the food and drink they consume at school, and at home. Eating habits established at a young age significantly impact a person's ongoing approach to healthy eating and drinking throughout their life. That's why it is important to establish healthy habits and patterns in the early stages of children's development.

A school's promotion of healthy food and nutrition is undermined where the school also actively provides unhealthy food and drink. Whole-school approaches to healthy eating and drinking, where the educational messages are underpinned with consistent messaging from the school itself, have been found to be more effective in influencing students' healthy food and drink choices.

If we didn't replace the existing requirement under NAG 5b to promote healthy eating and food, there is a possibility that some schools may choose not to do so. However, under this option, schools could continue to promote healthy food and nutrition while also providing unhealthy food and drinks to their students.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

The NZBGP think that this policy needs to **REQUIRE** such a Healthy Drinks Policy. Reasons for this include:

- i) negative impact sugar drinks have on dental caries
- ii) negative impact sugary drinks have on obesity
- iii) negative impact sugary drinks have on development of T2 diabetes
- iv) negative impact sugary drinks have on development of heart disease and gout
- v) negative impact sugary drinks have on learning, concentration, and behaviour

Circumstances where the duty will not apply

Under options 1 and 2, we recognise that it may not be appropriate to apply this duty under all circumstances. There may be some exceptions for infrequent events that many people would consider to be reasonable.

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri);
- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class);
- For any drinks provided as part of any medically prescribed dietary requirements;

- In any school in an area where a boil water notice is currently in effect.

We want to ensure that students are drinking healthy drinks as part of their everyday habits, but also want to make sure the new duty is reasonable and accounts for the realities of school life. We'd like your feedback on whether you think there are other circumstances – such as school discos, school fairs and galas – where it would be reasonable to not apply the duty to only provide healthy drinks.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

We think that **ALL** of the circumstances listed above are **unnecessary** with the exception the circumstance of a drink that may medically prescribed dietary requirements.

NO

Monitoring and compliance

It is important to note that the proposed new duty for options 1 and 2 to only provide healthy drinks only applies to school boards. **The duty would not apply to parents of students in that school**, who could still choose to provide unhealthy drinks to their children to take to school.

However, schools could go further than the Regulations by putting in place a school policy which stopped children from bringing unhealthy drinks into school, so long as they consult with their school community and parents can access a written version of the policy on request.

We know from a 2016 Auckland university survey, that a majority of primary school boards that submitted a response had already introduced a healthy drinks policy themselves. Given this, we're proposing to have a light-touch compliance approach to the new duty. This means that if we receive complaints from parents, students or other agencies saying that a school is in breach of the duty, the local regional office would get in touch to find out why. We are not proposing any formal sanctions for failure to comply with the duty. We think this is a proportionate response to a system where many schools boards have already opted to implement a healthy drinks policy.

The Ministry of Health has employed 30 staff based in regional public health units to assist with voluntary approaches to healthy food in schools' policies, and the roll-out of the Ka Ora, Ka Ako Healthy School Lunches programme. Given their existing responsibility to visit, encourage and work with schools in their area to establish healthy eating and drinking policies, these staff would be well-placed to highlight a new, strengthened Regulation for school provision of healthy drinks, as well as the impact on Māori and Pacific children. These staff will not be required to inspect schools' compliance with the new duty and would instead continue to encourage and advocate healthy eating and drinking policies.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

We **AGREE** that a high trust compliance approach is appropriate.

However, also think that:

- i) Sugary drink consumption is prohibited during school hours and on school premises.
- ii) Any sugary drinks that are brought onto school grounds will be confiscated and handed back to the child at the end of the school day.

Having such a policy will indicate to staff, students, parents and our community that sugary drinks are harmful and by strengthening the (or having a stronger) policy will encourage a cultural change overtime making sugary drinks less attractive and available as a drink option.

How to have your say

We are seeking your views on proposed changes to the promotion and provision of healthy drinks in schools.

You can email your submissions to legislation.consultation@education.govt.nz or write to:

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
New Zealand

Submissions close on 2 June 2022 and will inform advice to the Minister of Education on final policy proposals that would be submitted to Cabinet.

Webinars to discuss the proposed Regulations will also be held during the period of public consultation. The webinars will give you the opportunity to discuss the proposals, ask us questions and make suggestions. If you would like to attend one, please contact us on legislation.consultation@education.govt.nz, and let us know your name and the email address you'd like to be contacted on.

Purpose of feedback

We are seeking your views on the suggested changes discussed above. Your feedback will enable us to make better informed decisions about proposed changes to the promotion and provision of healthy drinks in schools.

Please be assured that any feedback you provide will be confidential to those involved in analysing the consultation data. We will not identify any individuals in the final analysis and report writing unless you expressly give permission for this. However, submissions, including submitters' names, and documents associated with the consultation process may be subject to an Official Information Act 1982 request.



Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

We are seeking your views on the promotion and provision of healthy drinks in schools

Overview

The promotion of healthy food and drink in schools improves children's behaviours around what they eat and drink at school and at home. Eating habits developed at a young age shape a person's ongoing approach to healthy eating and drinking through to adulthood, so it's important to promote the benefits of healthy eating and drinking during children's early development.

The National Administration Guidelines (NAGs) set out the Government's administrative requirements for State school boards.¹ NAG 5(b) guides school boards to promote healthy food and nutrition for all students. Since 2009, the Ministry of Health has been working with schools to encourage the voluntary adoption of healthy eating and water-only policies.²

From 1 January 2023, all NAGs, including NAG 5(b), will no longer be in effect in the legislation, because of some changes we're making to how schools do their planning and reporting. We are currently looking at transferring the NAG requirement relating to nutrition and healthy eating into a new Regulation made through the Education and Training Act 2020.

The introduction of new Regulations also provides an opportunity to strengthen the requirements so that schools can provide healthy drinks only. This would bring schools in line with the healthy drinking standards in the Ka Ora Ka Ako Healthy School Lunches programme, and existing guidance from the Ministry of Health's Healthy Active Learning programme.

We plan to bring the Regulations into force from the end of this year, before the NAGs stop having effect.

This discussion document presents the government's preferred option and two other options we have considered that we'd like your feedback on.

Question 1:

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

This submission is presented by Healthy Families Far North.

Healthy Families Far North is a large-scale initiative that brings community leadership in the Far North District together in a united effort for better population health.

We aim to improve the health of our people – where we live, learn, work and play – in order to prevent chronic disease.

¹ 'State' schools include: ordinary State schools, designated character schools (including Kura Kaupapa Māori), State integrated schools, specialist schools and distance schools.

² Schools that have water-only policies only allow water and plain, low-fat milk to be permitted on-site.

Our purpose is to challenge system stakeholders and communities to think differently about the underlying causes of poor health, and to make changes – in our schools, workplaces, sports clubs, marae and other key community settings – that will help people make healthier choices.

Healthy Families Far North have a number of initiatives that work with and in schools and community settings to improve social and physical environments and contribute to the overall health and wellbeing of the school community. These include:

- Healthy active learning, coaching and fundamental movement programmes in schools (School Rules Ki Hokianga)
- Supporting a health-promoting environment in educational spaces – Kai/wai policy with Queensland Resort College Te Tai Tokerau. (Report attached).
- Supporting Kerikeri Netball to create a healthy environment policy within canteens

Problem definition/opportunity

New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.

Research in New Zealand has highlighted ‘free sugars’ as contributing significantly to high rates of obesity, poor oral health, diabetes and other health-related diseases.³ The consumption of free sugars in sugar sweetened beverages now contributes to 26% of the total sugar intake of children.⁴ Studies conducted by the Environmental Health Indicators New Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand.

The government has committed, through the Child and Youth Wellbeing Strategy, to ensure that children have the best possible health as a foundation for wellbeing. Long-standing structural and historic inequities in New Zealand society have disadvantaged particular groups, which has resulted in Māori and Pacific children being over-represented in these figures.

The Ministry of Health’s Health Survey found that Māori children were more likely to consume sugar sweetened beverages than non-Māori children. Between 2002 and 2016, Māori children in Year 8 were significantly more likely to suffer from decayed, missing, or filled teeth than their non-Māori peers.⁵ In 2018/2019, Pacific children aged 1-14 years were nearly twice as likely as non-Pacific children to have had teeth removed due to decay, an abscess, infection or gum disease in the past 12 months.⁶

Question 2:

Do you agree with our view of the problem? If not, why not?

What other problems, if any, do you think should be taken into consideration in assessing options?

³ Free sugars are defined by the World Health Organisation as monosaccharides and disaccharides added to food by both the manufacturer and consumer, including sugars naturally present in honey, syrups, and fruit juice.

⁴ Sundborn et al, “New Zealand’s growing thirst for a sugar-sweetened beverage tax”, New Zealand Medical Journal, 2015.

⁵ Ministry of Health, WAI 2575 Maori Health Trends Report, 2019.

⁶ Health Quality & Safety Commission New Zealand: Bula Sautu report - Pacific health in the year of COVID-19, 2021.

While we agree there is a problem, it is much more significant than what has been outlined above.

Healthy Families Far North believe there needs to be an expansion to include further preventable chronic diseases caused by unhealthy drinks and food.

Statistics show that our tamariki are now the second heaviest in the OECD. Māori rangatahi up to the age of 14 are nearly twice as likely, and Pasifika more than three times as likely, to be obese than European or Pākeha children.

Both water and kai is integral to a healthy diet and lifestyle as both have huge impacts on our health and wellbeing. We believe that the introduction of this regulation is a step in the right direction but could be used to leverage more changes in this space where healthy foods are also considered.

Objectives

Our proposed objectives for these new Regulations are:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

Question 3:

Are these the right objectives? Can you think of any others to add?

Yes, we agree with these objectives.

Options analysis

We have identified three options that we'd like to get your feedback on. These are:

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.
- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Option 1 is our preferred option, and what we're proposing to do, but we're keen to get your feedback on all of them. The options are explained in more detail on the following pages, along with specific questions.

Question 4: Are there any other options that you think should be considered?

Healthy Families Far North would like to see further aspirations to protect children from unhealthy kai during their education.

The option we believe should be considered is:

- Replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (ECE, primary and secondary) to only provide **healthy food and drinks**.

Whilst we are encouraged by the proposed updating of NAG 5, further education and regulation on healthy food and nutrition will be required to bring considerable change in rates of preventable chronic disease in children and young people.

We have included ECE, primary and secondary schools in our additional option, because we believe all children should be exposed to healthy food and drink from the moment they enter the education system, to give them the best chance at developing healthy habits which last a lifetime. Option one is only a short period in a young child's life, midway through their education, while option 2 excludes ECE. Including all schools within the regulation will create a consistent and cohesive message throughout their schooling lives.

Our ECEs, schools and kura are places where children regularly source unhealthy food and sweetened drinks, starting them on the road to unhealthy habits. This early introduction leads to preventable chronic diseases such as obesity, type 2 diabetes, heart disease, gout, etc. Poor nutrition and a diet high in additives are proven to affect physical and mental health, particularly concerning dental health.

Children should have the right to grow up in health-promoting educational environments, free from junk food and sweetened drinks. During a child's education, they should be protected from unhealthy food and sweetened drinks and provided the best opportunity from an early age to form healthy habits which will last their lifetime.

We would like to see these regulatory changes utilised as a stepping-stone for further systemic changes to support our children learning in health-promoting environments. The Ministry of Education should consider further regulatory changes in the near future **to include food in schools**.

Further explanation of 'promote healthy food and nutrition'

What "promote healthy food and nutrition" means would also need to be fleshed out, as without proper resources or expectations it will be dismissed as noncritical to the regulatory changes.

Definition of 'healthy drinks'

For options 1 and 2, 'healthy drinks' are defined as:

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

This is consistent with the Ministry of Health's existing guidance on healthy drinking in schools, and the guidelines for the Ka Ora Ka Ako free lunches programme.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Yes, we agree with this definition.

Why not regulate healthy food?

Regulation of school-level provision of healthy food and drink is common practice in other OECD countries, with some going as far as specifying percentages of micronutrients (such as zinc and iron) that should be provided. However, regulating food standards and/or nutritional requirements for the food provided in schools would not be possible to roll out nationally before 1 January 2023.

In the first instance, regulating the provision of healthy drinks is simpler to implement and makes a difference to schools and students. This is because water is the healthiest drink humans can consume. No other drinks are as good at hydrating your body while also being good for your oral health.

The same cannot be said for food. Fruit is good for you, but only eating fruit is not. A healthy diet requires a balance of different food types and getting this right in Regulations, while accounting for specialist diets and allergies, takes time. For this reason, we are not proposing healthy food regulation as part of these changes.

Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students

For option 1, when we say ‘primary schools’, we mean:

- full primary schools
- contributing primary schools
- area and composite schools
- intermediate schools.

Approximately 110 secondary schools comprise some primary school-aged children (usually in Years 7 and 8). Applying the Regulation to primary school-aged children in these settings may make it difficult for these schools to adopt a whole-school approach to healthy drinking. For example, the children in Year 8 would not be allowed to purchase drinks from a vending machine, but children in Years 9-13 would. We are therefore seeking feedback on the impact for these schools of a requirement to only provide healthy drinks to year 1-8 students.

Similarly, approximately 170 area and composite schools comprise both primary and secondary school-aged children, but in many cases, the schools contain a majority of primary school children and some secondary school-aged children. Because most of these schools contain a majority of primary school children, we are proposing to include these schools within the requirement to only provide healthy drinks to year 1-8 students. We’d like to hear your feedback on the impacts for these area and composite schools.

The benefits of healthy drink policies are the same for secondary schools as they are for primary schools. However, we know that the earlier in a child’s development we can encourage healthy habits, the better. So in the first instance, we are proposing to start with a duty on primary schools to only supply healthy drinks, though we recognise that some primary schools may require additional time to move towards a full healthy drinking policy.

There are different circumstances in secondary schools compared to primary schools regarding provision of drinks. In particular, fewer secondary schools already have healthy drinking policies compared to primary schools, and canteens and tuck shops are more prevalent in secondary school settings. More work needs to be done to understand the challenges that secondary schools would face in implementing this policy.

For the reasons above, this is our preferred option.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks?

Would a ‘lead-in’ period be helpful for schools to transition to the new duty?

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

No, we don’t believe schools would have difficulties implementing these regulations and we don’t see a reason for a lead in period.

Option 2: replace the existing NAG 5b with a duty in Regulations, and place an additional duty on all schools (primary and secondary) to only provide healthy drinks

According to a 2016 University of Auckland survey, of the 819 schools sampled, 67.5% of primary and 23.3% of secondary schools with a school food service (e.g. canteen or lunch order system) offered only milk and water as beverage options⁷. It is unclear however, from the data available, exactly how many schools have a healthy drinking policy in 2022.

Healthy drinking is beneficial to children. Avoiding sugary, carbonated drinks is good for a child's general health, dental hygiene, concentration, school behaviour and educational outcomes. Schools that have voluntarily implemented water-only policies have seen that it benefits teaching and learning as well as student health and wellbeing.

By making sure schools promote healthy eating and nutrition, and that schools also refrain from providing unhealthy drinks in all circumstances, healthy consumption messages remain consistent, and learners are more likely to 'buy-in' to the messages they are being taught if the school itself models those behaviours.

We are seeking feedback from schools about the impact of introducing a new duty on school boards of primary and secondary schools to only provide healthy drinks. For example, we don't know if some schools have catering contracts with unhealthy drink suppliers that will exceed the introduction date of the Regulations in October 2022. If a school is not able to easily withdraw from such a contract, they may be left with a large supply of drinks which they are then unable to sell.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

We believe this would bring about the most positive change for children and would like to see ECE included in this option (as stated above). This would ensure continuity for children throughout their education and have the highest chance of developing healthy habits that last a lifetime.

We would also like to see the promotion of healthy food and nutrition in all schools (as stated above).

Schools should be able to see out their contractual obligations with distributors without penalty. However, those contracts should not roll over to start a new period once the regulation is finalised (end of 2022).

As an organisation we have worked alongside tertiary providers (Queenstown Resort College Te Tai Tokerau campus) to develop and implement a student-led healthy kai and wai policy.

Since 2020, there have been considerable achievements towards unlocking health and wellbeing, with the kai policy being adopted by the College and Halls of Residence of up to 50 students aged 18-24.

The policy has initiated positive behavioural change in students and staff, initiated a monthly wellbeing challenge which supports a healthy lifestyle, encouraged a variety of cooking techniques and styles, and increased the nutritional value of kai and wai on campus.

"We've learnt to really sit and think about the foods we eat, and the effects good food has on you for the day," -9(2)(a) Student).

⁷ For this survey, 'primary schools' included full primary and intermediate schools, 'secondary schools' included secondary and composite schools

“A lot of the food they were eating was food to fill them up. It wasn’t benefitting them a lot... it was really affecting their mental health,” -9(2)(a) (Student Services).



[Click here to watch.](#)

Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks

Option 3 would continue the current requirement all State school boards have been subject to since 2009.

School-level promotion of healthy food and nutrition is proven to be effective in improving children’s attitudes and behaviours towards the food and drink they consume at school, and at home. Eating habits established at a young age significantly impact a person’s ongoing approach to healthy eating and drinking throughout their life. That’s why it is important to establish healthy habits and patterns in the early stages of children’s development.

A school’s promotion of healthy food and nutrition is undermined where the school also actively provides unhealthy food and drink. Whole-school approaches to healthy eating and drinking, where the educational messages are underpinned with consistent messaging from the school itself, have been found to be more effective in influencing students’ healthy food and drink choices.

If we didn’t replace the existing requirement under NAG 5b to promote healthy eating and food, there is a possibility that some schools may choose not to do so. However, under this option, schools could continue to promote healthy food and nutrition while also providing unhealthy food and drinks to their students.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Yes, we agree that school boards should be required to have food and nutrition regulations as our schools are a key community setting for our tamariki.

By having regulations in place, we are creating environments that support people to make healthier choices. Having this regulation across all schools ensures that all tamariki are learning in health promoting environments.

Many schools already have this policy in place and has been effective in reducing the consumption of sugar sweetened beverages and supported the overall health of the students.

By having this legislation in place, we are ensuring that all tamariki are learning in environments which support good health.

Regulating healthy food and drink takes the decision-making burden off the shoulders of ECE/School/Kura management and refocuses collective attention on how to best meet the regulations.

Circumstances where the duty will not apply

Under options 1 and 2, we recognise that it may not be appropriate to apply this duty under all circumstances. There may be some exceptions for infrequent events that many people would consider to be reasonable.

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri);
- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class);
- For any drinks provided as part of any medically prescribed dietary requirements;
- In any school in an area where a boil water notice is currently in effect.

We want to ensure that students are drinking healthy drinks as part of their everyday habits, but also want to make sure the new duty is reasonable and accounts for the realities of school life. We'd like your feedback on whether you think there are other circumstances – such as school discos, school fairs and galas – where it would be reasonable to not apply the duty to only provide healthy drinks.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

We agree with the following circumstances:

- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class);
- For any drinks provided as part of any medically prescribed dietary requirements
- In any school in an area where a boil water notice is currently in effect

However, we do not fully agree with the following point:

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri);

Healthy Families Far North works towards creating environments which promote health where providing a healthy eating and drinking environment is key to promoting good health and wellbeing. Schools should lead the way by providing healthy eating and drinking environments

for our tamariki and our community. Therefore, we think that all school events and activities including fundraisers and fairs should create environments which support good health by only providing healthy food and drinks. This delivers a constant message to our communities and demonstrates the way forward.

We can appreciate that kai is what connects us and is a way of celebrating, as this is a key theme that emerges from our work in the kai space, however this can still be done with health in mind. The school has an opportunity to lead by example in our communities and only offer healthy drinks at occasions, helping to shape environments which promote good health. Having exceptions for events and celebrations elevates unhealthy food and drink to being a treat or reward, building unhealthy perceptions and behaviours towards junk food.

This is clearly documented in the MOH Healthy Food and Drink Guidance – Schools 2020.

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

Schools are unique places where children should be protected from unhealthy food and drink. For this reason, the number of exceptions needs to be at a minimum. Having exceptions for events and celebrations elevates unhealthy food and drink to being a treat or reward, building unhealthy perceptions and behaviours towards junk food.

Monitoring and compliance

It is important to note that the proposed new duty for options 1 and 2 to only provide healthy drinks only applies to school boards. **The duty would not apply to parents of students in that school**, who could still choose to provide unhealthy drinks to their children to take to school.

However, schools could go further than the Regulations by putting in place a school policy which stopped children from bringing unhealthy drinks into school, so long as they consult with their school community and parents can access a written version of the policy on request.

We know from a 2016 Auckland university survey, that a majority of primary school boards that submitted a response had already introduced a healthy drinks policy themselves. Given this, we're proposing to have a light-touch compliance approach to the new duty. This means that if we receive complaints from parents, students or other agencies saying that a school is in breach of the duty, the local regional office would get in touch to find out why. We are not proposing any formal sanctions for failure to comply with the duty. We think this is a proportionate response to a system where many schools boards have already opted to implement a healthy drinks policy.

The Ministry of Health has employed 30 staff based in regional public health units to assist with voluntary approaches to healthy food in schools' policies, and the roll-out of the Ka Ora, Ka Ako Healthy School Lunches programme. Given their existing responsibility to visit, encourage and work with schools in their area to establish healthy eating and drinking policies, these staff would be well-placed to highlight a new, strengthened Regulation for school provision of healthy drinks, as well as the impact on Māori and Pacific children. These staff will not be required to inspect schools' compliance with the new duty and would instead continue to encourage and advocate healthy eating and drinking policies.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Yes, we believe the high-trust model is sufficient. Sanctioning non-compliers will not nurture buy-in and trust, whereas softly bringing people on board will strengthen relationships and support ownership of the changes.

We would like to see some form of monitoring/tracking taking place, with a plan to review in 2-3 years to understand current levels of compliance and whether this approach needs to be revised.

Proactively Released

How to have your say

We are seeking your views on proposed changes to the promotion and provision of healthy drinks in schools.

You can email your submissions to legislation.consultation@education.govt.nz or write to:

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
New Zealand

Submissions close on 2 June 2022 and will inform advice to the Minister of Education on final policy proposals that would be submitted to Cabinet.

Webinars to discuss the proposed Regulations will also be held during the period of public consultation. The webinars will give you the opportunity to discuss the proposals, ask us questions and make suggestions. If you would like to attend one, please contact us on legislation.consultation@education.govt.nz, and let us know your name and the email address you'd like to be contacted on.

Purpose of feedback

We are seeking your views on the suggested changes discussed above. Your feedback will enable us to make better informed decisions about proposed changes to the promotion and provision of healthy drinks in schools.

Please be assured that any feedback you provide will be confidential to those involved in analysing the consultation data. We will not identify any individuals in the final analysis and report writing unless you expressly give permission for this. However, submissions, including submitters' names, and documents associated with the consultation process may be subject to an Official Information Act 1982 request.

Proposed changes to the promotion and provision of healthy drinks in schools

Consultation submission by The New Zealand Beverage Council



02 June 2022

INTRODUCTION

1. The New Zealand Beverage Council (NZBC) was established in 1993 as the industry association representing the non-alcoholic beverage sector. Our members are the brand owners, manufacturers, bottlers and suppliers of New Zealand's juice, carbonated drinks, flavoured-dairy and bottled water brands.
2. Our membership is wide and diverse, made up of companies operating in New Zealand. Our members include some of the largest multinational brands in the world through to some of the country's smallest boutique producers. Our members represent over 75 per cent of the non-alcoholic ready-to-drink beverages sold at the retail level in New Zealand.
3. The New Zealand Beverage Council and our members are committed to ensuring that New Zealand's youth grow up fit, healthy and strong. Our members have taken several steps to demonstrate this commitment over the years, and therefore welcome the Government's current consultation on the promotion and provision of drinks in schools.
4. In 2006, an agreement between the Labour-led Government and two of New Zealand's biggest beverage companies (Coca-Cola Europacific Partners NZ (then Coca-Cola Amatil NZ) and Frucor Suntory) and the Ministries of Education and Health committed the beverage companies to not directly sell sugar sweetened carbonated soft drinks and energy drinks to secondary schools. At the time, [this voluntary agreement](#) was the world's first to be negotiated directly between government and industry leaders¹.
5. By 2017, this pledge was extended to all our member companies. Additionally, our members further pledged to only directly sell bottled water to primary and intermediate schools in New Zealand in effort to help address childhood obesity and to deliver sugar-free New Zealand schools.
6. Furthermore, we recognise that schools are a unique and important learning environment and that is why we strongly believe that classrooms should remain commercial free. Our members have committed to not undertake any commercial advertising in any primary, intermediate or secondary school.
7. The NZBC has provided some additional information in response to the discussion document that we hope will assist the Ministry. While our submission does not address each question, we provide information that we believe will be helpful to the Ministry to develop a successful policy that will have a positive impact on the health of New Zealand's youth through school nutrition.

NZBC RESPONSE TO CONSULTATION DOCUMENT AND QUESTIONS

8. Dietary preferences are changing and consumers are becoming increasingly more health conscious when it comes to food and beverage choices. For example, low sugar is the number one dietary lifestyle that New Zealanders are following². Purchase of low and no sugar beverages has

¹ <https://www.beehive.govt.nz/release/full-sugar-fizzy-drinks-out-schools-2009>

² NZBC calculation based in part by frequency of beverage consumption reported by Nielsen through its Consumer and Media Insights, Q1-Q4 2019.

continued to increase over the years, particularly as brands continue to reformulate existing products and introduce new low or no sugar options.

9. The NZBC recognises that childhood obesity, dental health and overall well-being of New Zealand's youth are important issues that need meaningful action. As an industry, the non-alcoholic beverage sector is committed to doing our part to support New Zealanders in making positive dietary choices for themselves and their families. Our members are proud to have undertaken a number of initiatives to support this, such as reformulation, increasing the range of no-added sugar products, reducing pack sizes, implementing the voluntary Health Star Rating labelling system on front-of-packs and ensuring their products are not promoted or advertised directly to children, in line with the Advertising Standards Authority's Children and Young Persons Advertising Code³.

10. Given the changes in diets over the past 20 years, changes in the food supply and composition, and in the school food landscape, we request that an updated survey be conducted as a matter of urgency, to provide comprehensive data to support this proposal and future proposals. A new national children's nutrition survey would provide the most robust, up-to-date and nationally representative data, for which to guide policy proposals. This will ensure evidence-based policymaking with the best likely outcome for both Government and child health.

11. Based on the evidence available, we believe that the problem definition in the consultation document is legitimate but oversimplified. Whilst the data presented in the document is important and useful, we are concerned that the most recent and holistic data that looks at children's nutrition is almost 20 years old.

12. **The NZBC supports** *Option 1; replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.*

13. It is well known that the earlier in a child's development that balanced and nutritious habits are formed, the better. It is also important that this is reinforced throughout a child's educational pathway.

14. **The NZBC supports** the inclusion of unflavoured water, cows' milk and unsweetened non-dairy milk alternatives as options for promotion, in consistency with existing guidance from the Ministry of Education.

15. **The NZBC supports** the additional inclusion of flavoured waters that contain no sugar and any other non-alcoholic beverage that yields 5 stars under the Health Star Rating System⁴.

16. **The NZBC does not support** the definition of "healthy" in the context of this discussion document. It is our view that labelling a food or beverage product in isolation as "healthy" can be misleading in the sense that a healthy and balanced diet and lifestyle needs to consider total nutritional intake, physical activity and lifestyle behaviours.

17. For example, fruit is healthy, but it is not healthy to only eat fruit. Fruit is certainly considered by nutritionists and experts to be a better addition to a meal or snack than something highly processed but cannot provide a complete and balanced nutritional profile on its own. Therefore, the NZBC would like to see more of a focus on nutritional literacy and what "healthy" looks like in context across the entire food portfolio.

³ <https://www.asa.co.nz/codes/codes/children-and-young-people/>

⁴ <http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/content/home>

18. The NZBC has worked with wholesalers and third parties, who may be selling our members products directly into schools and encourage them to adhere to the commitments made by our industry when selling beverages into New Zealand schools. However, due to the regulations surrounding anti-competitive behaviour under the Commerce Act 1986, the NZBC or our members cannot restrict the conduct of these third parties who may be selling our members products to schools.

CONCLUSION

19. The New Zealand Beverage Council and our members support a policy that promotes a balanced and nutritional lifestyle for New Zealand's youth throughout their entire education. It is important that the messages delivered in schools are consistent and based on current and accurate data. We believe that only promoting unflavoured water, flavoured waters containing no sugar, milk and non-dairy alternatives in addition to any 5 Star rated beverage is a positive start, but strongly encourage the Government to undertake a new national nutrition survey to help identify additional problem areas affecting New Zealanders health and well-being.

20. We hope that you have found these comments useful. Please do not hesitate to contact us, should you require any further information.

Sincerely,

9(2)(a)



New Zealand Beverage Council

02/06/2022

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140

Kia ora,

Re: Proposed changes to the promotion and provision of healthy drinks in schools

Healthy Auckland Together (HAT) is pleased to submit on this very important regulation of food and drinks in New Zealand schools, thank you for the opportunity.

HAT is a coalition of 30 organisations established in 2014 to respond to obesity in Tāmaki Makaurau. Members include local government, mana whenua, health agencies, NGOs, university and consumer interest groups.

The following HAT partners have collaborated to develop the accompanying submission:

- Auckland Regional Public Health Service (ARPHS)
- Auckland District Health Board
- Waitematā District Health Board
- Counties Manukau Health
- The University of Auckland
- New Zealand Heart Foundation
- Pacific Heartbeat
- Healthy Families Waitākere
- Cancer Society - Auckland Northland Division
- Auckland Dental Association
- Toi Tangata

9(2)(a)

[Redacted content]

Ngā mihi,

Healthy Auckland Together.

Question 1: Capacity of feedback provided

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

[Healthy Auckland Together \(HAT\)](#) is a coalition of 30 organisations established in 2014 to respond to obesity in Tāmaki Makaurau. Members include local government, mana whenua, health agencies, NGOs, university and consumer interest groups.

The vision for HAT is a social and physical environment that supports people living in Tāmaki Makaurau to eat well, live physically active lives and maintain a healthy body weight within their communities. By working together to change policy, infrastructure design and planning, our environments can encourage physical activity and good nutrition. HAT works collaboratively to drive equitable health gains for whānau Māori, Pasifika peoples and those living in lower socio-economic communities in Tāmaki Makaurau.

The following HAT partners have collaborated to develop this response:

- Auckland Regional Public Health Service (ARPHS)
- Auckland District Health Board
- Waitematā District Health Board
- Counties Manukau Health
- The University of Auckland
- New Zealand Heart Foundation
- Pacific Heartbeat
- Healthy Families Waitākere
- Cancer Society - Auckland Northland Division
- Auckland Dental Association
- Toi Tangata

Of these HAT partners, Healthy Families, Heart Foundation and ARPHS work directly with schools and Early Learning Services (ELS) in Tāmaki Makaurau whose insights have been used to inform this submission.

The ARPHS team includes members of the Healthy Active Learning (HAL) nutrition health promotion workforce. HAL, in partnership with Regional Sports Trusts, is responsible for supporting schools, and ELS in Tāmaki Makaurau to create healthy food environments and water-only education to enhance learning and hauora. The HAL team works to connect and strengthen collaboration between external stakeholders, supporting schools and ELS with healthy food and drink.

HAT's aspiration for the development of this regulation and implementation of the duty is that it reflects the articles of Te Tiriti o Waitangi.

To achieve equitable health outcomes for whānau Māori and Pasifika peoples, it is critical that these communities continue to be prioritised and engaged in meaningful consultation to shape healthy food and drink policy and implementation.

HAT also strongly recommends the Ministry of Education actively facilitate consultation hui with primary and secondary schools who have successfully implemented healthy food and

drink environments, or a water-only policy. These schools have valuable insights into the key drivers for success and are aware of unnecessary barriers to change.

Question 2: Problem Definition

Do you agree with our view of the problem? If not, why not?

HAT agrees that sugar sweetened drinks are a key contributor to poor oral health and preventable chronic diseases such as obesity and type 2 diabetes in children. However, overall, the problem definition is too narrow and focuses almost exclusively on oral health outcomes. The problem definition should also include the wider health impact and inequitable burden of poor nutrition on children's physical and mental health, development and wellbeing. These impacts are exacerbated by a lack of national policy supporting and regulating healthy food and drink environments in education settings.

Sugary drinks and unhealthy food impact the health and wellbeing of children and young people of all ages. Therefore, the problem definition needs to adequately reflect the scale of the problem and the impact on children and young people in early learning settings, primary and secondary schools. The failure to implement healthy food and drinks in all learning environments will contribute to poorer health outcomes and increasing health inequities for children and young people.

The problem definition should also be situated in the broader context of government efforts to improve child and youth wellbeing and recognise the unique role of settings where children live, learn, and play. In the 2019 Child and Youth Wellbeing Strategy, the government committed to ensuring that children have the best possible health as a foundation for wellbeing (1). This strategy is committed to addressing inequities therefore, facilitating the transformation to healthy food and drink school environments is an obvious first step in this commitment to improving health and wellbeing and addressing inequity in health outcomes. This regulation should be positioned as a perfect opportunity to consolidate a whole-of-child/ hauora approach that recognises children's rights to good nutrition and healthy environments that support health and wellbeing (2). Children themselves have asked for urgent support of their health and wellbeing (3).

HAT also understands the importance of considering the way that food and drink choices and regulations impact the wellness of local environments, and therefore people. This should be taken into consideration in decisions about the promotion and supply of healthy food and drink in schools.

The impact of obesity on children and young people's health and wellbeing

Children with obesity are more likely to be obese as adults, have abnormal lipid profiles, impaired glucose tolerance, high blood pressure, musculoskeletal problems and asthma (4). Alongside this there are the mental and emotional repercussions of excess weight including body dissatisfaction, poor self-esteem and depression (4). Excess weight (overweight and/or obesity) increases risk of type 2 diabetes, cardiovascular diseases, certain cancers, musculoskeletal disorders, osteoarthritis, sleep apnoea, depression, and reproductive abnormalities in adults (5). Alarming, these chronic diseases are being diagnosed in children and young people in Aotearoa from an earlier age, well before they reach adulthood.

A key recommendation of the World Cancer Research Fund (WCRF) is the need to 'limit sugar sweetened beverages' and 'other processed foods high in fat, starches and sugar' throughout life to protect against weight gain, the single biggest cause of cancer, after tobacco (6). The World Health Organisation also states that between 30 to 50% of cancers are preventable including cancers relating to dietary factors, obesity and being overweight. Due to the strong socioeconomic and environment influences on food choice, greater regulation is critical to equitably improve childhood diets and the growing adult weight-related diseases such as cancer.

A New Zealand study found a significant prevalence of comorbidities in over 180 children and young people (5 – 16 years old) who were overweight or obese (6). Blood samples found that 75% had markers of inflammation related to future heart disease, 47% had abnormal liver function and 43% had abnormal cholesterol/high triglycerides. Further, 40% had Acanthosis nigricans related to high risk of future type 2 diabetes and 11% had abnormal blood pressure (7).

It is estimated that excess weight costs New Zealand \$9 billion annually in direct health costs (money spent on health care in relation to the medical treatment of obesity and related conditions) and indirect costs (loss of opportunity and productivity as a consequence of excess weight)(8). However, there is also the cost of education for children. If children are not well from comorbidities related to excess weight, they cannot learn. New Zealand's obesogenic environment: availability, accessibility, and affordability of unhealthy food and drink, and powerful marketing tactics are largely to blame for children and young people gaining excess weight (8, 9). Education settings must ensure children and young people stay well by removing unhealthy food and drink from the learning environment.

Wellbeing of tamariki Māori and rangatahi Māori

Urgent action on nutrition and healthy food environments is required to ensure the health and wellbeing of tamariki Māori and rangatahi Māori. This submission acknowledges previous and current Māori leadership in this space and calls on the Ministry of Education to consider and embed the articles of Te Tiriti o Waitangi in this duty; Kawanatanga (Governance), Tino Rangatiratanga (Self-determination), Oritetanga (Equity) and Te Ritenga (Rights to beliefs and values).

The vision for hauora (Māori health) in Whakamaua, the Māori health strategy, is Pae ora, which provides a holistic concept and includes three interconnected elements: mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments). Healthy food environments in schools are critical to this mahi to ensure health and wellbeing gains for Māori that enable hauora.

Equitable health gains for children and young people in Tāmaki Makaurau

In Tāmaki Makaurau the nutrition-related areas of oral health outcomes and childhood obesity continue to be a priority focus area for tamariki Māori, children from Pasifika communities and those living in lower socio-economic areas. Poor health outcomes are compounded by the social determinants of health and inequitable access to healthy food environments.

These systems fail to deliver health equity for Māori. The most recent 2020/21 New Zealand Health Survey reported that tamariki Māori up to the age of 14 are nearly more than 1.5 times as likely to be obese than non-Māori children (10).

Children from Pasifika communities also carry the inequitable burden of obesity, with Pasifika children in Tāmaki Makaurau experiencing obesity at more than five times the rate of non-Pasifika children (10). However, healthy food remains central to the understanding of health and wellbeing for Pasifika peoples. The vision for Ola Manuia, the Pasifika people's health strategy, is that 'Pacific families are thriving in Aotearoa New Zealand'. This is strongly supported by the statement that this will be achieved when Pasifika families can afford and have access to healthy food. There is strong Pasifika community support for healthy food and drink environments in schools to improve health equity for children from Pasifika communities.

What other problems, if any, do you think should be taken into consideration in assessing options?

HAT strongly recommends that unhealthy food is addressed within the problem definition. Alongside sugar sweetened drinks, unhealthy food is a key contributor to dental caries, obesity, type 2 diabetes and has a detrimental impact on learning. Additionally, all children and young people (aged 0 – 18) should benefit from healthy food and drink environments. The regulation should not be limited to primary school aged children.

The following issues should also be taken into consideration in assessing options:

- How will the Ministry of Education partner with Kura Māori (Kura Kaupapa Māori and Kura- ā-iwi) to underpin the healthy food and drink environments with the articles of Te Tiriti o Waitangi?
- How will the Ministry of Education engage with Pasifika communities and schools to meet the aspirations of these communities in relation to healthy food and drink environments?
- The importance of good nutrition on health and wellbeing applies throughout a child's life from early learning settings through to secondary school.
- The negative impact of junk-food marketing, branding and industry influence and sponsorship in schools. (11)

It is also important that alongside this regulation there is a commitment to develop a strong vision and long-term strategy for children's healthy food and drink environments in Aotearoa New Zealand (NZ). This strategy needs to be inclusive of schools, neighbourhoods, and whānau.

Question 3: Objectives

Are these the right objectives? Can you think of any others to add?

Objective 1

We strongly support objective 1 that all students continue to receive positive education on healthy food and nutrition. It is also important that the messages they receive are reinforced by a healthy food and drink environment. This environment will offer a strong foundation for 21st century cross-curricular learning about food. To do this well, we believe teachers,

schools and their communities need support and access to quality, culturally appropriate nutrition resources and funding.

Objective 2

To achieve the greatest health and learning outcomes for children, objective 2 must also include healthy food. Schools should model both healthy drink and food consumption behaviours at all ages. The Ka Ora, Ka Ako Healthy School Lunches programme already provides clear guidance and a pathway for healthy food and drinks in schools.

Objective 3

We agree with objective 3 that regulations should be reasonable and fit for purpose for schools. Regulation should not make it prohibitively difficult for schools to adopt and embed healthy food and drink environments, particularly for kura Māori, language nests and area schools. Many primary and secondary schools have already implemented healthy food and drink policies and practices. There are valuable learnings that can be leveraged to support all schools to achieve these objectives. Ka Ora, Ka Ako and the Healthy Eating, Healthy Action programme, which ran from 2004 – 2008, provide frameworks and experiences to support this mahi. Schools will require support and time to make changes and provide healthy food and drink, but this should not be a limiting factor.

Question 4: Options

Are there any other options that you think should be considered?

Preferred option – HAT recommends that option 2 is amended to include the supply of healthy food and drink.

HAT recommends that option 2 is amended to include the promotion and supply of only healthy drinks and healthy food in all schools (primary through to secondary). Schools play a key role in establishing healthy environments for students through the promotion and supply of healthy drinks and food. . National policy regulating the supply and promotion of healthy food and drinks in education settings is necessary to support the health and wellbeing of children and young people and realise their learning potential.

Option 1

We do not support option 1. Limiting the promotion and supply of healthy drinks to years 1-8 will not achieve the desired health outcomes. Many primary schools already have healthy drink policies in place. Healthy drinks and food need to be addressed from a child's early years in preschool right through to the end of secondary school. The importance of good nutrition is discussed further below.

Option 3

We strongly reject option 3. Schools should lead by example by offering only healthy food and drinks to their learners. The responsibility to promote healthy food and nutrition to students has been shown to be ineffective as a standalone guideline.

Promote and supply must be defined in the duty

The terms “promote” and “supply” must be clearly defined in the duty to enable schools to successfully implement and achieve health and learning outcomes for children and young people. HAT suggests that the promotion of healthy food and nutrition would involve:

- healthy food and drink woven throughout the education curriculum
- positive nutrition education for every learning year

- education staff role modelling healthy eating and drinking behaviours in front of young learners
- ensuring that there is a school-wide philosophy/culture or policy that promotes healthy food and nutrition in accordance with mātauranga and tikanga Māori, and other relevant cultural knowledge systems.

Healthy food is critical to improving health and learning outcomes

Children and young people receive conflicting nutrition messages if their school environment promotes and supplies unhealthy food and drink for profit. Schools have the responsibility to ensure that food promoted and supplied to students meets acceptable nutrition standards that support children and young people to do and be well. This should include all food and drink available on school grounds or via school-related channels including fundraisers, events and celebrations.

The Child, Youth and Wellbeing Strategy 2019 states that children and young people should have regular access to healthy food (1). Healthy food supports growth, physical and cognitive development improved mood, mental health and wellbeing in children and young people (12). In the school setting, consumption of healthy foods has been shown to support academic performance, concentration, opportunity to learn, good behaviour and attendance (12). There is a clear association between academic achievement and a high intake of fruit, vegetables and milk, and low intake of sugar and sugary drinks (including fruit juice) and fast food (8).

Under the Child, Youth and Wellbeing Strategy 2019, the Ka Ora, Ka Ako Healthy School Lunch programme has delivered healthy lunches to over 200,000 children and young people across NZ (13). These lunches meet an acceptable standard of nutrition that supports the health and wellbeing of children and young people. Evaluation reports have already shown improvements in health, wellbeing, concentration and attendance in young learners when they consume healthy food (13).

Children and young people eat nearly 40% of their daily food intake during school hours (12), making schools the optimal setting for promoting and supplying healthy food to guide children to develop healthy habits and behaviours towards food. Schools have the opportunity and responsibility to inform and role-model children and young people's knowledge and behaviour about healthy food. Every child and young person deserves the opportunity to have a nourished mind and body that supports their learning. This can be supported through the promotion and supply of healthy food that meets acceptable nutrition standards.

Primary and secondary schools need to be included in the duty

It is critical that secondary schools are included in the duty as suggested in option 2. The preferred option to limit the duty to primary schools or year 1 – 8 students is a missed opportunity to integrate healthy food and drink into all school environments and achieve the greatest health and wellbeing gains for children and young people. Instead, it creates a two-tiered system in schools and presents an unnecessary challenge to composite and area schools to comply with the duty.

SchoolFERST was a 2016 survey of food policies and environments in New Zealand schools (14). It found that compared to primary schools (67.1%), a larger proportion of secondary schools (83.1%) sold food and drinks to students during the day (14). However, the majority of schools offered menus that contained less than 40% of everyday healthy items. When

combined with the greater purchasing power of teenagers compared to primary students, secondary schools stand to see the greatest gains by ensuring healthy food and drinks are on offer to support students' health and learning potential.

Secondary-aged learners are growing their independence and agency over food and drink choices during the school day. Making sure that secondary schools only provide affordable, healthy foods that students can buy for themselves on-site enables young people to form positive relationships with healthy foods that they carry into adulthood.

Young people require good nutrition, including protein, minerals and vitamins to support growth, cognitive and hormonal changes and mental health while going through puberty (15, 16). They also require good nutrition to fuel them appropriately while participating in sport and other activities (15).

The media, wider environment, school environment and peers have a significant influence on food choices for teenagers (16). Young people also have greater purchasing power (2) to buy food. Highly processed foods and drinks do not have essential nutrients to support a young person to grow into a healthy and well adult. It is vital that schools ensure food choices are as nutritious as possible in the school setting. It is a missed opportunity to not extend the duty to secondary schools to promote and supply healthy food and drink.

A regulatory duty for Early Learning Settings (ELS) is required

We strongly recommend a separate regulatory solution is developed to ensure ELS only provide healthy food and drinks. This will ensure healthy drinking and eating behaviours are engrained before starting primary school. We also strongly recommend that food promoted and supplied/provided meets the acceptable nutrition standards in the Healthy Food and Drink – Early Learning Services document (17). It is essential that this piece of legislation includes preschool-aged children to engrain healthy drinking and eating behaviours before starting primary school.

Whilst we acknowledge that this consultation is to address the impact of the expiring NAGs for schools, it is a missed opportunity to include children aged 0 - 5 by limiting this mahi to the wellbeing of children and young people at school, aged 5 – 18 years old. Therefore HAT strongly recommends that ELS be included in tighter regulation of food and drink.

HAT acknowledges this is a separate regulatory setting and would need a bespoke solution, however HAT firmly believes a pathway should be developed so ELS can join schools on this important journey. As with schools, driving equitable health gains for ELS aged children is also critical.

The ELS is as important as schools for the following reasons:

- In a child's first five years, their brain, characterised by "high plasticity" (18), is developing faster and more rapidly than at any other time of their life (18, 19) and learning new behaviours and habits. The senses that the child experiences, including taste, lay the foundation for their life course (8). Eating behaviours have been found to track from infancy to preschool, early childhood through childhood, from childhood to adolescence and into adulthood, confirming the importance of developing healthy behaviours early in life (19). Because of this, early childhood is suggested to be the ideal time to develop behaviours that assist with lifelong healthy eating patterns (18).

- A child that eats well in early childhood has a decreased likelihood in adulthood of chronic diseases (20), such as heart disease, type 2 diabetes, asthma, and some cancers (21). Early childhood should be used as a window of opportunity to provide healthy food and drink for pre-schoolers to develop and sustain healthy eating and nutrition behaviours across the life course (22).
- We understand that parents and caregivers are the ideal role models for young children to learn healthy eating behaviours and nutrition (23). Supporting whānau by enabling healthy food environments (18).
- In New Zealand, 94.9% of four-year-olds attend an ELS before starting school and eat one third of their weekly meals there (23). ELS teachers that role model positive, healthy eating behaviours have been shown to positively influence preschoolers' eating behaviours (19, 24). Laying the foundations for healthy lifestyles clearly should not start when the child begins primary school as the current option 2 suggests. ELS should therefore be used as a healthy food environment to support preschoolers' wellbeing.

Question 5: Definition of healthy drinks

Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Yes, HAT agrees with the definition of healthy drinks.

New Zealand evidence, including the Healthy Food and Drink Guidance for Schools, clearly recommends that learning environments should only offer water and plain, unflavoured milk as drink options (25).

This is specifically defined as:

- Plain, unflavoured water
- Reduced or low-fat milk
- Or unsweetened reduced or low-fat plant-based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12 (25).

If ELS are included, a slight adjustment may need to be made to the definition of healthy drinks, so that it includes breast milk or age-appropriate alternatives. The Healthy Food and Drink Guidance for Early Learning Services clearly recommends that learning environments should only offer the following drinks for pre-schoolers (24).

- Children 0 to 6 months: Breast milk (or a commercial infant formula if required)
- Children around 6 to 12 months: Breast milk (or a commercial infant formula if required)
- Children 1 to 2 years: Breast milk, Unsweetened full-fat milk (or unsweetened soy milk with added calcium and vitamin B12)
- Children 2+ years: Unsweetened low-fat milk and plant-based milks (eg, soy, rice, almond, oat) with added calcium and vitamin B12.

It should be clear that the recommendations for plain, unflavoured milk and reduced or low-fat milk does not include flavoured milks, regardless of their high Health Star Rating and protein and calcium claims. Flavoured milks have sugar added to them, which means they belong in the not recommended/red category of the Healthy Food and Drink Guidance for Schools as “*Milk-based drinks with added sugar*” (25).

Water and plain, unflavoured milk should be the only drinks provided to tamariki as they are the best sources of fluid for them (26). Water supports adequate hydration (25), temperature control, digestion, absorption and transportation of nutrients, and elimination of waste products (26). When fluoridated, it also supports healthy teeth development and maintenance (26).

Plain, unflavoured cow's milk provides carbohydrates, protein, vitamins (including B12) and minerals (including calcium and riboflavin) (26). Consumption of plain, unflavoured cow's milk contributes to optimal bone and tooth health in children (25). Reduced or low-fat cow's milk has less saturated fat, and often more protein and calcium than high-fat alternatives, making it a more nutritious option (27).

For children that do not drink plain, unflavoured cow's milk, fortified plant milks should be chosen as those that are not fortified (excluding soy, which has a similar profile to plain, unflavoured cow's milk) are low energy and contain protein, calcium, B vitamins and Vitamin D all of which are essential for good growth and development (28, 29).

The Healthy Food and Drink Guidance for Schools states that the following drinks are not suitable for children (25). HAT agrees that these drinks should not be promoted and provided/supplied in learning settings:

- Sugar-sweetened drinks
- Drinks containing 'intense' (artificial) sweeteners. This includes zero sugar, low sugar and diet versions of fizzy drinks, sports drinks and flavoured waters
- 100 percent fruit and/or vegetable juices, including those diluted with no added sugar, and unflavoured coconut water
- Milk-based drinks with added sugar (e.g., milkshakes)
- Energy drinks and sports drinks
- Flavoured waters.

Sugary drinks can cause tooth damage/erosion due to the high sugar and acidity content, and when regularly consumed increase the risk of obesity and type 2 diabetes mellitus (24, 27). Diet sugary drinks (which contain intense sweeteners) lack the high sugar content of standard sugary drinks, but are still very acidic and encourage a preferred taste for sweetness (27). Sugar sweetened beverages and diet drinks offer no nutritional benefit to a developing body.

Evidence-based recommendations issued by the NZ Ministry of Health clearly recommend that children should not be given sugary drinks. Some sugary drinks contain caffeine, which can cause dehydration and sleep disruption in children (22). Due to the intense sweetness of sugary and artificially sweetened drinks, regular consumption can cause young children to develop a preferred taste for sweetened drinks and foods (26). This is why young children consuming sugary drinks is concerning, especially since we also know that taste preferences developed in childhood are usually continued into adulthood.

Children generally do not need fruit juice to meet fluid and fruit intakes. Fruit juice is high in sugar (natural or added) and acid which means that it can erode young teeth (26, 30). Fruit juice cannot compare with the nutritional benefits that eating whole fruits provides, such as dietary fibre, vitamins and minerals (26).

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

Maintaining the current status quo for school food environments is inconsistent with the goals of the Child and Youth Wellbeing Strategy, and the UN CRC articles 24.1, 24.2 (a), (c), and (e), to ensure children and young people can realise their full health and learning potential (2). While we anticipate some hurdles to implementation, these can and should be overcome. There are a broad range of existing supports that schools can utilise in support of taking charge of their food environments, as many schools have demonstrated. Refer to Appendices for case studies.

Minimal lead-in time is required for schools to implement the new duty

The implementation of **only healthy drinks** should require a minimal lead-in time that allows for the sale of existing stock to offset any financial burden. This should be achievable by January 2023 for most schools. There are no child-centred justifications for vending machines, which are largely used as revenue-generating tools in schools.

As our current food and drink environments in schools contribute to ill-health for children and young people a lead-in time for the provision of **only healthy food** should be no greater than one year, i.e. January 2024.

Implementation support should be made available to schools

Appropriate support for implementation may include:

- offering resources and training to school canteen managers
- a short-term buy out of contracts with nutrient-poor school food and drink services
- targeted infrastructure investments to ensure key food safety drinking and water bottle refill fountains are user-friendly, safe, and met the Ministry of Education's minimum requirements of at least one bubble fountain for every 60 students (31).
- funding to ensure healthy food and drink is sold at an affordable price in schools

Existing catering contracts should not be renewed beyond 2023 if healthy food and drink standards cannot be met.

Collaboration with existing food and nutrition initiatives supporting schools

Existing initiatives such as the Heart Foundation's *Fresh Made* service can support canteen managers and suppliers to schools and ELS to reach compliance with nutrition standards and offer resources such as seasonal sample menus for schools and ELS (32). As part of the Healthy Active Learning initiative, *Healthy Food and Drink Toolkits* were developed for English and Māori-medium settings. The toolkits include policy development resources, action plan guides, resources for canteen managers and ideas for events and fundraisers (33, 34).

In Tāmaki Makaurau, many programmes for primary and secondary schools already offer whole-of-school or cross-curricular programmes. Programmes such as Enviroschools and Garden to Table support schools to explore healthy food and drinks from multiple angles of inquiry, including sustainability, practical cooking skills, and planting and harvesting. Refer to Appendices for case studies.

The Ka Ora, Ka Ako Healthy School Lunches initiative represents a substantial investment by the Ministry of Education contractors, and self-supplying schools, to develop menus for primary and secondary students that meet nutritional standards (35). This presents a window of opportunity for schools not currently receiving free lunches to also benefit from the increasing availability of healthy food services, and menu items for wholesale, that they can make available in their canteens and tuck shops.

Student, whānau and staff engagement is critical for success

Whānau, student, and all staff input and buy-in is critical for the sustainable success of school food environment changes (36). Effective consultation with the community will ensure changes reflect the cultural identities of the local community (19). Local initiatives in Tāmaki Makaurau such as Healthy Families Waitakere and Healthy Families South Auckland have demonstrated the potential for positive changes both within school gates and beyond, by utilising whānau input for lasting and community-owned changes. Refer to Appendices for Case Studies.

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

As of April 2022, 52.6% of schools that teach secondary students in the Auckland Education Region also teach students within years 1-8 (37). Having one requirement for years 1-8 and another for years 9-13 presents unnecessary logistical challenges and is inconsistent with a whole-of-school approach to nourishing, sustainable food and drink environments.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Secondary schools present a unique opportunity for student voice and agency to lead positive changes to food and drink environments in their schools. Students should be empowered both within and outside of curriculum learning to explore the value of healthy food and drink environments. This inquiry approach aligns with both the Food and Nutrition curriculum learning area, and the Healthy Communities and Environments strand, which underpins the Health and Physical Education curriculum learning area.

Schools may choose to approach healthy food and drinks from a holistic perspective. This could include students exploring the health and wellbeing of the environment as a way of understanding healthy drinks and food.

Student buy-in is important. They should be involved in making their school food and drink environments healthy (35, 36). This helps to ensure students are satisfied with the on-site options, and can choose to avoid the nutrient-poor food and drink options and marketing that surround schools.

If schools provide food, they should be adequately supported to ensure cultural dietary needs are reflected with healthy food and drink options e.g. halal, kosher (38).

Many secondary schools in Tāmaki Makaurau have high proportions of Māori students and Pasifika students (39). These schools should be supported to embrace culturally appropriate

engagement and implementation to meet the needs of their communities. This should include elements of co-design with whānau Māori and Pasifika communities. The importance of whānau and aiga involvement cannot be overstated and needs careful attention, especially around shared meals/celebrations where aspirations of hospitality and generosity may lead to less healthy options being provided.

Food and drink environments that embrace mātauranga Māori systems of knowledge and whānau Māori priorities directly support the health and wellbeing of taurira Māori. The [Atua Matua Framework](#) is an example of the resources that are available to strengthen teachers capability regarding mātauranga Māori. This framework also underpins [Tapuwaekura](#) (Sport NZ HAL initiative for Kura Kaupapa Māori settings).

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

HAT **strongly supports** the continued requirement for school boards to promote healthy food and nutrition. Schools should also be required to provide healthy food and drink as recommended previously.

School boards are responsible for the learning and wellbeing of their students. It is appropriate that schools are required to continue to promote healthy food and nutrition and supply healthy food and drink as part of the regulations.

Healthy school food and drink environments also depend on aspects that extend beyond the scope of the proposed duty in Option 2, for example includes fundraising activities, food advertising and marketing, nutrition messages within curriculum learning, and the wider local environment (8). All food and drink that is purchased by, supplied to or donated to students in education settings including canteens, vending machines, or nutrition programmes should be healthy.

School boards may choose to promote healthy food by ensuring fundraising activities do not involve nutrient-poor food such as sausages. In the School FERST survey, 81% of schools reported used food and drinks in fundraising activities (14). It is concerning that 'less healthy' options, such as sausage sizzles, were seen in 90% of such activities (14). Boards may instead opt for non-food related fundraising activities or select healthy food and drinks such as hangi or filled rolls (40).

School boards also have the power to ensure all schools are free of the harmful marketing and sponsorship activities that are inconsistent with nourishing food and drink environments for children and young people.

Question 9: Circumstances

What do you think about these circumstances? Are any of them unnecessary?

Children and young people should be supported to have healthy relationships with all food types. Exceptional events where unhealthy food or "junk food" is available should not be framed as a treat or a reward. To ensure a healthy food and drink environment is upheld, we

strongly urge that water-only and healthy foods be the default, and exceptional events be infrequent.

The Regulation should give guidance about when the duty will not apply, rather than try to codify all the potential exceptions. If the purpose of the Regulation is clearly stated (children's hauora in the widest sense), then schools can be trusted to make decisions based on that principle.

Many schools already maintain healthy drinks only/water-only at special events such as discos and galas due to pre-existing water-only policies. Resources, including the Healthy Food and Drink toolkits, exist to support these activities (33).

When a boil water notice is in effect, we recommend that schools are supplied with clean drinking water.

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

No.

Question 10: Monitoring and compliance

Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

HAT supports a high-trust, light-touch compliance approach to these regulations. However, the regulations need to be supported by a strengths-based approach that enables schools to lead in transforming their food and drink environments. Schools that have already adopted healthy food and drink environments show that this can be mana-enhancing and showcase the values of the school and its community. To enable all schools to meet the regulations will require meaningful and relevant supports, adequate resourcing to schools and ongoing opportunities for schools to comply with the regulations.

We recommend that the Ministry of Education also develop a monitoring and evaluation plan to understand school compliance and the barriers and enablers to implementing a healthy food and drink environment. This will provide evidence to support schools and enable the approach to be revised if required.

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Appendices - Narratives from schools making positive food and drink changes

Healthy Families Waitākere - Water as first and best choice

- Kelston Boys High School
<https://www.teaomaori.news/kelston-boys-walk-100-water>
- Te Kura Kaupapa Māori o Hoani Waititi
<https://www.teaomaori.news/tkkm-o-hoani-waititi-marae-lays-challenge-ditch-fizzy-drinks>
- 40 West Auckland Schools <https://www.nzdoctor.co.nz/article/undoctored/ripple-effect-over-40-kura-schools-west-auckland-have-made-splash-and-gone-fizz>

Healthy food and drinks in schools

- Ka Pai Kai Rotorua (Healthy Families Rotorua), pg 17
https://www.healthyfamiliesinvercargill.org.nz/asset/downloadasset?id=7493a429-67f5-41b5-90dd-e3346a67be08&fbclid=IwAR1w6tkVfr_E4xdCf92IP7mp_1E0cJdtMnJLbiHMaogDiOz8Pc_H93s-nAo
- Waitākere College Nutrition Policy
https://waitakerecollege.ibcdn.nz/media/2020_03_21_food_and_nutrition_2019.pdf
- Ōtaki College
<https://www.rph.org.nz/public-health-topics/schools/water-only-schools/case-studies/otaki-college-composite-school/>
- Oranga School
<https://www.nzherald.co.nz/nz/top-marks-to-water-only-school/24ZLVWFLFPBU4CIQBQKEVCEGLI/>
- Meadowbank School
<https://gardentotable.org.nz/stories/meadowbank-school>

9(2)(a)

From: 9(2)(a)
Sent: Thursday, 2 June 2022 3:30 pm
To: Legislation Consultation
Subject: Water Only Schools Submission

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Hi there,

Submission from the Student Council - Owhiro Bay School (Year 5-6 students)

We think that it's not up to schools to decide kid's lunchboxes, it should be up to parents. Some parents give things to their children for specific reasons and should be allowed to do this - to provide a mixed diet. A point was raised that some families need quick and easy premade things for lunchboxes to make life easier.

Some of our children need different drinks - e.g. juice for our friend 9(2)(a) who has Type 1 diabetes, or immune booster tablets that go in water. And a lot of our kids have Up and Gos in their lunchbox. For some children (with sensory issues), this is part of their balanced diet.

We weighed up and pros and cons, and we feel there is more cons.

Yours sincerely,

Student Council
Owhiro Bay School

9(2)(a)



I check my Emails week days and will endeavour to respond within 48 hours.



9(2)(a)

From: 9(2)(a)
Sent: Thursday, 2 June 2022 3:57 pm
To: Legislation Consultation
Subject: Fwd: Submission re Healthy School Food and Drinks Regulations

You don't often get email from 9(2)(a) [Learn why this is important](#)

Kia ora

Thank you for the opportunity to submit my feedback on the Regulations for Healthy Food and Drinks in Schools.

I worked in public health for many years across a range of key public health issues. As part of my career, but some time ago, I managed health promotion initiatives within early childhood education centres and kohanga reo within Tamaki Makaurau. It was an ongoing and time consuming challenge for our team to promote healthy foods and drinks within these settings however I quickly understood that the voluntary approach to making meaningful changes had little impact. I strongly believe we need to not only promote healthy eating and healthy drinks but through regulations ensure that healthy options are the easiest and only available option within our learning and school environments.

I am very concerned about the extraordinary high rate of both childhood and adult obesity in New Zealand and the resulting long term health consequences. I continue to be dismayed at the lack of regulations and or legislation to ensure all children get the best start in life. This is an opportunity to make a significant and sustainable difference to children's health, learning and well-being and embed healthy eating and drinking habits for life. A healthy environment is key, and promoting healthy eating / drinks will not make any difference if unhealthy foods and drinks continue to be easily available in early childhood centres, schools and communities.

I strongly support:

Regulations for both healthy drinks AND healthy food be introduced nationally for all early childhood education settings, primary AND secondary schools.

It is really important to ensure children and young people of all ages have only healthy food and drink options in schools because:

- Unhealthy food and drinks negatively impact the way children and young people learn and grow.
- Healthy food and drinks protect children and young people from tooth decay and a range of short and long term health issues such as obesity, diabetes and cancer.
- Secondary schools are more likely to sell unhealthy food and drinks. We need to include regulations for secondary schools to ensure healthy eating and drinking habits are embedded throughout their young lives. A healthy school food and drinks environment will enable and support teenagers to make healthy choices.
- The regulations should include early childhood learning centres to embed healthy eating and drinking habits in children from the start.

- We need to reduce health inequities. Currently low income communities have an over-abundance of fast food outlets and there are not many healthy options available around schools. Having healthy food and drinks environments in all schools will particularly support children and young people living within low socio-economic communities.
- Early childhood centres and schools can provide healthy role modelling for all children and young people.
- Just promoting healthy eating and drinks will not work if unhealthy foods and drinks continue to be readily available in schools. Limiting access to only healthy food and drinks options will be far more effective.

I support the same regulations for all early childhood education centers, primary and secondary schools nationally

- The regulations need to be simple, clear, and easy to understand for schools, children and parents so it is clear what healthy choices look like. The existing national guidelines used in the Ka Ora Ka Ako Healthy Schools Lunches Programme could be used to inform the regulations.
- One regulation for all would be fair and would also ensure children from low income communities had access to healthy food and drink school environments

Other recommendations:

- **Commit to ongoing monitoring and enforcement of regulations.**
- **That the Ministry of Education actively advocate for and support legislation that places a levy on manufacturers of sugary drinks like the legislation introduced in the United Kingdom.** This UK legislation resulted in manufacturers significantly reducing the amount of sugar across all their beverages. Regulations ensuring healthy food and drinks environments in schools would be even more effective alongside additional and complementary policies. A comprehensive approach is required to build healthy food and drinks environments across our communities where children live, play and learn. A comprehensive approach will prevent the long term consequences of having unhealthy food and drinks promoted, affordable and readily available in our communities.
- **Schools should not be able to use unhealthy foods/ drinks as a fundraiser e.g.** fundraising through selling chocolate bars. However I do acknowledge that school fairs or galas, that usually occur once or twice a year, could be exceptions in the regulations as long as healthy food and drink options are widely available.

Finally, I urge the Ministry of Education and Government to be bold and not just tinker around the edges as currently proposed with limiting regulations to healthy drinks in primary schools. Instead, we need to make a meaningful and sustainable difference to build and sustain the learning and health of all our tamariki and rangatahi. This means introducing regulations to provide healthy drinks and food in all early childhood education centres, primary and secondary schools. Our children are our taonga and providing healthy environments in schools gives every child the best chance of reaching their potential.

Kind regards

9(2)(a)



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Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

We are seeking your views on the promotion and provision of healthy drinks in schools

Overview

The promotion of healthy food and drink in schools improves children's behaviours around what they eat and drink at school and at home. Eating habits developed at a young age shape a person's ongoing approach to healthy eating and drinking through to adulthood, so it's important to promote the benefits of healthy eating and drinking during children's early development.

The National Administration Guidelines (NAGs) set out the Government's administrative requirements for State school boards.¹ NAG 5(b) guides school boards to promote healthy food and nutrition for all students. Since 2009, the Ministry of Health has been working with schools to encourage the voluntary adoption of healthy eating and water-only policies.²

From 1 January 2023, all NAGs, including NAG 5(b), will no longer be in effect in the legislation, because of some changes we're making to how schools do their planning and reporting. We are currently looking at transferring the NAG requirement relating to nutrition and healthy eating into a new Regulation made through the Education and Training Act 2020.

The introduction of new Regulations also provides an opportunity to strengthen the requirements so that schools can provide healthy drinks only. This would bring schools in line with the healthy drinking standards in the Ka Ora Ka Ako Healthy School Lunches programme, and existing guidance from the Ministry of Health's Healthy Active Learning programme.

We plan to bring the Regulations into force from the end of this year, before the NAGs stop having effect.

This discussion document presents the government's preferred option and two other options we have considered that we'd like your feedback on.

Question 1:

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

This submission is from Sport Bay of Plenty who are currently implementing the Healthy Active Learning initiative across the Bay of Plenty region into 80 primary and intermediate schools across Central, Western and Eastern Bay of Plenty. We also have support from our Green Prescription whanau.

¹ 'State' schools include: ordinary State schools, designated character schools (including Kura Kaupapa Māori), State integrated schools, specialist schools and distance schools.

² Schools that have water-only policies only allow water and plain, low-fat milk to be permitted on-site.

Healthy Active Learning is a joint government initiative between Sport New Zealand and the Ministries of Health and Education. It seeks to improve the wellbeing of tamariki through healthy eating and drinking and quality physical activity.

Across the Bay of Plenty, the Healthy Active Learning workforce of 11 support schools and kura through 6 outcomes, one being to create a healthy food and drink environment, alongside healthy and active learning environments and better connections to our local communities.

Problem definition/opportunity

New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.

Research in New Zealand has highlighted 'free sugars' as contributing significantly to high rates of obesity, poor oral health, diabetes and other health-related diseases.³ The consumption of free sugars in sugar sweetened beverages now contributes to 26% of the total sugar intake of children.⁴ Studies conducted by the Environmental Health Indicators New Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand.

The government has committed, through the Child and Youth Wellbeing Strategy, to ensure that children have the best possible health as a foundation for wellbeing. Long-standing structural and historic inequities in New Zealand society have disadvantaged particular groups, which has resulted in Māori and Pacific children being over-represented in these figures.

The Ministry of Health's Health Survey found that Māori children were more likely to consume sugar sweetened beverages than non-Māori children. Between 2002 and 2016, Māori children in Year 8 were significantly more likely to suffer from decayed, missing, or filled teeth than their non-Māori peers.⁵ In 2018/2019, Pacific children aged 1-14 years were nearly twice as likely as non-Pacific children to have had teeth removed due to decay, an abscess, infection or gum disease in the past 12 months.⁶

Question 2:

Do you agree with our view of the problem? If not, why not?

We do agree that sugar sweetened drinks contribute to poor oral hygiene. However, we believe there are much wider and more varied factors that contribute to improving children's habits around eating and drinking and holistic wellbeing in addition to the focus on oral health. We also believe this needs to extend to after school, within school contexts with events such as fundraising, galas, discos etc. Whilst we see lots of positive processes in schools, it's the latter that needs consistent messaging with community groups that continue to create unhealthy environments in schools to also be included in this discussion.

³ Free sugars are defined by the World Health Organisation as monosaccharides and disaccharides added to food by both the manufacturer and consumer, including sugars naturally present in honey, syrups, and fruit juice.

⁴ Sundborn et al, "New Zealand's growing thirst for a sugar-sweetened beverage tax", New Zealand Medical Journal, 2015.

⁵ Ministry of Health, WAI 2575 Maori Health Trends Report, 2019.

⁶ Health Quality & Safety Commission New Zealand: Bula Sautu report - Pacific health in the year of COVID-19, 2021.

What other problems, if any, do you think should be taken into consideration in assessing options?

We would love to see alternative, accessible options for schools when fundraising and celebrating so there is consistent messaging. We also believe that a holistic wellbeing approach should be taken to improving children's behaviours and habits around eating and drinking. This should take into consideration the social, mental and emotional and spiritual association with food and drink consumption in addition to implications on physical health such as oral health.

Objectives

Our proposed objectives for these new Regulations are:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

Question 3:

Are these the right objectives? Can you think of any others to add?

Objective One: We think that all tamariki need to receive positive quality education on healthy food and drinks. This might be sharing some schools best practice examples. We agree that there is a difference between the promotion and provision of healthy drinks in schools and that positive education on healthy food and nutrition in schools needs to comply with the proposed duty, however that does not necessarily result in positive education for tamariki. We would like to see positive explicit educational outcomes from positive teaching and learning experiences which are wider than described within these objectives. Compliance could be related to seeking improved health outcomes for tamariki. There is no guarantee that students would receive positive education on healthy food and nutrition through the implementation of the proposed changes.

Objective Two: Schools model healthy drink consumption behaviours for children at a young age. Again, there is a difference between schools promoting and supplying healthy drinks, and modelling healthy drink consumption. We would want water to be promoted as the best drink and believe it is important to understand what the implications are for school staff in relation to the proposed regulation changes. Is there an expectation to only consume drinks considered to be 'healthy' (using the definition of healthy drinks provided) during school time?

Objective Three: The Regulations are reasonable and fit for purpose in all schools and to assist schools to understand the alternatives. If the objective is to be fit for purpose across all schools, the inclusion of secondary schools within changes that may be made would be most appropriate.

Options analysis

We have identified three options that we'd like to get your feedback on. These are:

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.

- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Option 1 is our preferred option, and what we're proposing to do, but we're keen to get your feedback on all of them. The options are explained in more detail on the following pages, along with specific questions.

Question 4: Are there any other options that you think should be considered?

Option 2 is our preferred option. However, we believe this option should be expanded to include the promotion and supply of health drink and food into school communities.

Definition of 'healthy drinks'

For options 1 and 2, 'healthy drinks' are defined as:

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

This is consistent with the Ministry of Health's existing guidance on healthy drinking in schools, and the guidelines for the Ka Ora Ka Ako free lunches programme.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Yes, we do agree with the definition of healthy drinks as this is in line with the Ministry of Health's Healthy Food and Drink guidance for schools and the information for free and healthy school lunches.

Why not regulate healthy food?

Regulation of school-level provision of healthy food and drink is common practice in other OECD countries, with some going as far as specifying percentages of micronutrients (such as zinc and iron) that should be provided. However, regulating food standards and/or nutritional requirements for the food provided in schools would not be possible to roll out nationally before 1 January 2023.

In the first instance, regulating the provision of healthy drinks is simpler to implement and makes a difference to schools and students. This is because water is the healthiest drink humans can consume. No other drinks are as good at hydrating your body while also being good for your oral health.

The same cannot be said for food. Fruit is good for you, but only eating fruit is not. A healthy diet requires a balance of different food types and getting this right in Regulations, while accounting for specialist diets and allergies, takes time. For this reason, we are not proposing healthy food regulation as part of these changes.

Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students

For option 1, when we say ‘primary schools’, we mean:

- full primary schools
- contributing primary schools
- area and composite schools
- intermediate schools.

Approximately 110 secondary schools comprise some primary school-aged children (usually in Years 7 and 8). Applying the Regulation to primary school-aged children in these settings may make it difficult for these schools to adopt a whole-school approach to healthy drinking. For example, the children in Year 8 would not be allowed to purchase drinks from a vending machine, but children in Years 9-13 would. We are therefore seeking feedback on the impact for these schools of a requirement to only provide healthy drinks to year 1-8 students.

Similarly, approximately 170 area and composite schools comprise both primary and secondary school-aged children, but in many cases, the schools contain a majority of primary school children and some secondary school-aged children. Because most of these schools contain a majority of primary school children, we are proposing to include these schools within the requirement to only provide healthy drinks to year 1-8 students. We’d like to hear your feedback on the impacts for these area and composite schools.

The benefits of healthy drink policies are the same for secondary schools as they are for primary schools. However, we know that the earlier in a child’s development we can encourage healthy habits, the better. So in the first instance, we are proposing to start with a duty on primary schools to only supply healthy drinks, though we recognise that some primary schools may require additional time to move towards a full healthy drinking policy.

There are different circumstances in secondary schools compared to primary schools regarding provision of drinks. In particular, fewer secondary schools already have healthy drinking policies compared to primary schools, and canteens and tuck shops are more prevalent in secondary school settings. More work needs to be done to understand the challenges that secondary schools would face in implementing this policy.

For the reasons above, this is our preferred option.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a ‘lead-in’ period be helpful for schools to transition to the new duty?

We believe that schools would need to have the time to engage with their wider school community to understand the changes that are going to occur and take into consideration commercial foods, contracts in schools e.g. canteens. We also need to consider school staff and the changes in role-modelling of the healthy drinks and allow discussion time to unpack the information across the school setting. We also think there may be challenges in how to support the promotion and provision of healthy drinks through curriculum teaching and learning programmes. There are also challenges between the public health outcomes desired within an educational institution seeking educational outcomes and would need the MoE to understand current practices and policies within school settings.

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

Option 2: replace the existing NAG 5b with a duty in Regulations, and place an additional duty on all schools (primary and secondary) to only provide healthy drinks

According to a 2016 University of Auckland survey, of the 819 schools sampled, 67.5% of primary and 23.3% of secondary schools with a school food service (e.g. canteen or lunch order system) offered only milk and water as beverage options⁷. It is unclear however, from the data available, exactly how many schools have a healthy drinking policy in 2022.

Healthy drinking is beneficial to children. Avoiding sugary, carbonated drinks is good for a child's general health, dental hygiene, concentration, school behaviour and educational outcomes. Schools that have voluntarily implemented water-only policies have seen that it benefits teaching and learning as well as student health and wellbeing.

By making sure schools promote healthy eating and nutrition, and that schools also refrain from providing unhealthy drinks in all circumstances, healthy consumption messages remain consistent, and learners are more likely to 'buy-in' to the messages they are being taught if the school itself models those behaviours.

We are seeking feedback from schools about the impact of introducing a new duty on school boards of primary and secondary schools to only provide healthy drinks. For example, we don't know if some schools have catering contracts with unhealthy drink suppliers that will exceed the introduction date of the Regulations in October 2022. If a school is not able to easily withdraw from such a contract, they may be left with a large supply of drinks which they are then unable to sell.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Yes, we understand there may be both benefits and challenges secondary schools would likely face to only provide healthy drinks. Benefits would include supporting consistent message and accessibility which are similar to those in primary and intermediate schools. The challenges may be around contracts in schools with tuckshops and supporting students through the health and physical education curriculum to develop critical thinking, decision making with choices. Students may be challenged when outside of school through the exposure of local dairies etc where there are a wider range of beverages to choose from.

Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks

Option 3 would continue the current requirement all State school boards have been subject to since 2009.

School-level promotion of healthy food and nutrition is proven to be effective in improving children's attitudes and behaviours towards the food and drink they consume at school, and at home. Eating habits established at a young age significantly impact a person's ongoing approach to healthy eating and drinking throughout their life. That's why it is important to establish healthy habits and patterns in the early stages of children's development.

⁷ For this survey, 'primary schools' included full primary and intermediate schools, 'secondary schools' included secondary and composite schools

A school's promotion of healthy food and nutrition is undermined where the school also actively provides unhealthy food and drink. Whole-school approaches to healthy eating and drinking, where the educational messages are underpinned with consistent messaging from the school itself, have been found to be more effective in influencing students' healthy food and drink choices.

If we didn't replace the existing requirement under NAG 5b to promote healthy eating and food, there is a possibility that some schools may choose not to do so. However, under this option, schools could continue to promote healthy food and nutrition while also providing unhealthy food and drinks to their students.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Yes, we agree with the intentions that the current guidance should be replaced so there is decreased exposure to unhealthy drinks. We hope that school Boards can allow for the promotion of healthy food and drinks. Further support in the promotion of these messages through requiring schools to only supply healthy drinks will support the reinforcement of this and hope there is a wider look at environments around schools with groups coming onto school grounds.

Circumstances where the duty will not apply

Under options 1 and 2, we recognise that it may not be appropriate to apply this duty under all circumstances. There may be some exceptions for infrequent events that many people would consider to be reasonable.

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri);
- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class);
- For any drinks provided as part of any medically prescribed dietary requirements;
- In any school in an area where a boil water notice is currently in effect.

We want to ensure that students are drinking healthy drinks as part of their everyday habits, but also want to make sure the new duty is reasonable and accounts for the realities of school life. We'd like your feedback on whether you think there are other circumstances – such as school discos, school fairs and galas – where it would be reasonable to not apply the duty to only provide healthy drinks.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

We agree that there may be some circumstances where it would not be appropriate to enforce the proposed circumstances. We believe that all of the examples listed above would be necessary.

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

We believe that, as mentioned previously, school fairs, galas, fundraising may be examples of this. These occur outside of school hours and include significant involvement from groups that are important to the school community. During a time of celebration, which fairs or galas are often perceived, it may be appropriate to celebrate with drinks that are considered unhealthy within the proposed definition. We would like to support schools to find alternative fundraising avenues in their communities.

Monitoring and compliance

It is important to note that the proposed new duty for options 1 and 2 to only provide healthy drinks only applies to school boards. **The duty would not apply to parents of students in that school**, who could still choose to provide unhealthy drinks to their children to take to school.

However, schools could go further than the Regulations by putting in place a school policy which stopped children from bringing unhealthy drinks into school, so long as they consult with their school community and parents can access a written version of the policy on request.

We know from a 2016 Auckland university survey, that a majority of primary school boards that submitted a response had already introduced a healthy drinks policy themselves. Given this, we're proposing to have a light-touch compliance approach to the new duty. This means that if we receive complaints from parents, students or other agencies saying that a school is in breach of the duty, the local regional office would get in touch to find out why. We are not proposing any formal sanctions for failure to comply with the duty. We think this is a proportionate response to a system where many schools boards have already opted to implement a healthy drinks policy.

The Ministry of Health has employed 30 staff based in regional public health units to assist with voluntary approaches to healthy food in schools' policies, and the roll-out of the Ka Ora, Ka Ako Healthy School Lunches programme. Given their existing responsibility to visit, encourage and work with schools in their area to establish healthy eating and drinking policies, these staff would be well-placed to highlight a new, strengthened Regulation for school provision of healthy drinks, as well as the impact on Māori and Pacific children. These staff will not be required to inspect schools' compliance with the new duty and would instead continue to encourage and advocate healthy eating and drinking policies.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Yes, we feel that a high-trust light-touch approach is appropriate, especially where there is a genuine understanding of each environment. It is important to understand what the policy means and the role it can play.

How to have your say

We are seeking your views on proposed changes to the promotion and provision of healthy drinks in schools.

You can email your submissions to legislation.consultation@education.govt.nz or write to:

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
New Zealand

Submissions close on 2 June 2022 and will inform advice to the Minister of Education on final policy proposals that would be submitted to Cabinet.

Webinars to discuss the proposed Regulations will also be held during the period of public consultation. The webinars will give you the opportunity to discuss the proposals, ask us questions and make suggestions. If you would like to attend one, please contact us on legislation.consultation@education.govt.nz, and let us know your name and the email address you'd like to be contacted on.

Purpose of feedback

We are seeking your views on the suggested changes discussed above. Your feedback will enable us to make better informed decisions about proposed changes to the promotion and provision of healthy drinks in schools.

Please be assured that any feedback you provide will be confidential to those involved in analysing the consultation data. We will not identify any individuals in the final analysis and report writing unless you expressly give permission for this. However, submissions, including submitters' names, and documents associated with the consultation process may be subject to an Official Information Act 1982 request.

Submission on "Promotion and provision of healthy drinks in schools"

Question 1 (who am I)

I am providing feedback in my capacity as an independent researcher studying tooth decay, its causes and prevention, and as a former schoolboy. I have not provided feedback on questions that fall outside the scope of these experiences.

Question 2 (on the nature of the problem)

In NZ today, consumption of sugary foods and drinks is normalised. This I think is the root cause of poor levels of oral health in both children and adults.

From my memories of childhood I know that I and my peers were strongly influenced by what we perceived to be "normal". So restricting access in schools is a positive step towards de-normalisation.

Question 3 (objectives)

With reference to the objective that "all students continue to receive positive education on healthy food and nutrition", I suggest this education should include:

- Tooth decay is caused by acids in the mouth dissolving tooth enamel, eventually resulting in "holes"
- One way acid gets into the mouth is by drinking it. Most soft drinks are acidic, causing the sharp taste or "bite" that you feel on the tongue. This form of decay is called "dental erosion". The photo below is an example^[1].



- The other very important way is by consuming sugar. Bacteria naturally present in our mouths consume some of the sugar and produce acid as a waste product. This form of decay is called "dental caries".

[1] Source: "Appalling' child tooth decay rates in Northland and Auckland", Stuff 12 April 2019, <https://www.stuff.co.nz/national/health/111956057/appalling-child-tooth-decay-rates-in-northland-and-auckland>

- Dental caries can be prevented entirely by not eating sugar. Before Europeans arrived in NZ, and for quite some afterwards, tooth decay rates among Maori are the lowest ever known. Among adults 99% never experienced any decay in their entire lives, which means that among children it must have been close to 100%. The reason was that there was no sugar in the Maori diets in those times[2].

The same was probably true in Polynesia. In American Samoa in 1950, tooth decay rates among native Samoans children were much lower than among children in mainland USA[3].

In England, tooth decay was a disease of the rich before the year 1900, but afterwards became a disease of the poor. The reason was that before 1900, sugar was expensive, so only the rich could afford it, but the price dropped dramatically in the years after 1900[4].

(Including all these examples should be relatively inclusive for all ethnicities).

- Dental caries can also be prevented, almost entirely, by proper teeth cleaning. This means cleaning all tooth surfaces – top and all four sides, including the sides between teeth, using dental floss[5]. However dental erosion cannot be prevented with toothbrushing[6]. The only prevention is not to drink acidic drinks.
- A very good backgrounder on sugar and dental caries by two experts on this topic is Sheiham, A. and James, W. P., 'Diet and dental caries: the pivotal role of free sugars reemphasized', J. Dent. Res. 94, 1341 (2015).

Question 5 (healthy drinks)

I think it would be easier to specify what are not healthy drinks, rather than try to list those that are. As starting points I suggest any drink containing more than a certain quantity of free sugars, and any with a pH below 4.5 (roughly the point at which enamel dissolution begins).

9(2)(a)

[2] Broughton, J., *Oranga niho: a review of Māori oral health service provision utilising a kaupapa Māori methodology*, PhD thesis, Univ. of Otago, 2006, pp 119-122.

[3] Losee, F.L., 'Results of a year's research on dental caries in American Samoa - 1950', J. Am. Acad. Appl. Nutr. 5, 258 (1952).

[4] Rugg-Gunn, A., 'Preventing the preventable – the enigma of dental caries', Br. Dent. J. 191, 478 (2001).

[5] Axelsson, P. et al., 'The effect of a plaque control program on gingivitis and dental caries in schoolchildren', J. Dent. Res. 56, C142 (1977); Axelsson, P. et al., 'Effect of controlled oral hygiene procedures on caries and periodontal disease in adults', J. Clin. Periodontol. 5, 133 (1978)

[6] Cheng, R. et al., 'Dental erosion and severe tooth decay related to soft drinks: a case report and literature review', J. Zhejiang Univ. Sci. B 10, 395 (2009)

Proactively Released



Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

We are seeking your views on the promotion and provision of healthy drinks in schools

Overview

The promotion of healthy food and drink in schools improves children's behaviours around what they eat and drink at school and at home. Eating habits developed at a young age shape a person's ongoing approach to healthy eating and drinking through to adulthood, so it's important to promote the benefits of healthy eating and drinking during children's early development.

The National Administration Guidelines (NAGs) set out the Government's administrative requirements for State school boards.¹ NAG 5(b) guides school boards to promote healthy food and nutrition for all students. Since 2009, the Ministry of Health has been working with schools to encourage the voluntary adoption of healthy eating and water-only policies.²

From 1 January 2023, all NAGs, including NAG 5(b), will no longer be in effect in the legislation, because of some changes we're making to how schools do their planning and reporting. We are currently looking at transferring the NAG requirement relating to nutrition and healthy eating into a new Regulation made through the Education and Training Act 2020.

The introduction of new Regulations also provides an opportunity to strengthen the requirements so that schools can provide healthy drinks only. This would bring schools in line with the healthy drinking standards in the Ka Ora Ka Ako Healthy School Lunches programme, and existing guidance from the Ministry of Health's Healthy Active Learning programme.

We plan to bring the Regulations into force from the end of this year, before the NAGs stop having effect.

This discussion document presents the government's preferred option and two other options we have considered that we'd like your feedback on.

Question 1:

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

We are providing feedback as a collective group of five organisations currently implementing the [Healthy Active Learning](#) initiative across the Auckland region: Active, CLM Community Sport, Harbour Sport, Sport Auckland and Sport Waitākere.

Healthy Active Learning is a joint government initiative between Sport New Zealand and the Ministries of Health and Education that seeks to improve the wellbeing of tamariki through healthy eating and drinking and quality physical activity.

¹ 'State' schools include: ordinary State schools, designated character schools (including Kura Kaupapa Māori), State integrated schools, specialist schools and distance schools.

² Schools that have water-only policies only allow water and plain, low-fat milk to be permitted on-site.

Across Auckland the Healthy Active Learning workforce of 18 are currently supporting 96 low decile primary and intermediate schools to create and promote healthy and active learning environments and better connections to local communities. A further 110 schools will be supported by the Healthy Active Learning team from July 2022.

Problem definition/opportunity

New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.

Research in New Zealand has highlighted 'free sugars' as contributing significantly to high rates of obesity, poor oral health, diabetes and other health-related diseases.³ The consumption of free sugars in sugar sweetened beverages now contributes to 26% of the total sugar intake of children.⁴ Studies conducted by the Environmental Health Indicators New Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand.

The government has committed, through the Child and Youth Wellbeing Strategy, to ensure that children have the best possible health as a foundation for wellbeing. Long-standing structural and historic inequities in New Zealand society have disadvantaged particular groups, which has resulted in Māori and Pacific children being over-represented in these figures.

The Ministry of Health's Health Survey found that Māori children were more likely to consume sugar sweetened beverages than non-Māori children. Between 2002 and 2016, Māori children in Year 8 were significantly more likely to suffer from decayed, missing, or filled teeth than their non-Māori peers.⁵ In 2018/2019, Pacific children aged 1-14 years were nearly twice as likely as non-Pacific children to have had teeth removed due to decay, an abscess, infection or gum disease in the past 12 months.⁶

Question 2:

Do you agree with our view of the problem? If not, why not?

We agree that sugar sweetened beverages contribute to poor oral hygiene. However, we believe there are much wider and more varied factors that contribute to improving children's habits around eating and drinking and holistic wellbeing in addition to the focus on oral health.

What other problems, if any, do you think should be taken into consideration in assessing options?

We believe that a holistic wellbeing approach should be taken to improving children's behaviours and habits around eating and drinking. This should take into consideration the social, mental and emotional and spiritual association with food and drink consumption in addition to implications on physical health such as oral health.

³ Free sugars are defined by the World Health Organisation as monosaccharides and disaccharides added to food by both the manufacturer and consumer, including sugars naturally present in honey, syrups, and fruit juice.

⁴ Sundborn et al, "New Zealand's growing thirst for a sugar-sweetened beverage tax", New Zealand Medical Journal, 2015.

⁵ Ministry of Health, WAI 2575 Maori Health Trends Report, 2019.

⁶ Health Quality & Safety Commission New Zealand: Bula Sautu report - Pacific health in the year of COVID-19, 2021.

Objectives

Our proposed objectives for these new Regulations are:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

Question 3:

Are these the right objectives? Can you think of any others to add?

Objective One: All students continue to receive positive education on health food and nutrition. We believe there is a difference between promotion and provision of healthy drinks in schools and positive education on healthy food and nutrition. Schools could implement and comply with the proposed duty, however that does not necessarily result in positive education for tamariki. Compliance could be related to seeking improved health outcomes for tamariki. However, positive educational outcomes would come from explicit teaching and learning experiences which are not prescribed as part of this proposal. There is no guarantee that students would receive positive education on healthy food and nutrition through the implementation of the proposed changes.

Objective Two: Schools model healthy drink consumption behaviours for children at a young age. Again, there is a difference between schools promoting and suppling healthy drinks, and modelling healthy drink consumption. It is important to understand what the implications are for school staff in relation to the proposed regulation changes. For example, what does this mean for school staff? Does this mean they will be expected to only consume drinks considered to be 'healthy' (using the definition of healthy drinks provided) on school site?

Objective Three: The Regulations are reasonable and fit for purpose in all schools. If the objective is to be fit for purpose across all schools, the inclusion of secondary schools within changes that may be made would be most appropriate.

Options analysis

We have identified three options that we'd like to get your feedback on. These are:

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.
- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Option 1 is our preferred option, and what we're proposing to do, but we're keen to get your feedback on all of them. The options are explained in more detail on the following pages, along with specific questions.

Question 4: Are there any other options that you think should be considered?

Option 2 is our preferred option. However, we believe this option should be expanded to include the promotion and supply of health drink and **food**.

Definition of 'healthy drinks'

For options 1 and 2, 'healthy drinks' are defined as:

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

This is consistent with the Ministry of Health's existing guidance on healthy drinking in schools, and the guidelines for the Ka Ora Ka Ako free lunches programme.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Yes, we agree with the definition of healthy drinks as this is in line with the Ministry of Health's Healthy Food and Drink guidance for schools and the information for Ka Ora, Ka Ako.

Why not regulate healthy food?

Regulation of school-level provision of healthy food and drink is common practice in other OECD countries, with some going as far as specifying percentages of micronutrients (such as zinc and iron) that should be provided. However, regulating food standards and/or nutritional requirements for the food provided in schools would not be possible to roll out nationally before 1 January 2023.

In the first instance, regulating the provision of healthy drinks is simpler to implement and makes a difference to schools and students. This is because water is the healthiest drink humans can consume. No other drinks are as good at hydrating your body while also being good for your oral health.

The same cannot be said for food. Fruit is good for you, but only eating fruit is not. A healthy diet requires a balance of different food types and getting this right in Regulations, while accounting for specialist diets and allergies, takes time. For this reason, we are not proposing healthy food regulation as part of these changes.

Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students

For option 1, when we say ‘primary schools’, we mean:

- full primary schools
- contributing primary schools
- area and composite schools
- intermediate schools.

Approximately 110 secondary schools comprise some primary school-aged children (usually in Years 7 and 8). Applying the Regulation to primary school-aged children in these settings may make it difficult for these schools to adopt a whole-school approach to healthy drinking. For example, the children in Year 8 would not be allowed to purchase drinks from a vending machine, but children in Years 9-13 would. We are therefore seeking feedback on the impact for these schools of a requirement to only provide healthy drinks to year 1-8 students.

Similarly, approximately 170 area and composite schools comprise both primary and secondary school-aged children, but in many cases, the schools contain a majority of primary school children and some secondary school-aged children. Because most of these schools contain a majority of primary school children, we are proposing to include these schools within the requirement to only provide healthy drinks to year 1-8 students. We’d like to hear your feedback on the impacts for these area and composite schools.

The benefits of healthy drink policies are the same for secondary schools as they are for primary schools. However, we know that the earlier in a child’s development we can encourage healthy habits, the better. So in the first instance, we are proposing to start with a duty on primary schools to only supply healthy drinks, though we recognise that some primary schools may require additional time to move towards a full healthy drinking policy.

There are different circumstances in secondary schools compared to primary schools regarding provision of drinks. In particular, fewer secondary schools already have healthy drinking policies compared to primary schools, and canteens and tuck shops are more prevalent in secondary school settings. More work needs to be done to understand the challenges that secondary schools would face in implementing this policy.

For the reasons above, this is our preferred option.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a ‘lead-in’ period be helpful for schools to transition to the new duty?

It is important that schools have the time and ability to ensure their community is engaged with and fully understands any changes in the way the school provides for students. There may also be difficulties in any arrangements that primary schools have with commercial food providers contracted to run school canteens and tuckshops. There may also be implications for primary school staff in any expectations to role model the consumption of healthy drinks.

There may also be difficulties in schools making sense of where and how to appropriately support the promotion and provision of healthy drinks through curriculum teaching and learning programmes. There are potential tensions between the public health outcomes desired within an educational institution seeking educational outcomes.

Yes, a lead-in period would be useful to support schools in transitioning to the new duty. This will enable discussion and unpacking of information across the school and within the community.

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

Option 2: replace the existing NAG 5b with a duty in Regulations, and place an additional duty on all schools (primary and secondary) to only provide healthy drinks

According to a 2016 University of Auckland survey, of the 819 schools sampled, 67.5% of primary and 23.3% of secondary schools with a school food service (e.g. canteen or lunch order system) offered only milk and water as beverage options⁷. It is unclear however, from the data available, exactly how many schools have a healthy drinking policy in 2022.

Healthy drinking is beneficial to children. Avoiding sugary, carbonated drinks is good for a child's general health, dental hygiene, concentration, school behaviour and educational outcomes. Schools that have voluntarily implemented water-only policies have seen that it benefits teaching and learning as well as student health and wellbeing.

By making sure schools promote healthy eating and nutrition, and that schools also refrain from providing unhealthy drinks in all circumstances, healthy consumption messages remain consistent, and learners are more likely to 'buy-in' to the messages they are being taught if the school itself models those behaviours.

We are seeking feedback from schools about the impact of introducing a new duty on school boards of primary and secondary schools to only provide healthy drinks. For example, we don't know if some schools have catering contracts with unhealthy drink suppliers that will exceed the introduction date of the Regulations in October 2022. If a school is not able to easily withdraw from such a contract, they may be left with a large supply of drinks which they are then unable to sell.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Yes, we envisage both benefits and challenges secondary schools would likely face in meeting a new legal duty to only provide healthy drinks.

There are benefits in supporting consistent messaging and opportunities for rangatahi to access healthy drinks throughout secondary school. These are largely the same benefits that would likely be seen in primary and intermediate schools. Having consistent messages over time, in addition to regular access, will improve habitual shifts.

Challenges that secondary schools would likely face could be related to the greater proportion of schools that contract commercial caterers to run canteens and tuckshops. There may also be challenges from a curriculum standpoint where there is a strong desire, particularly within the Health and Physical Education learning area to support students to develop critical thinking skills. Removing opportunities for students to experience and test learning in real world contexts (for example critical thinking around the consumption of different beverages) could set students up to experience challenges outside of the school

⁷ For this survey, 'primary schools' included full primary and intermediate schools, 'secondary schools' included secondary and composite schools

environment when they are exposed to a wide variety of beverages and are challenged to use critical thinking skills to make decisions.

Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks

Option 3 would continue the current requirement all State school boards have been subject to since 2009.

School-level promotion of healthy food and nutrition is proven to be effective in improving children's attitudes and behaviours towards the food and drink they consume at school, and at home. Eating habits established at a young age significantly impact a person's ongoing approach to healthy eating and drinking throughout their life. That's why it is important to establish healthy habits and patterns in the early stages of children's development.

A school's promotion of healthy food and nutrition is undermined where the school also actively provides unhealthy food and drink. Whole-school approaches to healthy eating and drinking, where the educational messages are underpinned with consistent messaging from the school itself, have been found to be more effective in influencing students' healthy food and drink choices.

If we didn't replace the existing requirement under NAG 5b to promote healthy eating and food, there is a possibility that some schools may choose not to do so. However, under this option, schools could continue to promote healthy food and nutrition while also providing unhealthy food and drinks to their students.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Yes, we agree that the current guidance should be replaced. We agree that Boards and therefore schools are well positioned to be able to promote healthy food and drinks. Additionally, we believe that further supporting the promotion of these messages through requiring schools to only supply healthy drinks will support the reinforcement of desired messages.

Circumstances where the duty will not apply

Under options 1 and 2, we recognise that it may not be appropriate to apply this duty under all circumstances. There may be some exceptions for infrequent events that many people would consider to be reasonable.

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri);
- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class);
- For any drinks provided as part of any medically prescribed dietary requirements;
- In any school in an area where a boil water notice is currently in effect.

We want to ensure that students are drinking healthy drinks as part of their everyday habits, but also want to make sure the new duty is reasonable and accounts for the realities of school life. We'd like your feedback on whether you think there are other circumstances – such as

school discos, school fairs and galas – where it would be reasonable to not apply the duty to only provide healthy drinks.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

We agree that there will likely be a small number of circumstances where it would not be appropriate to enforce the proposed duty. We believe that all of the examples listed above would be necessary.

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

We believe that there may also be a small number of circumstances where it may be appropriate not to apply the proposed duty. School fairs and / or galas may be an example of this. School fairs and galas often occur outside of school hours and include significant involvement from groups that are important to the school community, for example, parent / whānau, church and / or cultural groups. During a time of celebration, which fairs or galas are often perceived, it may be appropriate to celebrate with drinks that are considered unhealthy within the proposed definition.

Understanding, participating and contributing in times of celebration is an important experience for tamariki. It is often a time where family and friends can come together to connect in ways that are meaningful to them.

Monitoring and compliance

It is important to note that the proposed new duty for options 1 and 2 to only provide healthy drinks only applies to school boards. **The duty would not apply to parents of students in that school**, who could still choose to provide unhealthy drinks to their children to take to school.

However, schools could go further than the Regulations by putting in place a school policy which stopped children from bringing unhealthy drinks into school, so long as they consult with their school community and parents can access a written version of the policy on request.

We know from a 2016 Auckland university survey, that a majority of primary school boards that submitted a response had already introduced a healthy drinks policy themselves. Given this, we're proposing to have a light-touch compliance approach to the new duty. This means that if we receive complaints from parents, students or other agencies saying that a school is in breach of the duty, the local regional office would get in touch to find out why. We are not proposing any formal sanctions for failure to comply with the duty. We think this is a proportionate response to a system where many schools boards have already opted to implement a healthy drinks policy.

The Ministry of Health has employed 30 staff based in regional public health units to assist with voluntary approaches to healthy food in schools' policies, and the roll-out of the Ka Ora, Ka Ako Healthy School Lunches programme. Given their existing responsibility to visit, encourage and work with schools in their area to establish healthy eating and drinking policies, these staff would be well-placed to highlight a new, strengthened Regulation for school provision of healthy drinks, as well as the impact on Māori and Pacific children. These staff will not be required to inspect schools' compliance with the new duty and would instead continue to encourage and advocate healthy eating and drinking policies.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Yes, we feel that a high-trust light-touch approach is appropriate.

Proactively Released

How to have your say

We are seeking your views on proposed changes to the promotion and provision of healthy drinks in schools.

You can email your submissions to legislation.consultation@education.govt.nz or write to:

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
New Zealand

Submissions close on 2 June 2022 and will inform advice to the Minister of Education on final policy proposals that would be submitted to Cabinet.

Webinars to discuss the proposed Regulations will also be held during the period of public consultation. The webinars will give you the opportunity to discuss the proposals, ask us questions and make suggestions. If you would like to attend one, please contact us on legislation.consultation@education.govt.nz, and let us know your name and the email address you'd like to be contacted on.

Purpose of feedback

We are seeking your views on the suggested changes discussed above. Your feedback will enable us to make better informed decisions about proposed changes to the promotion and provision of healthy drinks in schools.

Please be assured that any feedback you provide will be confidential to those involved in analysing the consultation data. We will not identify any individuals in the final analysis and report writing unless you expressly give permission for this. However, submissions, including submitters' names, and documents associated with the consultation process may be subject to an Official Information Act 1982 request.

2/06/2022

Submission from the Sugar Nutrition Resource Centre to the discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

Question 1:

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

This response is from the Sugar Nutrition Resource Centre, a scientific information service that provides evidence based information on the role of sugars in nutrition and health.

The Sugar Nutrition Resource Centre is funded by Sugar Australia and New Zealand Sugar. It is managed by a team including accredited practising dietitians and registered nutritionists. Information provided by the Sugar Nutrition Resource Centre supports Ministry of Health's Eating and Activity Guidelines, and it is guided by a group of scientific experts who are experienced in human nutrition and dietetics.

Our aim is to gather and share the science on sugars and nutrition. The Sugar Nutrition Resource Centre does not actively provide information to schools however we receive requests from schools for information for use in the classroom and for school projects. Examples of educational resources available on our website include a booklet 'Where does sugar come from' which details the grow, mill and refining of sugar process, as well as fact sheets on sugars and dental health.

New Zealand Sugar provide broader education to schools through the Chelsea Sugar Factory Tours. This provides educational tours of the factory, information on food production, the paddock-to-plate story, sustainability, nutrition and baking inspiration, for adults and children. In particular, school students can experience a working factory, learn how sugar is made, enjoy a hands-on baking lesson and test their knowledge in our educational interactive zone. The baking school provides essential baking lessons for adults and school students, to increase skill level and can contribute to NCEA. ~300,000 visitors have benefitted from this experience thus far.

We appreciate the opportunity to comment on this document - Proposed changes to the promotion and provision of healthy drinks in schools. Our submission addresses the scientific basis for the proposals presented, taking an overview of the best evidence available. We welcome the opportunity to provide any further science based input in the future.

Question 2:

Do you agree with our view of the problem? If not, why not?

What other problems, if any, do you think should be taken into consideration in assessing options?

It is not possible to ascertain the problem accurately because there is a lack of data and scientific evidence available on which to base a view.

Data on diet

National data on children's dietary intake is now 20 years old. Should this policy proposal progress, it will be based on outdated information.

Regular monitoring of food intake is needed to provide quantitative data on the amount and type of food and drinks consumed. This is essential for development and monitoring of nutrition policies and interventions, as well as identifying the dietary patterns of sub-groups for interventions and considerations for future research.

Given the changes in diets over the past 20 years, changes in the food supply, and in the school food landscape, we request that an updated survey is conducted as a matter of urgency, to provide comprehensive data to support this proposal.

Data on sugars and sugar sweetened beverages

This discussion paper notes free sugars in sugary beverages contribute 26% to total sugar intake of children. Please provide the correct reference for this data source, as the paper cited in the consultation document by Sundborn et al. 2015 does not include this figure.

What we know from the 2002 National Children's Survey¹:

- The main source of sucrose in children's diets was beverages (26%), followed by sugars & sweets (21%)
- Beverages in this survey included all teas, coffee and substitutes, Milo, juices, cordial, soft drinks, water, powdered drinks, sports and energy drinks. It is not clear if they all contained sugar.

Note that sucrose is not the same as free sugars. Sucrose is one molecule of glucose and one molecule of fructose joined together. Free sugars as defined by the World Health Organisation as all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer plus any sugars naturally present in honey, syrups and fruit juices².

Historic data is available from the National Research Bureau, from 2008, on a range of beverages consumed by 454, 8-12 year olds. This shows 35% of children consumed ≥ 1 serving of sugar-containing carbonated drinks per week³.

Other, more generic data from the latest New Zealand Health Survey 2020/21 shows 10.9% of children surveyed aged 2-14 years had fizzy drink at least 3 times per week, with 32% having it at least once per week⁴.

Smirk et al. have recently published a research paper on self-reported children's sugar sweetened beverage intake, using the Auckland based 'Children's bone study' data from 2016/17⁵. It included children from 6 primary schools, 4 of which were water only schools. They found:

- Sugar sweetened beverages, sugar containing carbonated beverages, and sugar-sweetened milk-based beverages were reported as consumed at least once a week by 96% of children, with 46% having 1-4 servings/week and 50% having ≥ 5 servings/week.
- A larger proportion of children of Māori, Pacific, Asian and other ethnicities, and children from schools in lower socio economic areas reported consuming at least 5 servings of SSBs a week.
- Availability of all beverages at home resulted in higher reported intakes.
- Thirst and taste were the top reasons for choosing a beverage.
- The odds of having higher % body fat increased in girls who reported consuming ≥ 5 servings of SSBs a week, but not in boys.

The authors of this research acknowledge the data is limited as it is cross-sectional in nature, so the associations shown do not infer causation⁵. However it is worth noting some of the challenges for health policy in this area including socio economic and out of school drinks consumption considerations.

We therefore support a new national children's nutrition survey to provide the most robust, up-to-date and nationally representative data, for which to guide policy proposals. In particular, data relating to

priority population groups, including Māori and Pacific is urgently needed to steer interventions to improve health outcomes. This will ensure evidence based policymaking with the best likely outcome for both Government and child health.

Data on dental caries

Although dental caries is a concerning public health issue, especially for children, it is interesting that the most up-to-date Ministry of Health Oral Health Data reports an improving situation for children's dental health over time, at least up to 2019⁶:

- The proportion of caries-free children in school-year eight rose steadily from 42.2% to 68.5% between 2000 and 2019.
- The mean number of DMFT (decayed missing and filled permanent teeth) of children in school-year eight dropped from 1.6 to 0.7. This means that on average, they had fewer than half as many decayed, missing or filled permanent teeth in 2019 compared to 2000.

It highlights specific needs for action:

- Māori and Pacific children had worse oral health than children of European/Other ethnicity – with younger children having around three times as many decayed, missing or filled teeth

The role of sugars in dental health is well proven in the scientific research, however prevention of dental caries is a complex issue that goes beyond sugar sweetened beverages or indeed any single food or drink. For example the scientific evidence shows:

- All fermentable carbohydrates can harm teeth, including sugars and starches⁷.
- the link between increased frequency of consumption of sugars and incidence of dental decay, may be more important than the total amount of sugars consumed⁷
- oral hygiene regimes with fluoride toothpaste have proven to be markedly more significant in providing a greater reduction in the prevalence of caries than dietary modification⁸
- New Zealand research recognises the importance of community water fluoridation in prevention of childhood dental caries⁹. It is known as one of the most significant actions to take in order to reduce the socio-economic disparity in oral-health status and shows the greatest benefit in the most deprived areas of the country¹⁰.

In addition, the sugars content of sugar sweetened beverages in New Zealand appears to be falling over time. A significant average sugar reduction of 0.37 g/100 ml corresponding 3.7 % sugar reduction has been observed in one study, between 2013 and 2019¹¹. With that, non-nutritive sweetener use has increased over time, with non-alcoholic beverages now the second highest containing category. Soft drinks had on average 43% and 46% non-nutritive sweetener in 2013 and 2019, respectively¹².

The NZ Dental Association have reflected the multi-factorial nature of dental caries in their guidance for prevention¹³:

- Brushing twice daily with fluoride toothpaste
- Once daily flossing or interdental cleaning
- Reduction of sugary foods and drinks, especially in between meals - and replacing with healthy alternatives such as water than a fizzy drink
- Regular professional check-ups to spot and treat tooth decay, to stop further damage to your teeth

Given the complex nature of dental caries and their prevention, it would be naïve to suggest that removing sugar sweetened beverages alone from the diet will result in better dental outcomes for children. We suggest to look at the broader issue of prevention of dental caries and examine the evidence for a combination of initiatives can have an impact in the long term.

Question 3:

Are these the right objectives? Can you think of any others to add?

Schools are an important setting to improve dietary behaviours and this is recognised in the Healthy Food and Drink Guidance - schools from the Ministry of Health¹⁴. Childhood is a critical period to establish lifelong eating habits which can influence disease risk in later life.

However there is little evaluation of how effective school food policies are in improving children's habitual dietary habits. Research analysis, which included a study from New Zealand, found various school food policies have a positive impact on dietary composition however¹⁵:

- There was no change in total kilojoules consumed
- Measures of adiposity were generally unchanged
- For policies relevant to sugar-sweetened beverages, such as restriction, 3 studies found intake decreased by 0.18 servings per day, however 4 studies found no significant effect.

We therefore recommend adding an objective in relation to assessment of the impact of the regulation. This will allow reflection and evaluation on what has been achieved. It also provides robust data for making policy adjustments, should they be necessary, in order to achieve the desired outcome.

Question 4: Are there any other options that you think should be considered?

We do not propose any other options to be considered.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

No comment

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

We strongly support education for schools however it should take a broad holistic view and provide education on diet and health in general, taking into account all the factors involved.

Educational interventions are shown in the research to empower children and parents/caregivers in their efforts to make healthy choices. Because food and drink consumption is strongly influenced by home availability, educational programs must include the whole family, especially the person who does the shopping¹⁶. However, in line with recommendations from New Zealand research, we suggest that assessment of the current knowledge and attitude of children and adults is first ascertained, in order to secure the efficacy of future education interventions¹⁷. In particular development and validation of age-specific nutrition knowledge and attitude questionnaires.

Also, evaluation of current nutrition education is important to explore the extent to and manner in which nutrition education is embedded in the school curriculum and committed to by the staff. Success may be impeded due to lack of teacher training, financial resources and support.

However, there are a number of fundamental difficulties with a policy to only provide healthy drinks in schools.

- A cross sectional study in Auckland children aged 8-12 years found a water-only policy and encouragement by the school were not associated with sugar sweetened beverage consumption, even when data was adjusted for school decile⁵.
- This study also found that despite having water-only policy, children who attended lower decile schools were more likely to consume SSBs more frequently compared to children who attended high decile schools⁵.

It is important to recognise that schools can only explain a minor fraction of variance in sugary drink consumption, estimated in this research to be only 1%. School policy is only one factor. Peer pressure, personal, home, family and other environmental factors also need to be taken into consideration.

As already mentioned above, we suggest evaluation of the current school food activity as a starting point for this policy proposal. A recent research survey provides a snapshot assessment of school nutrition policies in 2016, however the response rate from schools was so low that it limits the generalisability of the results. Some key point from this research are as follows¹⁷:

- 67.5% of primary schools offer only milk and water as beverage options
- Lower decile schools were more likely to use 'everyday' (healthy) items for fundraising
- Fewer than 3% of all schools reported commercial advertising or sponsorships from food and beverage companies
- 90.2% of schools had nutrition education in the teaching curriculum. The authors noted some limiting factors such as a lack of commitment to the topic, limited capabilities of teachers, and outsourcing to external providers.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

No comment

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

We support Option 1 as the best approach in order to address the multi-factorial nature of nutrition and health education.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

We are not in the position to answer this question but we consider schools the school communities are best placed to understand their student's needs. This is in line with how the Ka Ora, Ka Ako healthy school lunched program operates.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

We are not in the position to answer this question but we consider schools the school communities are best placed to understand their student's needs. This is in line with how the Ka Ora, Ka Ako healthy school lunched program operates.

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Submission - Proposed changes to the promotion and provision of healthy drinks in schools

To: The Ministry of Education - legislation.consultation@education.govt.nz

Introduction

1. NZEI Te Riu Roa (NZEI) is a professional organisation and union representing the interests and issues of 49,000 members employed as teachers and leaders in the early childhood education and primary sectors (including Kura Kaupapa Māori and Wharekura), support staff in the early childhood, primary, intermediate, and secondary education sectors, school advisers employed by universities, and Learning Support staff employed by the Ministry of Education.
2. NZEI Te Riu Roa is a values-led, te Tiriti o Waitangi-based organisation. This means that in all areas of work mokopuna Māori are considered first. We call this Mōku te Ao. Our submission is informed by this approach.
3. The main objective of NZEI Te Riu Roa is to advance the cause of quality public education generally while upholding and maintaining the just claims of its members individually and collectively.
4. NZEI Te Riu Roa is one of the largest unions and professional bodies in Aotearoa New Zealand and has a long history of playing a positive role in the education sector and on wider social issues affecting our members and the tamariki and whānau they serve.

General comments

5. NZEI Te Riu Roa welcomes the opportunity to give feedback on proposed changes to the promotion and provision of healthy drinks in schools.

6. It must be acknowledged that one of the most significant drivers of unhealthy food and drink intake is poverty. Actions that would help to promote healthy food and drink would be policies that extend beyond the education sector. For example, an additional tax on sugary drinks, and no GST on fresh fruit and vegetables would be welcomed. Addressing poverty by moving Aotearoa from a low wage economy through mechanisms such as Fair Pay Agreements, increasing welfare payments or initiatives such as a universal basic income and implementing the recommendations of the Welfare Expert Advisory Group¹ would also make a significant difference.
7. While this consultation acknowledges that it is crucial to embed positive behaviours while children are young, early childhood education (ECE) does not feature. This may be because ECE is not part of the compulsory sector. However, the importance of a child's first 1000 days of life cannot be over emphasised. There are already regulations regarding food and nutrition for this sector². Greater support and education around promotion and provision of healthy drinks is also required for young families, especially for those embarking on parenthood for the first time.
8. This policy may make minor changes and enable ākongā to see the consumption of healthy drink modelled and may change behaviour while on school grounds. However, given the plethora of convenience food shops that often surround schools, it is likely that ākongā, particularly those in senior primary and beyond, will continue to frequent these stores either going to, or from, school.
9. Tamariki and whānau are consistently surrounded by advertising and currently there are too many mixed messages being given in public spaces. For example, funding is required to remove soft drinks options from hospital vending machines. The crisis around the health of tamariki, specifically their teeth, cannot simply be left to those working across the education sector to solve. In fact, this is an example of where a multi-agency approach is essential. Furthermore, NZEI Te Riu Roa would like to see free dental care extended to the wider population, along with easy and quick access to any complex care when required.

¹ Welfare Expert Advisory Group, *Whakamana Tāngata: Restoring Dignity to Social Security in New Zealand* (Wellington: WEAG, February 2019).

² <https://assets.education.govt.nz/public/Documents/Early-Childhood/Licensing-criteria/ECE-Licensing-Booklet-Early-Childhood-January-2022.pdf>

10. 'Water and sanitation' are one of the Sustainable Development Goals' focus areas. Indicator 6.1 is "[b]y 2030, achieve universal and equitable access to safe and affordable drinking water for all."³ In some parts of the New Zealand, schools and services must pay to access fresh, clean water for ākongā and kaimahi. The privatisation and monetisation of water provision exacerbates inequity.

Specific Responses

Do you agree with our view of the problem? *New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.*

11. While the view of the problem appears correct, it does not consider that it is **all** New Zealand tamariki, not just those in primary schools, who experience high rates of decayed, missing or filled teeth. This point is made in the document, where it is noted that this situation impacts tamariki aged from 1-14, particularly those from the Pacific.

Proposed objectives for these new Regulations are:

- ***All students continue to receive positive education on healthy food and nutrition***
- ***Schools model healthy drink consumption behaviours for children at a young age***
- ***The Regulations are reasonable and fit for purpose in all schools.***

12. Suggested objectives from NZEI Te Riu Roa

- All tamariki, their whānau and hapori should be able to receive positive education on healthy food and nutrition – not just those in primary school settings.
- Schools and early childhood centres model healthy drink consumption behaviours for children at a young age.
- The Regulations are reasonable and fit for purpose in all schools and centres.

³ <https://sdgs.un.org/goals/goal6>

Question 4:

13. NZEI Te Riu Roa supports **Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.** While implementing new regulations in secondary schools may be more challenging, Option 1 is inequitable to primary schools.

Do you agree with this definition of healthy drinks?

14. NZEI Te Riu Roa generally supports the given definition of 'healthy drinks' as described as:
- Plain, unflavoured water;
 - Reduced or low-fat milk; and
 - Unsweetened reduced or low-fat plant-based milks (e.g., soy, rice, almond, oat) with added calcium and vitamin B12.
15. However, in line with our recommendation that the promotion and provision of healthy drinks is not just for primary school aged children, it should be noted that reduced or low-fat milk is not considered appropriate for children up to the age of two⁴.
16. Furthermore, while the impact on tamariki is unknown, there is some evidence that added calcium can increase the risk of cardiovascular disease⁵. It is therefore recommended that added calcium is not included in the definition of healthy drinks.
17. It needs to be clear if "milk" refers to milk that comes from any animal, or just milk from cows.

Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a "lead-in" period be helpful to schools to transition to the new duty?

18. There are many schools across the country who have already opted in to be "water only" schools. However, the main perceived barrier to implementing this policy is a lack of community and/or family support.⁶

⁴ <https://www.healthed.govt.nz/resource/eating-healthy-babies-and-toddlersng%C4%81-kai-t%C5%8Dtika-m%C5%8D-te-hunga-k%C5%8Dhungahunga>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7910980/>

⁶ <https://www.rph.org.nz/resources/publications/the-water-only-status-of-wellington-schools.pdf>

19. If Regulations are introduced schools and services may need support from the Ministry of Education and/or Ministry of Health. Particularly with monitoring the policy and communication with their communities.

Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this?

20. NZEI Te Riu Roa believes that the current guidance is sufficient.

Circumstances where the duty will not apply

21. While the consultation document mentions the challenges in introducing this policy in secondary settings, it fails to acknowledge that there are similar issues faced by primary schools. For example, canteens in secondary schools and school discos in primary schools, are often used as fundraisers to pay for teacher aides and other essential resources that cannot be funded from the operations grant. These fundraising efforts are clearly a result of a lack of funding, particularly for the most vulnerable ākongā, across the sector. Therefore, NZEI Te Riu Roa supports the circumstances listed where, if a duty was imposed, that it would not apply.

Do you feel that the high-trust light-touch compliance approach is appropriate?

22. Given the myriad of expectations that schools and services face in addressing societal ills and the additional complications of Covid, it is appropriate that they are not burdened by further compliance measures. This means that a high-trust light-touch model is essential.

Final remarks

23. NZEI Te Riu Roa welcomes the opportunity to speak with the Ministry of Education about this submission.

9(2)(a)

9(2)(a)

2 June 2022

Ministry of Education consultation on proposed changes to the promotion and provision of healthy drinks in schools

June 2022

Fonterra Brands New Zealand Submission

Fonterra is a global dairy nutrition company, owned by over 9,000 farmers and their families and is one of the largest processors of milk in the world.

In New Zealand, Fonterra Brands New Zealand (FBNZ) operates 3 manufacturing sites employing approximately 1,250 people and processing approximately 340 million litres of milk annually.

FBNZ is a market leader in the consumer dairy segment with a portfolio of milk, yoghurt, cheese, butter, and spreads. Some of our consumer brands include Anchor™, Fresh n' Fruity™, Kapiti™, Mainland™, Perfect Italiano™ and Primo™.

We are also a proud partner of the KickStart Breakfast program, along with the Ministry of Social Development and Sanitarium. KickStart Breakfast supports more than 1300 schools across Aotearoa New Zealand to run a successful, sustainable breakfast club through the provision of Anchor™ milk and Sanitarium Weet-Bix™.

General Comments

FBNZ welcomes the opportunity to provide comments on the proposed changes to the promotion and provision of healthy drinks in schools.

We are committed to supporting the health of New Zealanders, by providing a variety of dairy options to meet the needs of consumers and encouraging individuals to meet their recommended serves of dairy each day in line with dietary guidelines. We support the promotion of increased consumption of everyday core foods and reduced consumption of discretionary foods that are nutrient poor, energy dense and high in added sugars.

If provision of healthy drinks is regulated in schools, FBNZ supports the inclusion of reduced or low-fat milk in the definition of "healthy drinks" in line with current dietary guidelines for healthy children and young people. We also support further consideration of other dairy beverage options.

Specific Consultation Questions

Question 1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

FBNZ is providing feedback as a key supplier of beverages to schools in New Zealand. We provide almost 800,000 L of milk to schools annually through the Kickstart breakfast program. FBNZ also sells milk and flavoured milk to suppliers of schools, as well as direct to schools.

Question 2: Do you agree with our view of the problem? If not, why not? What other problems, if any, do you think should be taken into consideration in assessing options?

Yes, FBNZ agree that high rates of obesity, poor oral health and diabetes are all significant issues in New Zealand including for children. Dietary intakes contribute significantly to each of these issues, either positively or negatively. Research shows that regular consumption of dairy can support good health outcomes such as lowering risk of type 2 diabetes, ischemic heart disease, myocardial infarction and metabolic syndrome when included as part of a healthy varied diet.¹

Currently New Zealand children under-consume dairy foods and a number also fail to meet their daily calcium recommendations. For example, the New Zealand National Children's Nutrition Survey² showed the prevalence of inadequate intake of calcium among New Zealand children was 15.1% which is particularly concerning. Milk has an important role to play in delivering this essential nutrient, supporting bone and muscle development as well as the maintenance of strong, healthy teeth. Therefore, any policies that may inadvertently limit or reduce milk intake through restriction of options risk exacerbating the existing calcium deficits in the diet.

Question 3: Are these the right objectives? Can you think of any others to add?

Yes, FBNZ believes the objectives are appropriate for the proposed new regulations.

Question 4: Are there any other options that you think should be considered?

According to the National Administration Guidelines provision 5(b), it is currently a requirement for schools to promote healthy food and nutrition for all students so a duty for this requirement is a continuation of the status quo. All three options provide for this. The key differences between the options are:

- Option 3 does not include any additional requirement around the provision of healthy drinks.
- Option 2 includes an additional requirement for all schools (primary and secondary) to only provide healthy drinks.
- Option 1 includes an additional requirement for schools with students in years 1-8 to only provide healthy drinks.

These three options outline the appropriate choices to consider for this proposal.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

FBNZ support the inclusion of reduced or low-fat milk within the definition of healthy drinks in schools. We would also support consideration of full-fat milk in the definition of healthy drinks.

Milk and milk products (including yoghurt and cheese) are one of the four major food groups within NZ dietary guidelines that make up a healthy, balanced diet. It is recommended that children and young people include at least 2-3 servings of milk and milk products each day. Both full-fat and low or reduced-fat cow's milk products are highly nutritious, containing protein, calcium, phosphorus, riboflavin and vitamin B12. Full-fat milk also has the added benefit of a natural source of Vitamin A. The current Australian Dietary Guidelines acknowledge that consuming dairy foods is linked to reduced risk of heart disease, stroke, colorectal cancer, metabolic syndrome, and type 2 diabetes, and is not linked to weight gain or obesity.³ These health benefits apply to both full-fat and reduced-fat varieties. The updated Australian Heart Foundation 2019 position statement acknowledges there is insufficient evidence to recommend low or reduced-fat over full fat dairy products for general population, thus recommend both full-fat and reduced fat dairy can be consumed as part of healthy eating plan.⁴ The unique nutrition bundle in cow's milk including

¹ Gil, Á. and Ortega, R.M., (2018). Introduction and Executive Summary of the Supplement, Role of Milk and Dairy Products in Health and Prevention of Noncommunicable Chronic Diseases: A Series of Systematic Reviews. *Advances in Nutrition*, 10(suppl_2), pp.S67-S73

² Ministry of Health. 2003. NZ Food NZ Children: Key results of the 2002 National Children's Nutrition Survey. Wellington: Ministry of Health.

³ National Health and Medical Research Council (2013) Australian Dietary Guidelines. Canberra: National Health and Medical Research Council.

⁴ Heart Foundation (2019) Dairy & Heart Healthy Eating: Dietary Position Statement. NHFA: Melbourne

protein, carbohydrates and electrolytes also makes it an effective choice to keep hydrated.⁵ In summary, it is positive to see the value of cow's milk in the diet is recognised with the inclusion of reduced or low-fat milk within the definition of healthy drinks in schools. We would also support consideration of full-fat milk in the definition to enable a wider range of cow's milk options in schools.

We support further consideration to “Flavoured milk, low or reduced fat” included under the definition of a healthy drink.

Additionally, access to nutrient-dense dairy beverages such as low-fat flavoured milk should also be considered, similar to school canteen criteria in Australia which recognises flavoured milk as part of the dairy food group alongside plain milk and in line with Australian Dietary Guidelines³. Low-fat flavoured milk naturally contains key nutrients including protein, calcium, phosphorus, riboflavin and vitamin B12. When flavoured milk is an available choice, studies have shown children are more likely to drink milk in general and meet key micronutrient intakes similar to that of plain milk drinkers⁶. Flavoured milk can act as an important vehicle for increasing consumption of the dairy food group, supporting New Zealand children to meet their recommended servings of dairy each day.

A study in the United States⁷ showed that removal of flavoured milk in schools resulted in a decline of 35% in overall milk consumption. A similar study in Canada⁸ showed that overall milk consumption decreased by 48 percent in a four-week period when flavoured milk was removed from schools. Not offering flavoured milk in New Zealand schools could further decrease dairy consumption, which would result in a decline in important nutrients which may be difficult to replace with other foods.^{9,10} Therefore, we support further consideration to “Flavoured milk, low or reduced fat” included under the definition of a healthy drink.

Studies in both Australia and the US have shown that consuming flavoured milk does not lead to weight gain or changes in BMI.^{11,12,13} A systematic review and meta-analysis found that for each additional serve of dairy food included in the diets of children, the risk of overweight and obesity is reduced by 13%.¹⁴ Milk (including flavoured milk) also contains teeth friendly nutrients such as calcium and phosphorus which provide protection against dental caries.^{15,16,17} While there are limited studies specifically in flavoured milk, the majority report no association between flavoured milk and dental caries.⁶

Taste is an important driver of consumption and a small amount of sugar and flavours added to nutrient-dense food like milk can help to increase consumption of the dairy food group. An example of a flavoured milk on the NZ market with minimal added sugar content is Anchor CalciYum flavoured milks. These 250mL portion-controlled packs contain reduced fat milk with only 5.8 g of added sugar which is equivalent to 1.5 teaspoons. The remaining sugar in the product is naturally occurring sugar from milk called lactose. The minimal added sugar content is reflected in an overall Health Star Rating of 4.5 stars.

We would recommend that unsweetened reduced or low-fat plant-based “milks” are referred to as plant-based beverages.

We note the inclusion of unsweetened reduced or low-fat plant-based beverages (e.g. soy, rice, almond, oat) with added calcium and vitamin B12 in the definition of healthy drinks. We consider the term beverage

⁵ Shirreffs, S., Watson, P., & Maughan, R. (2007). Milk as an effective post-exercise rehydration drink. *British Journal of Nutrition*, 98(1), 173-180. doi:10.1017/S0007114507695543

⁶ Fayet-Moore F. Effect of flavored milk vs plain milk on total milk intake and nutrient provision in children. *Nutr Rev.* 2015;74(1):1-17

⁷ Quann, E. and Adams, D., 2013. Impact on Milk Consumption and Nutrient Intakes From Eliminating Flavored Milk in Elementary Schools. *Nutrition Today*, 48(3), pp. 127-134.

⁸ Henry, C., Whiting, S., Phillips, T., Finch, S., Zello, G. and Vatanparast, H., 2015. Impact of the removal of chocolate milk from school milk programs for children in Saskatoon, Canada. *Applied Physiology, Nutrition, and Metabolism*, 40(3), pp.245-250.

⁹ Fulgoni, V. L., Keast, D. R., Auestad, N. & Quann, E. E., 2011. Nutrients from dairy foods are difficult to replace in diets of Americans: Food pattern modeling and an analyses of the National Health and Nutrition Examination Survey 2003-2006. *Nutrition Research*, 31(10), pp. 759-765.

¹⁰ Gao, X., Wilde, P., Lichtenstein, A. H. & Tucker, K. L., 2006. Meeting adequate intake for dietary calcium without dairy foods in adolescents aged 9 to 18 years (National health and nutrition examination survey 2001-2002). *Journal of the American Dietetic Association*, 106(11), pp. 1759-1765

¹¹ Fayet F, Ridges LA, Wright JK, Petocz P. Australian children who drink milk (plain or flavored) have higher milk and micronutrient intakes but similar body mass index to those who do not drink milk. *Nutr Res.* 2013;33(2):95-102

¹² Murphy MM, Douglass JS, Johnson RK, Spence LA. Drinking flavored or plain milk is positively associated with nutrient intake and is not associated with adverse effects on weight status in US children and adolescents. *J Am Diet Assoc.* 2008;108(4):631-9.

¹³ Murphy MM, Douglass JS, Johnson RK, Spence LA. Drinking flavored or plain milk is positively associated with nutrient intake and is not associated with adverse effects on weight status in US children and adolescents. *J Am Diet Assoc.* 2008;108(4):631-9.

¹⁴ Lu L, Xun P, Wan Y, He K, Cai W. Long-term association between dairy consumption and risk of childhood obesity: a systematic review and meta-analysis of prospective cohort studies. *Eur J Clin Nutr.* 2016;70(4):414-23.

¹⁵ Richards D. Impact of diet on tooth erosion. *Evid Based Dent.* 2016;17(2):40.

¹⁶ Dror DK, Allen L. Dairy product intake in children and adolescents in developed countries: trends, nutritional contribution, and a review of association with health outcomes. *Nutr Rev.* 2014;72(2):68-81.

¹⁷ Moynihan P. Foods and factors that protect against dental caries. *Nutr Bull.* 2000;25(4):281-6.

may be a more appropriate product description for these products to avoid confusion that these beverages are nutritionally equivalent to cow's milk. Cow's milk is a natural source of high-quality protein and essential nutrients such as B vitamins, calcium, phosphorus and potassium. Cow's milk also has good protein and calcium bioavailability which means its easier for our bodies to absorb these nutrients compared to other foods¹⁸ and its consumption is associated with substantiated long term health benefits. In contrast, some plant-based beverages contain significantly less protein and key nutrients compared to cow's milk. For these reasons, we would recommend that unsweetened reduced or low-fat plant-based "milks" are referred to as plant-based beverages to highlight their different nutritional profile to cow's milk, avoid inference these products are equivalent to cow's milk and to align with the terminology used to describe these beverages in Schedule 9 of the Food Standards Code.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty? If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

N/A

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

N/A

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Yes, the current guidance to promote healthy food and nutrition should be replaced with regulations requiring school boards to continue doing this. This will ensure it remains a priority for schools to educate our children and young people around healthy nutrition and model healthy behaviours from an early age.

Question 9: What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

From a supplier's perspective, we would also like to highlight circumstances where due to unforeseen scenarios we are unable to provide our regular orders to schools. For example, at the beginning of the COVID-19 pandemic we saw an unprecedented jump in demand for Anchor UHT Lite Milk which resulted in stock shortages of this product. As a back-up option, we were able to provide schools with Anchor UHT Blue Milk as this product has an adequate volume of stock on hand. If the new definition of healthy drinks is enforced in this circumstance, then Anchor UHT Blue (as a full-fat milk) would not be acceptable as an alternative for schools. We would not have enough Anchor UHT Trim stock on hand to meet the demand of schools which means we would not be able to fulfil their orders if this was the only suitable alternative to meet the definition of a healthy drink.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Yes, this is an appropriate form of enforcement for these regulations given many school boards are already implementing such policies.

¹⁸ FAO. 2013. Milk and dairy products in human nutrition <http://www.fao.org/3/i3396e/i3396e.pdf>

Healthy Food and Drink in Schools

To: Ministry of Education

We call on the government to make all New Zealand schools (primary and secondary) and Kura Kaupapa Māori sugary drink free and to only supply healthy food.

The government has proposed changes to the promotion and provision of healthy drinks in schools and has provided 3 options, none of which address the food provided in schools and only one of which suggests including secondary schools in the supply of healthy drinks.

We, the undersigned, request that:

1/ All schools provide a healthy food environment that encourages healthy eating and supports the health, well-being and learning abilities of children and young people in their care.

2/ The existing Nutrition guidelines for schools are replaced with a regulation that all schools and Kura Kaupapa Māori supply healthy, nutritious food, and a duty on all schools (primary and secondary) to only provide healthy drinks and food.

We are seeking your support for this petition which will also be delivered as part of a collective submission to ensure that the government goes further than their proposed changes and makes all New Zealand schools and Kura Kaupapa Māori sugary drink free.

We also welcome you to make your own submission. The closing date for submissions is June 2 2022. Find out more about making a submission and read more about the proposed changes here: <https://www.openforumforhealthinformation.com/nz-schools-consultation>

Why is this important?

We believe that every child and young person in New Zealand deserves the best start to life and what they eat and drink is vital for optimal physical and mental health.

Research in New Zealand has highlighted 'free sugars' as contributing significantly to high rates of poor physical health, poor oral health, diabetes and other health-related diseases.[1] The consumption of free sugars in sugar sweetened beverages contributes to 26% of the total sugar intake of children.[2] Studies conducted by the Environmental Health Indicators New Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand.

But sugary drinks are not the only problem. The food our children eat also needs to be healthy and nourishing. Research has demonstrated that children who eat healthy food are better behaved and better able to concentrate in class and learn.[3] Education is key to improving health outcomes in our community and schools need to lead the way. Promoting healthy food and then selling unhealthy food in our school canteens does not make sense. We already have Healthy Food Guidelines, Schools need to be given the duty and support to implement them. [4]

For more information, please contact:

9(2)(a)

openforumforhealthinformation@gmail.com

<https://www.openforumforhealthinformation.com/nz-schools-consultation>

[1] Free sugars are defined by the World Health Organisation as monosaccharides and disaccharides added to food by both the manufacturer and consumer, including sugars naturally present in honey, syrups, and fruit juice.

[2] Sundborn et al, "New Zealand's growing thirst for a sugar-sweetened beverage tax", New Zealand Medical Journal, 2015.

[3] Rucklidge and Kaplan, "The Better Brain, How Nutrition Will Help You Overcome Anxiety, Depression, ADHD and Stress, Vermillion, 2021

[4] 20210927-Nutrition-Guidance-Formatted-FINAL.pdf (education.govt.nz)

The petition, alongside the collective submission, will be delivered to the Ministry of Education during the consultation period.

Signed by 1,117 people:

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
			x
		Healthy food in schools is a no brainer	
			x
			x
		Schools need to role model and reiterate ways for people to be healthy and make healthy choices.	
		If govt. Would remove GST off healthy food this would make it even more attractive	x
			x

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

Sugary drinks are not good dental-wise nor physically.

Food also contains sugar and to produce happy relaxed learners they need an all round hood balanced diet

There is plenty of evidence to suggest that a healthy diet supports healthy brain development and attention span ability. A wealthy society is an educated society and we are doing the population of NZ a disservice if we are not giving our kids the best possible shot at early education.

x

All schools should provide healthy homemade food from a onsite kitchen.

As long as the schools keep serving very cheap unhealthy pies the governments work is not done

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		Schools should be able to offer water fountains, free fruits, propose bread backing sessions	x
			x
			These kids need to have the sustenance to see them through that afternoon crash.
		All school should promote good nutrition - not sugary drinks.	x
		As a health professional I reusr that 'healthy' can be complicated and sometimes subjective. However sugary drinks are a known contributor to poor dental hygiene, excessive sugar and the behavioral/ emotional/ learning sequelae from consumption. Long term effects can occur from poor nutrition choices now, let's inspire better by adhering to healthy guidelines.	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		It's not just too much sugar in these drinks. Artificial colours and preservatives will interfere negatively with concentration and compliance in the classroom. Oral health will be severely compromised and learning reduced to an absolute minimum along with classroom disruption.d.	x
		Healthy food is super important foundation for children's growth and wellbeing.	x
		It only makes sense to offer healthy options to our children	
		Home is the first place kids learn about food and what helps their bodies thrive. If they learn different messages at school, that does not set them up for their relationship with food.	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		We need ALL schools, including high schools, to be part of the new regulations. Sugar does not distinguish the difference between a 10 yr old and a 15 yr old in terms of the damage that it does to their teeth!	x
		x	
		x	
		x	
		x	
		x	
		x	
The government never goes far enough because they are financially beholden to industries like food manufacturers whose only motivation is profit, not the healthful nourishment of our children. So many studies have shown the longitudinal detrimental effects of sugar laden, refined carb, low nutrient dense foods has on a child's behavior and ability to learn.		x	
	x		
	x		
	x		
I can't go to the school canteen and order a piece of fruit or vegetable, instead I am given the options or	x		

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		This is so long overdue. There is a mismatch between what our brains need and what is delivered by our current ultra processed food environment. These toxins don't belong in schools..	
			x
		Food is fuel for the body and brain - good & bad choices have a major impact.	x
		Food is an important part of a healthy mind and body.	x
			x
			x
		We need to encourage healthy eating and not obesity	x
		2 p 78. I ,	
			x
		I am a naturopath and mother. I KNOW food effects behaviour and learning at school and at home.	
		in UK i hope our government puts nutrition first in schools and colleges	
			x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Agree need to ban all fizzy drinks and high sugar treats.	
			x
		Many children have far too much processed food. If money is spent on food it should be real food, whole food for the children of New Zealand.	x
		Healthy gut, healthy brain. These kids are our future. Make better choices for them.	
		We need to get off the sugar and shit train and start feeding affordable unprocessed quality food	x
			x
		processed food make children more prone to physical and psychological disease. It lowers cognitive functions and it makes children more vulnerable for addiction. 9(2)(a) [redacted], a clinical psychologist from Belgium	
			x

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

We are not teaching how to grow food, where food comes from, how to grow cook and enjoy food

x

x

x

I will make a submission - I am a clinical psychologist who uses nutrition with clients.

Obesity and tooth decay are a massive problem!

Obesity we are amongst the highest in oecd. Children need regulated blood sugars and nutrient dense to thrive.

x

In the cafeteria at my school, unhealthy food such as chips, pies and many soft drinks are quite cheap whereas the salads are much more expensive.

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		I'm am sick with the governments idea of health!	x
			x
		We should be following the WHO guidelines on daily added sugar intake for adults and children. Any purchased sugary drinks have well over the recommended daily added sugar for children.	
			x
		There has been enough quality research showing junk food is a disaster for all but particularly children to make it untenable to allow anything but healthy food in schools	
		Highly processed goods should not be the norm, nor readily available at schools/ kura.	
		There isn't a wide understanding of how nutrition and what goes into your mouth directly affects the brain	x
			x
			x

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

Some families have chosen the easiest options for their kids meals over healthy foods. May be financially or effort insufficient.

x

Children need to be educated about healthy food choices and encouraged to choose them.

x

There is so much evidence now that ultra-processed foods cause harm to our health. Children should be eating a diet that meets the recommended guidelines provided by the Ministry of health wherever possible, to prevent long-term the harm that ultra-processed diets cause. This is not just a "nice to have", this is a "must have" for our future generations.

x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		We have a responsibility to give our kids brains all the help they can get for learning.	x
		We need to normalise eating nutritious food - having unhealthy sugary foods in schools normalises this food as an every day thing, The every day thing should be the thing that helps us grow stronger and healthier every day, not the thing that makes most profit while decaying teeth and contributing to obesity.	x
		Good nutrition is of fundamental importance to children's wellbeing and thus capacity for learning.	
			Children need all the help they can to thrive in life and in learning. Nutritional food needs to be included in a wholistic part of this. Processed sugary food do NOT need to be available. Stop the high sugar food and let's start having action about what is real food.
		Schools are not practicing what they are teaching and a not a place for 'treat foods' a treat has become synonymous with unhealthy food. I fought hard for rubbish to be removed from my sons school canteen	
		The school my son has just left , 9(2)(a) , had minimal healthy food for sale . They had a tuck shop with ups , chippies chocolate fizzy drink etc . Hopeless. I see obesity rising each year that I've been aGP . A good starting point to reduce this is at school	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Mental and physical health is a priority, achieving that means eating the right healthy fuel!	x
		We need to protect young children from ultra processed foods becoming a normal part of their diet at such a young age. For the better development of their body and brain, it is important to make sure we support healthy environments for our youth	
		If the Gov is proposing some restrictions it should go the full way and only allow healthy drinks and healthy food.	
		The connects between food and food, food and behavior, food and focus are becoming clearer and clearer. It is also known that environments that support healthy habits and behaviours lead to better outcomes for those involved. Healthy diet does not come down to just personal responsibility, but collective responsibility. Normalising easy access to the types of foods available in many schools is not supporting the wellbeing and educational outcomes of students.	
			x
	Remove more ultra processed food such as chips		

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Healthy examples and choices are important	x
		We need to do better for our tamariki.	
The link between mental health and what we eat is glaringly obvious, yet we continue to provide highly processed foods to our children at school and in canteens. There is a very high chance that this is contributing to our high youth suicide rate.	x		
ALL evidence suggests it has multiple negative impacts. It is possible to have tasty and healthy food. Healthy for body, mind and future.	x		
	x		

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

The market has shown it wont protect our kids, thats why ww m

Our kids are given sugar and lollies as rewards at school.

x

It is a no-brainer: give children real food to eat, high in vitamins and minerals, low in access energy -> optimally supporting growing bodies and growing brains!

x

Food should be good for you.

There is scientific prove that processed food is damaging our (brain) health. Why would you put children, with developing bodies and brains at risk? Everything starts with education. Educate children about a healthy

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>As a mother of three with one child with multiple mental health disorders, i feel that schools absolutely must provide a good example, just like at home. Healthy food is an absolute must for good mental health. it's time to make some decent changes.</p>	
		<p>If we are serious about addressing mental health issues and avert the imminent tsunami of type 2 diabetes, obesity and all the associated health problems, we need to start with child health.</p>	x
		<p>Does not take into account how diet is proven to affect mood and contribute to mental and physical health of our tamariki.</p>	x
		<p>We are not educating our young well enough on food and nutrition and the affects our food choices theyhave</p>	
			x
			x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>It is said that it takes a village to raise a child. Already there is a huge lack of nutrition education in our schools with the decline in Home Economic teacher training. So we must look to the government to set standards throughout the whole of a child's lifetime at school that demonstrates to that child, in a consistent way what that healthy diet should look like. This is not the time for flip flopping policy affecting nutrition in NZ.. This government needs to set and teach a healthy food and drink standard if we are to grow healthy children into healthy adults make a healthy workforce and reduce our miserable stats for obesity, diabetes, declining oral and mental health.</p>	
		I'd like to see this change because it is fundamental!	x
		Governments are letting down the people, policy is far behind the science!	x
		There is an obesity crisis in NZ so it is critical that only healthy foods are available	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>Processed foods are low in nutrition, this is causing our obesity issues as well as many other illness including mental health. Our immune systems are inflamed and our brains are starving on processed foods. Support local home grown food. Teach gardening and cooking in schools.</p>	
		<p>It still allows unhealthy food in. The amount of kids I see with silver crowns is astounding</p>	x
		<p>The School environment is one place that we can have some control over what our young people eat and drink. For the future health of our Nation something needs to change.</p>	x
			x
		<p>Our young people are the future leaders, they need every opportunity to grow & thrive, healthy food is essential, especially in the current climate where sugar & low nutrient food is often cheaper than a healthy alternative.</p>	x
			x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		Sugary drinks are the devil. There's nothing more poisonous you could feed a child or any being. Sugar is poison. End of.	x
			x
		No care is given to what kids eat in schools	x
		Schools need help in the way of rules and regs to only serve healthy food and drinks. This is long overdue. We need to provide a healthier environment and healthier options for our tamariki.	x
		The role of diet in mental state and concentration is critical and needs to be reflected at a policy level to help schools deliver their objectives. And immunity is ever more important in times predicted to bring more viruses. The next generation need to know how to look after themselves and food habits/ the gut micro biome both start young. ,	x
		this opportunity to improve school food cannot be missed	x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		Habitual junk food eating from an early age is ruining health outcomes, quality of life and a huge cost to the health care sector.	
		Less people getting sick less people going to hospital less mental health problems	x
			x
		We watch Secondary school students start in year 9 as fit and healthy young men. We then see many of our young men leave obese and unhealthy. We need to educate young people better.	x
		Research shows that children who eat healthy food are better able to learn	
			x
		I believe the only options that we should offer our children in a school setting are healthy food options.	x
Schools should be sugar free drink environments. Making it only 'healthy' food is probably not going to be helpful. some of our students will just leave school and go to the shops/diner which is unsafe as a consequence.	x		
Schools (including high schools!) must be healthy environments that support the development of lifelong healthy habits and preferences. Children who eat well, learn well and feel happier!			

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			x
		All schools would be better being water only and having healthy food available	
		Providing a healthy food environment for our children at school should be a priority. Huge amounts of money are put into unhealthy advertising that targets our children and adolescents, making it incredibly difficult for them to choose the healthier options. Unhealthy foods that are high in fat, sugar and or salt are addictive, and do not supply our children with the right fuel to learn and thrive at school. Why do we allow these types of foods in our school when they are having a detrimental effect on the health of our children.	x
		As well as drinks, we need to use this opportunity to address food in schools. And this includes high schools! All NZ children deserve the right to learn and grow up in a environment that promotes health.	x
		All tamariki should be provided with healthy kai and drink options in order to see improved health and wellbeing outcomes both long and short term	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>What children put in their bellies affects them holistically in their learning it is also building habits to healthy eating for their future. Healthy food and healthy food habits is crucial for a healthier future.</p>	x
		<p>No processed food or automatic dispensers in schools</p>	
		<p>Every ākongā should be able to have access to nutritious food. For some, school may be the only place for them to have education and access to it.</p>	x
		<p>This needs to be regulated and controlled across primary and secondary schools.</p>	
		<p>For some students this is the only healthy option they can access and try to teach students full of sugar is an absolute nightmare for everyone!</p>	x
		<p>Unfortunately, schools need to have regulations to tell them that they have to do the right thing. We educate as teachers then they go to the canteen and buy rubbish. I'm sure most parents would be horrified by the lack of actual food in many canteens. It shouldn't be about making money as long as costs are covered. It's their health that matters most.</p>	x
			x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		Children need nothing other than fresh vegetables, fruit in water. Feed the body, fuel the mind.	x
			x
		Better health and wellbeing starts with our children. Pleas lets not be th eambulance at the bottom of the hill. Start where it matters provide best healthy options for our tamariki.	x
		Sugary drinks should not be available in any school especially College.	
		a tuck shop with heathy food and drink is integral ipart of our Tamariki"s wellbeing. Healthy young people learn better.	
		Lunches in School is a great start but we need to have stronger guidelines around the number of fast foods available in our neighbourhoods. Lower socio-economic areas have more fried food outlets than leafy suburbs. All schools should be 'water only' zones.	x
		AS part of our wellbeing and the Te Whare Tapa Wha pedagogy, we feel it is extremely important to promote healthy eating and drinking (e.g. water) in schools for sustainable healthy initiatives, cognitive growth and concentration in schools.	x
		There is no requirement at present only a reccommendation.	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		Identifying healthy, affordable food options is a vital lesson for all tamariki. Given our record of poor diet and health conditions, we need to be proactive, not reactive.	
		Our children deserve a quality education that recognises the benefits of healthy food and beverages. We can do better than what we are currently doing.	
		School should only supply water that is sugar free and healthy hot foods like they do in Europe, Scandinavia, Russia, China, Japan. Learn from those countries how to keep kids healthy and focused.	x
		healthy food and drinks for our kids should be the bare minimum.	x
		Healthy kai is so much more expensive than other kai, we need to think about whānau who can't afford the healthy kai and are just managing to give their tamariki kai in the first instance.	x
		Should extend to ALL schools	x

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

Sugar laden drinks are a clear risk factor for good health - research clearly highlights the negative health impacts for our children. Policies such as 'sugar free' and 'water is the best drink' support schools and kura in providing a supportive environment that enables better choices for our children. Many schools have adopted such policies and those steps should not be undermined by a shift in thinking from the government.

Schools are a government facility and should always be promoting and providing healthy foods. Alot of the foods provided are tasteless and cold so maybe some tweaking is needed. But the healthy eating in schools should be across all levels of education not just according to decile. Healthy food in schools especially tux shops in collages/high school should be mandatory.

High Schools must be included.

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		This has to include foods without a doubt! The food children are consuming these days lacks sufficient nutrients to help them grow and develop. How can we be expecting children to function normally let alone at a high level and concentrate if their diet consists of high sugars and fats. Food should have been the first on the list at Primary Schools. It is imperative that food is at the top of the list.	x
		It needs to be a regulation, healthy food, happy kids	x
		No brainer! Cant afford the dentist? Eat healthy food. Xugar is not in any of the food groups!	x
			x
			x
		Kids deserve better nutrition	
			x
		Children can't think straight with empty foods devoid of nutrition in their tummies	
		x	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Schools are obligated to teach students to create positive outcomes. Surely, promoting positive behaviour in eating should happen in all schools and should be regulated.	x
		I see the caries and obesity and poor mental health in my practice, as a gp	x
			x
		Sugar drinks completely unnecessary and have no nutritional value. Increasing child obesity needs to be addressed	x
		I am tired of teaching Food and Nutrition health enhancing practices in my classroom and the students open the door at the end of the lesson and the school does not support me by allowing students to purchase the drinks that we have just been learning about. Double standards!	x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		As a health professional I see the burden unhealthy food and drinks has on our society. A lot is being done in schools to educate children around this but then it is not modelled with what they have access to through the school system. For some, home life does not offer healthy options and school maybe their only opportunity. This not only helps them but has the potential for legacy by them supporting their own Whanau or future generations.	x
		All children are important and should be encouraged to eat healthily so should all be affected by this push for healthy eating	
		It's so important to get this right and protected our tamariki	
			x
		Current levels of childhood obesity and dental caries, with a predominance in Māori/Pasifika, mandate the most radical environmental modifications we can make. Advertising, and positioning of available sugary drink purchase opportunities needs urgent restriction.	x
		Healthy food is essential to the success of our tamariki. It needs to be mandatory, not guidance, and funded to ensure equity across schools.	x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			x
		We need to make sure all children in all schools have access to healthy food as well as healthy drinks. This will make sure they can learn properly and grow up strong and wise.	x
		Look at our childhood obesity and diabetes rates in Aotearoa! This is simply not good enough for our tamariki and the next generation.	
		We need to consume less sugar, it's addictive and bad for all aspects of health, both physically and mentally	x
		Healthy food and drink in Schools is Long Overdue. Do it now!	x
			x
		To tackle New Zealand's obesity epidemic we need to keep obesogenic foods out of schools and encourage the formation of healthy eating and drinking habits for our rangatahi and tamariki	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
			x
		Unhealthy food should not be allowed to be bought in schools as the environment shapes choices we make and the environment needs to be created to encourage healthy choices. Having availability of an unhealthy and unnecessary option is creating changes for poor choices with long term health implications through habit creation at a young age	
			x
		A healthy breakfast will help all children to thrive throughout the day.	
		Because unhealthy sugary foods cause sugar crashes in classrooms which makes it hard for students to concentrate	x
		The cost of healthy food is so expensive and many whānau are struggling with the high cost of living in NZ at the moment so the very least we can do for our tamariki is to give them healthy and nutritional food whilst they are at school.	x

Name	Postcode		Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)				
	Not only in schools, but sports in NZ is sponsored by Mac Donald's and Mulo, to name a few. Ridiculous!		x	
			x	
	All children in both primary and secondary must have access to healthy food and drink by right. In school is the best way to achieve this.			

Privately Released

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

I have worked in secondary schools over the last 14 years and am always saddened when they are NO healthy snacks in the school canteen/tuck shop. Despite the expectation that providers will run these outfits with at least some healthy food, this is not the case. I have even heard one principal express, "people think we should be feeding these kids healthy food, but I'm telling you, they won't buy broccoli. So we just do hot chips, pies and that sort of thing." I think it's important that in line with the Lunches in Schools program, canteen providers should also be bound to healthy choices.

healthy food initiatives for young people is a public health issue .it needs to government led and wide reaching. If not powerfully resourced then marketing by food suppliers is profit driven making children teens and their parents vulnerable to make poor decisions ,

Food is our children's foundation for a life of good health and habits. Education is not just what happens in the classroom but what environment we create for our children to grow in and what food we teach them to eat, these lessons need to be well thought out. Steering them in the direction where they are able to flourish needs to be the goal we ALL work towards. Each action has a reaction, it's time now to choose wisely

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		College canteen food is very bad quality. That really is reason enough	x
			x
		Food effects my mood says it all. As a teacher and a parent I support this %100	x
		It is important for young people to develop healthy food habits	x
			x
			x
			x

Privately Released

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Kids have lives to lead and trust us to not poison them with food full of chemicals and sugar which will shorten their lives and cause attention deficit disorders etc.It is actually a crime against humanity to feed kids food which is more about making money than giving them healthy food.	x
			x
		Let's break the fast-food/sugary pop cycle which is so detrimental to our children's health and to their lifelong nutrition habits.	
		It is wonderful so many tamariki are now getting free lunches at school, but I'm concerned about the quality of the kai they're given. As a busy parent of 4 I'd like to know they only have access to healthy, nutritious food at school, to support what we provide at home.	x
		Junk food should not be allowed in schools.	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		We have to confront the obesity problem and if we can get children into healthy habits from the get go it will stay with them for life. We owe them this!	x
		I am amazed that we can have tax on tobacco, alcohol, a significant response to Covid but no policy on sugar and products containing them. Our statistics around sugar consumption are deplorable and the consequences affect individuals, whnau, communities and our ealth system adversely.	
			x
		All tamariki deserve access to healthy kai no matter their family's income, status, ethnicity or background.	
			x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>Obesity is a major health problem which generates other health problems. Food available at school should be part of children's education about what is healthy. If not it sends the wrong message as well as making children ill. I am trained as a NZRN as well as a teacher so very aware of this. 9(2)(a)</p>	
		<p>Politics is a balance; do the right thing and you're out of Govt., big business's huge donations to National along with tax vote bribes are what really drives Govt. in NZ. Meet reality v. good intent.</p>	
		<p>Sugary food needs to be a rare treat as opposed to a staple and should not be readily available in schools..</p>	
		<p>Healthy food is necessary for learning</p>	
		<p>The long term benefits to the students and to NZ health hangs on students having healthy food and drink available at schools. Mandate it please</p>	x
		<p>I totally support the banning of sugary drinks in schools. This is not nanny state, it's helping our young people to grow up healthy and strong. of banning sugary</p>	

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

x

x

x

x

Privately Released

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Evidence shows how important it is to model healthy food choices and provide health promoting environments, particularly in schools	
		Healthy people is the best we can do.	
		My career as Rg Nurse and Health Educator tell me that this so obvious it should not even need to be discussed . The evidence is there.	
			x
	On a journey to most urban schools children pass at least 25 adverts for foods and drinks containing copious amounts of sugar. We only have to look at the statistics that more children are becoming obese or diabetes which lead to other health concerns as they go into adulthood. We need the be teaching good foods choices.	x	
	In the area of schooling our young people, surely education		

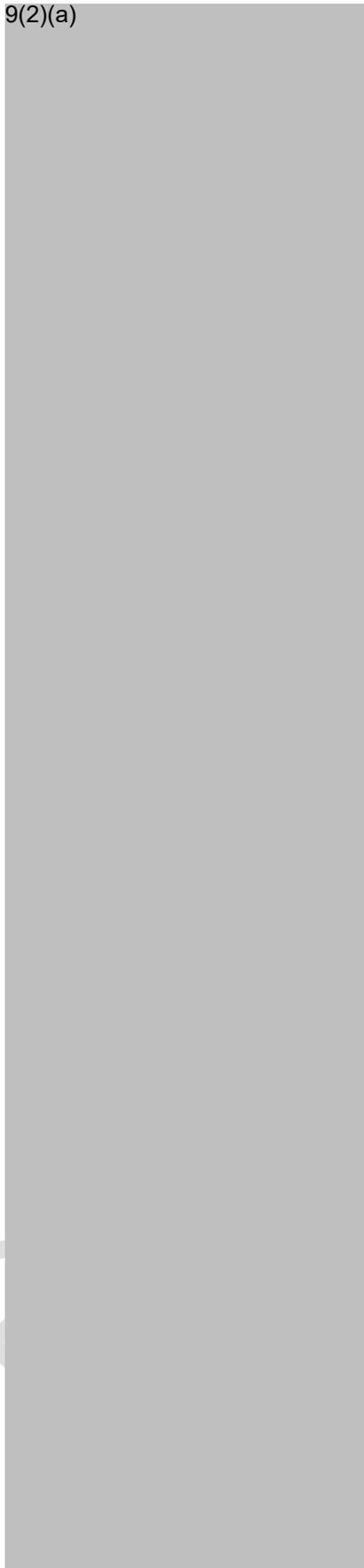
Name

Postcode

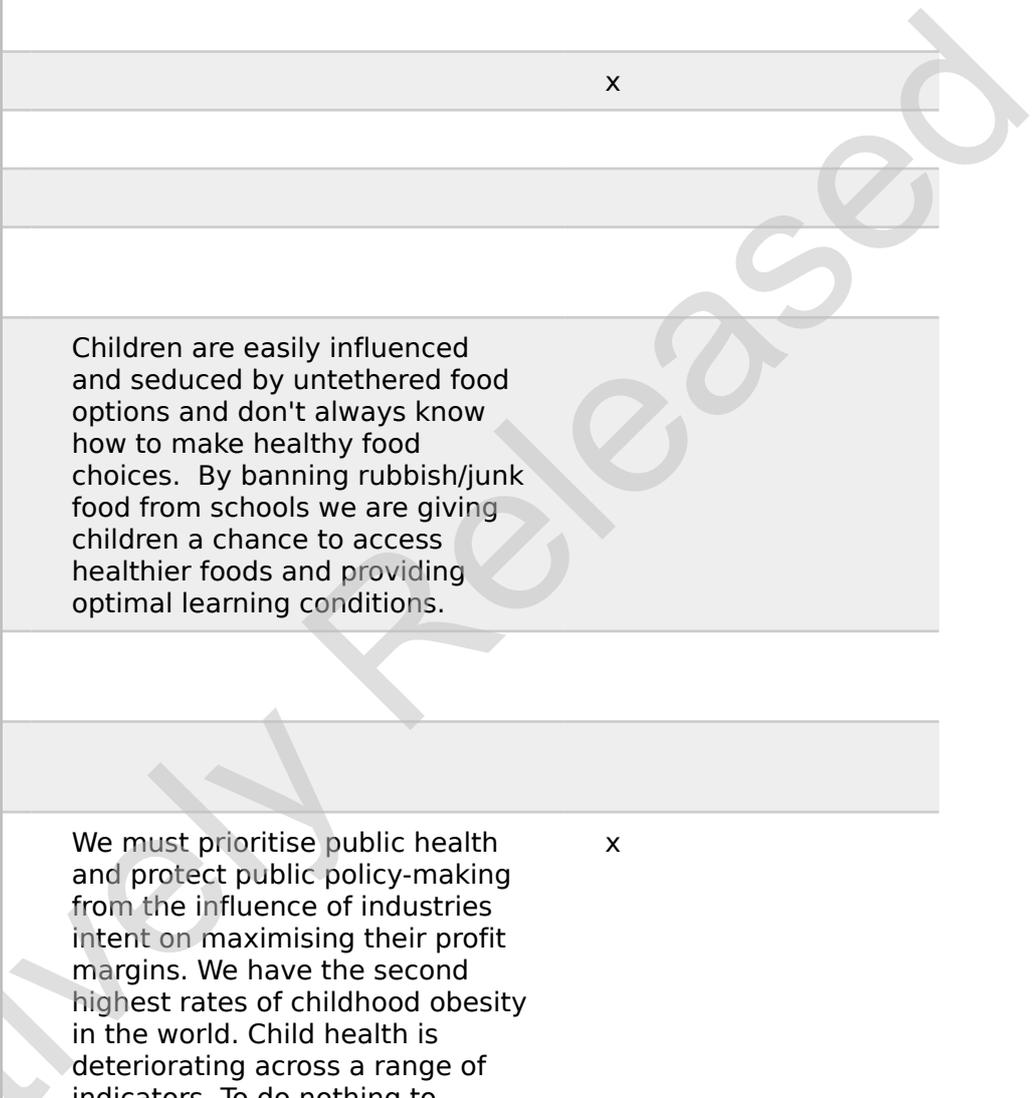
Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)



			x
		Children are easily influenced and seduced by untethered food options and don't always know how to make healthy food choices. By banning rubbish/junk food from schools we are giving children a chance to access healthier foods and providing optimal learning conditions.	
		We must prioritise public health and protect public policy-making from the influence of industries intent on maximising their profit margins. We have the second highest rates of childhood obesity in the world. Child health is deteriorating across a range of indicators. To do nothing to address this at a national level is negligent.	x



Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

We know of the dire effects of poor diet and the long-term costs not to just the individual but also to society. Please act in a meaningful way to help reduce the health risks.

x

Children can learn healthy eating during break times as well as in the classroom.

x

As a grandmother whose mokopuna eat healthily at home I feel let down by the availability of sugary high calorie/low nutritional foods at school. Healthy nutrition is surely a bottom line for children in Aotearoa. To see the education system supporting something unhealthy is to see my whanau efforts undermined and others disadvantaged by the very system theoretically focussed on the good of our tamariki.

x

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

x

Healthy food equals healthy mind and body. Nourish them mentally, physically and spiritually. Stop poisoning our young ones with processed foods and insecticide covered foods.

x

So very important because what we put into little mouths is directly what feeds little brains :)

Name	Postcode		Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			Any artificial chemical in foods is potentially a source of ill health in the long term.	
			It's about equity. Ensuring all children get what they need to function alongside those more advantaged in our society.	x
			Obesity is a pandemic and contributes to the health inequities we see	x
			The early years are vital for health and development. Food is at the heart of this issue!!!	
				x
		School food is often the only good food that some children will get,	x	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Healthy food for youngsters will prove a benefit in their later years..	
			x
		There needs to be boundaries around what foods can and can't be served in school canteens otherwise often only the cheapest and most processed foods are served.	
		What message is it giving our kids if we stop providing healthy and non sugary drinks?	
		Healthy food helps nurture a healthy body and mind.	
	Teaching healthy eating & then providing unhealthy food makes no sense whatsoever	x	
	Young people need a good diet in order to be fit and healthy and able to learn.		

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission	
9(2)(a)		We can't rely on parents to do the right thing so we must make sure schools are for the 8 hours kids are in their care.	x	
			x	
			Far too many kids are having their health compromised by manufacturers of unhealthy foods especially those high in fat, sugar and salt. Without adults advocating for them many of these children end up with compromised health at a very young age eg rotting teeth, obesity problems etc. Schools should be at least one place where healthy food and drink is offered as well as the education that goes with it!	
			It doesn't include food provided by schools and only one includes secondary schools.	x
			x	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
			x
			x
		It was bad enough when I was in high school about 20 plus years ago. This needs to change and move with the times!!	x
		<p>- There is a need to provide better oral health services to our communities. Increase the wages of Dental Therapists and supported staff to that of the private sector. A need to increase the knowledge to families/whanau, giving them a voice re nutrition/food in relation to their children. Healthy foods and nutrition, I don't believe ever worked. Even that the requirements under NAGs 5b to promote healthy eating and food has ever worked. PARAMOUNT my view, More promotion and education for school staff, families/whanau about healthy nutrition - foods and drinks, healthy oral health and why? Policies in every school compulsory - Water Only policies and Sugary free food policies. Availability of fresh fruit and Vegetables at an affordable cost in supermarkets, dairies,, fruit and vege shops. Consideration re the Determinants of Health. Further consultation with families/whanau</p>	x

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

Healthy, fed children learn better.

Fed kids are happy kids. Sugary and unhealthy foods do not feed kids.

x

it's a no brainer.

As a kiwi I am embarrassed at the poor state of health, particularly mental health of our kids and I know this is closely linked to over consumption of unhealthy foods. It is something that can be fixed and must be please.

x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			x
		Providing unhealthy food is abusive. It causes all sorts of damage but certainly doesn't facilitate learning.	x
			x
		We want to instill life long good habit's	
			x
		All children should have healthy food available	x
I also support kidscan, a great initiative that struggles to support all new schools hoping to be added to the long list of schools currently supported			

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		We have a nation with appalling teeth, less sugar would improve that, also adult health is often dependent on good nutrition in early life	
		As a doctor I see the terrible effects of unhealthy food in kids. 5-year old children weighing more than me! And in adulthood dental problems, diabetes, heart disease. This is the chance to set a good example! Allowing unhealthy foods in schools is hypocritical at best and dangerous for many.	
		Children need to eat healthy and nourishing food to grow into functioning, successful adults.	x
		Sugary drinks cause tooth decay and promote obesity.	x
	It needs to take priority and funded properly	x	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		Children are totally influenced by everything that happens in the school environment. It's a no-brainer that schools should only provide healthy food and drink!	x
		Food is medicine	x
			x
		It is nowhere on near comprehensive enough	
		It is a good idea to teach children about healthy food options, by serving only those at schools. They already eat too much unhealthy food and are often overweight. Do not add to that problem.	x
		For many years it has been important this be done. Th elonger we dally the bigger the problems.	
			x
			x

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

The country's Health system is already under pressure and will continue to be. We should be thinking in terms of being proactive and dealing with issues before they appear in our health system. I can't see why this so hard.

x

There are so many reasons to provide healthy food in schools and zero reasons to offer unhealthy food. Let's look after our kids!!!

If the food supplied is not healthy stuff then just cutting sugary drinks won't achieve what is needed.

x

Public health measures have steered us through the Covid pandemic. Measures such as requested in this petition are another building block to good public health- with the accent fair

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>It is obvious if children are not properly nourished they cannot learn and we are doomed to continue to continue with disadvantaged and resentful youths. They will provide the recruits for the next generation of ram raiders , dairy and liquor store robbers.</p>	
		<p>The health of our school students of all ages should be protected by providing healthy food and drink options whenever opportunity arises. School is the ideal opportunity. It should be a complete learning environment where availability of good, healthy food and drink choices are part of the curriculum. These young people are the future.</p>	
		<p>We need to reduce our sugar fat and salt intake. Healthy food will make healthy children</p>	x
	x		
<p>Too many fast food outlets around schools e.g. KFC and Maccas</p>	x		

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

There is a lot of peer pressure on teenagers to eat junk food. Healthy options in school tuck shops would not only give for some their only healthy meal of the day but show that healthy food exists. There are alternatives! Cutting out sugar esp in fizzy drinks and chemical laden oils in chips, burgers and KFC is an excellent start as they are the two worst culprits (excluding olive oil which is chemical free).

x

Proactively released

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>Studies have shown that access to poor food (takeaways, lollies, fizzy drinks, juice boxes) influence choices. Schools are responsible for educating students, and this must include helping them to make good health and lifestyle choices. Students have plenty of opportunities to buy junk food outside school. Schools should not be putting tuck shop profits ahead of student health. Kids who've filled up on stodgy carb-high or sugar high food during breaks are also harder to teach! Poor eating habits and choices early in life are costly to both the individual and the state later, as the health system deals with diabetes, heart disease and other nutrition and obesity related issues, The government needs to act now to remove unhealthy food from sale at schools, and to tax sugary fizzy drinks.</p>	x
		<p>Read "A Better Brain for Life; Prevention of Dementia and Other Chronic Diseases" pub. by Calico Publishing, 2022, for detailed information re healthy diet for all ages, backed by over 200 RCT research papers.</p>	
		<p>Our education facilities should be safe places where children can thrive. Unhealthy food and drink has no place in these environments.</p>	x
			x
		<p>Schools should provide only healthy food and drink as that is where children spend much of their time and where good habits can be formed.</p>	x

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

Given the clear link between access to healthy food and learning outcomes, I would have thought including high schools was a no brainer.

Well children learn well.

I saw in Florida how effective it was when children who needed food support (& loving acceptance) we're then on the same level as the rest of the children. There was also a weekly program where every child went to a socialising class where differences were explained such things as deafness, being kind, being helpful,,thoughtfulness, using non racial, non putting down language to others,, Down's syndrome,, having a disability, all sorts of subjects were explored with a teacher designated to do only this. It was an amazing primary school of 900 children.with great leadership , That was 40 years ago in a state school, admittedly mostly in a well off suburb which helped fund the school. (I don't know how coherent this nesssge is as I can't go back to edit it.) I seems to me every child needs support in every way especially when there is deprivation or parenting skills need coaching. It's all about what a child experiences and they should be good experiences.

Name	Postcode		Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)				
	<p>As with many issues in our society the government needs to urgently stand up to protect the vulnerable and force large corporations to be accountable for their detrimental practices. This issue is a "no-brainer" and win-win for long-term equity in Aotearoa.</p>			
	<p>Healthy food only should be all that is provided at all NZ schools, whether sold or provided by the school.</p>			
	<p>healthy eating must start in the early years</p>			
	<p>Help children understand health eating by growing food</p>			
<p>Gardens in every school!</p>				

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		The proposals need to be compulsory because otherwise they depend on the goodwill of schools and it is very easy for schools to make exceptions and kids who need good nutrition in order to learn are likely to miss out again.	x
		We need to have commonsense. Years ago as a teacher I bought a box of apples and worked out how much each cost so that children could buy them at cost price. I tried to get the school to provide them with meat pies (which they were not going to give up selling!) to no avail. I think there was some regulation to do with the Apple and Pear Board which stopped them selling apples. I said to put up the price of the pies but supply an apple with each one at no profit. Still no movement!! Children need fresh, healthy food.	
			x
		Strong public health measures are vital for a healthy population	
			x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		The national rates of tooth decay in New Zealand are a disgrace. The provision of food with high caloric density and high levels of salt are also extremely detrimental to the health of our children.	x
		Government nutritionists would not know good food if it bit them! If the government knew anything at all about nutrition they would never have forced criminal experimental chemistry on to their citizens.	
		Basic nourishing food is so important for development of strong healthy body and brain.Plus the tuition of why and how to prepare....many parents only know about foodstuff full of additives etc so education is unlikely to begin at home	x
			x
		Our PTA used to run our AreaSchool Tuckshop and we got rid of soft drinks, deep fried food and sweets. the only real "treat" we had were chocolate chip Big Cookies.	
			x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>I have friends who are teachers, and they say as soon as the kids have had a sugary drink, or sugary junk food, their concentration and how they can apply themselves to their schoolwork is absolutely shot. Please keep these unhealthy foods out of schools. Thank you,</p> <p>9(2)(a)</p>	x
		<p>As a Registered Nutritionist, so strongly support that all education settings provide healthy food environments to enhance learning and align with health messages taught at these institutions</p>	
		<p>School should have obj healthy food!</p>	x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>Unhealthy dietary and lifestyle choices are the fundamental drivers resulting in negative health outcomes for the individual and our communities. Education is key to improving health outcomes in our communities and schools need to lead the way. Promoting healthy food and then selling unhealthy food in our school canteens does not make sense. We already have Healthy Food Guidelines, Schools need to be given the responsibility and support to effectively implement them.</p>	x
		<p>There's no doubt that eating habits learned young have a huge impact on later health. What's available at schools needs to be as good as food offered in the home by families aware of good eating practices. Otherwise school just becomes an opportunity to "junk out" with lunch money and provides no example. At home, when good the best food habits</p>	x
		<p>Our children are our future and need nurturing</p>	
		<p>As if children of today don't have enough to contend with already.. the least we can do is feed them good food!</p>	x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission	
9(2)(a)				
			Sugsry Drinks & Snack foods do not provide the best nutrition for children	x
			Suppliers of unhealthy food options to school canteens will put pressure on schools to continue to purchase these items, and some parents will object to anything that can be described as reducing individual choice. But we have to take strong measures, and remove the option of choosing unhealthy food and drink if we want to reduce childhood obesity, tooth decay and other adverse and costly impacts on children's health and wellbeing.	x
		Schools should not be allowing any drinks except milk and water. Also all school canteens and shops should only supply healthy food. Why not? n		
		The health of many children is declining rapidly, obesity is far more prevalent than 10 years ago. Anyhting that can help change this should be done.		

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Children need support to develop healthy habits.	x
		healthy foods enable children to learn better and reduce their chances of getting lifestyle diseases which I see too often as a teacher.	x
			x
		I fought already for sugar free drinks 25years ago and one would think that with the growing obesity there would be laws (or extremely high taxes) implemented years ago. The health of our children should be prior to profit!	x
		Not all schools follow this or make healthy food & drink a cheap option (cheaper than unhealthy food)	x
			x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission	
9(2)(a)			x	
			x	
		This government says it is committed to improving Māori and Pasifika health outcomes, these proposals seem like a no brainer to help achieve those goals!	x	
			Greens, veges, healthy whole foods! Brain foods are key	x

Privately Released

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

To keep children healthy

Children don't need schools to endorse sugary drinks by providing them. They should be role models

x

It's important that children not only learn about healthy eating but experience healthy eating in the place where they are influenced for life. Schools must set an example that so that children can clearly understand the differences that healthy food can make and develop their tastes for a variety of food.

teenagers nutrition & the food habits they form is just as important as that of primary age children - why stop a good influence earlier than necessary.

Foods children like need to be made with nutritious ingredients. The rules about keeping food cold can be a problem because the tamariki don't like to eat it that cold. Classes need to be able to warm food up. Cooked food could be provided if Kura had cafes.

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		Healthy food enhances learning ability and ultimately helps with producing a productive humanistic society.	
		Schools should provide free seasonal Fruit , nuts and cheese with crackers to every child in NZ. So easy to provide, no cooking, just hand out healthy snacks. No drinks, just water is all a kid needs.	
		Our tamariki are our future. The habits they form when they're young become lifelong, let's make sure we support them to make healthy food choices.	x
		Excess sugar and junk food nukes brain function and learning. On a cellular level it conditions children's bodies to crave unhealthy foods which in over time contribute to numerous chronic health conditions. Cleaning up school food choices should contribute to a long term improvement in public health outcomes. It makes absolute sense.	x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		We need to educate and motivate people to eat well, to think of food as their medicine. If we can get average NZ making good choices our physical and mental health issues will decrease.	
		Whatever can be done -should be done!	x
		We are in a health crisis and obesity epidemic. We need to provide healthy environments for our kids to give them a chance or a healthy start.	
		Health underpins everything and nutritious food is key	
		Water only is a must, fruit available, no cakes, biscuits or anything that is high in artificial sugars. This may be the only time in the day that children receive a healthy meal and drink.	x
			x
		Dental therapist back ground, sugar destroys teeth and general health	x
			x

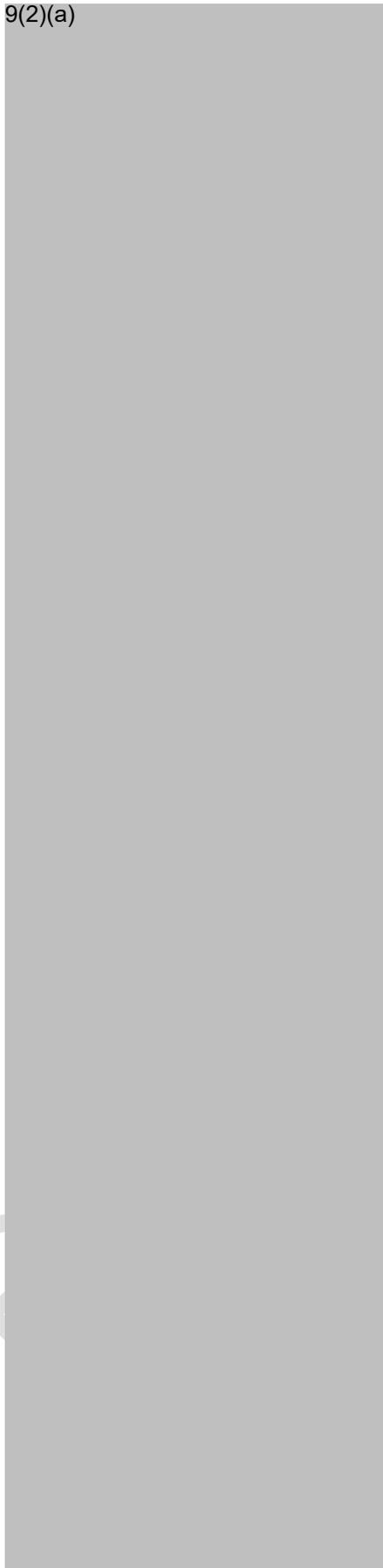
Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)



	x
School must set a good example of a healthy diet and only provides healthy food. Sugary drinks form no part of a healthy diet.	
	x
	x
Food costs rising, more kids are overweight than ever before, kids need nutrition to feed their brains and bodies, etc	

Privately Released

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Duty of care comes into this	x
		No	
		Good nutrition forms an integral part of a fair society where all kids have an equal opportunity. Otherwise, our meritocracy cements in the current hierarchical status quo.	
			x
			x
healthy food helps prevent diabetes so is very cost effective.	x		
We need a tax on sugary drinks and sugary processed food.	x		

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

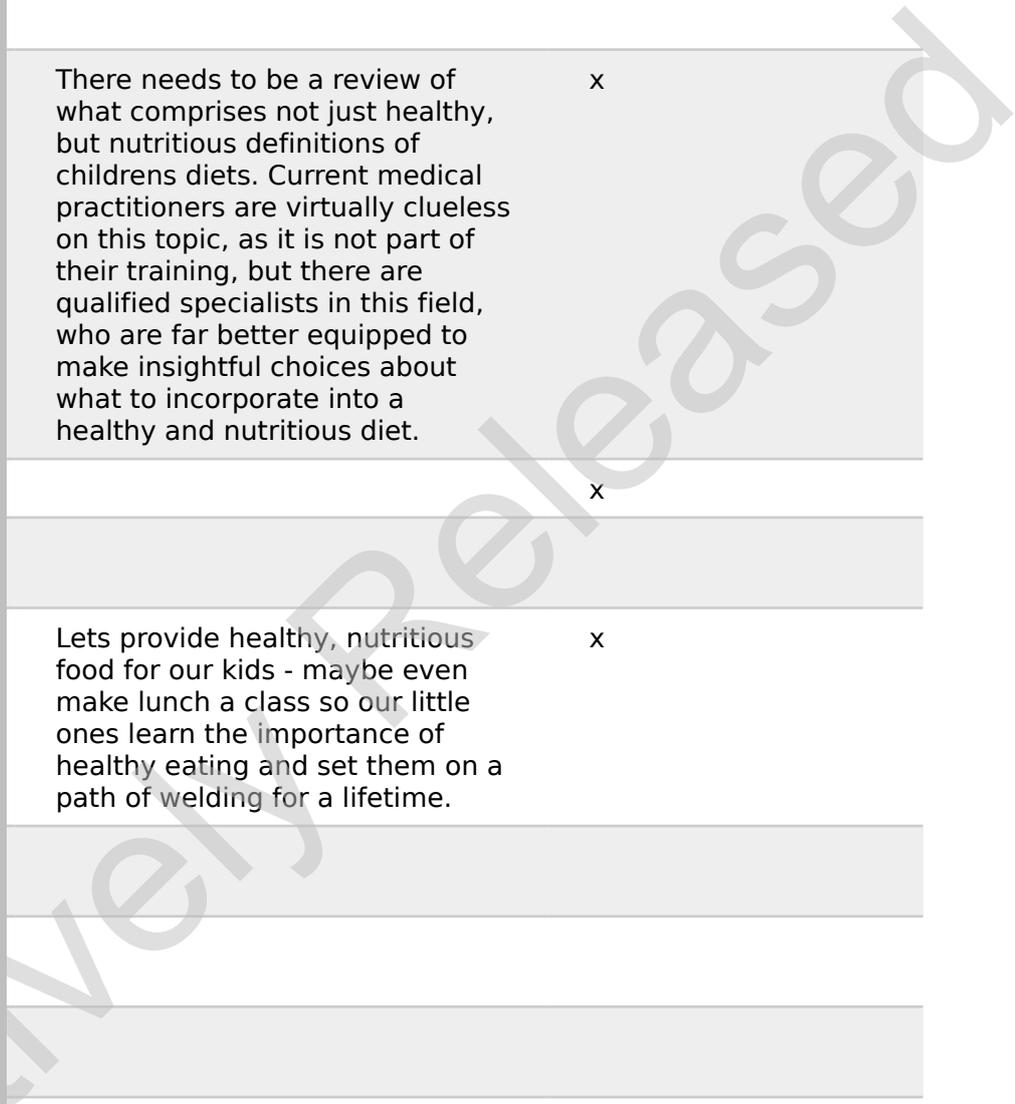
Without a standard set for all schools there is a danger of inequity.

x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		Having healthy food and drink in all schools is a no brainer. It encourages children to eat more healthily. This has far reaching health consequences and our health dollars can be used for other things than obesity, diabetes, heart disease, CVAs, inflammatory diseases etc	x
		Gosh. To state the obvious we are what we eat. We want to set the best example in schools. They are our education system and should be leading the way! Not to mention providing the best brain food for kids to learn.	x
			x
		we cannot afford the healthcare expenses in the future - resulting from bad diets for our children now.	
		The sugary drinks are expensive for the country in terms of diabetes in later years	x
		I am a dental therapist working in schools. I daily see the effects of unhealthy food on NZ children. Lets help them by making healthy food choices is what they see at school.	x
		It's not working	x
		Whilst it is the responsibility of parents to ground their children from a young age in making healthy food choices, ensuring that this work is supported by key environments which impact children and teenagers, such as schools, is critical	

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Marketing and selling unhealthy food to children should not be allowed	
		Too many parents are desperate for money, and working long hours. This makes it hard for them to afford and to organise healthy food for their families. Through the school system we as society can help to care for our children, and give them the best chance in life.	x
		Healthy food means healthy brains. Reduces illnesses which means less time out of school. Teaches long-term healthy choices.	x
		The need healthy foods in schools has been discussed and highlighted for long enough. Action around it is long overdue. The evidence of the advantages for our children is overwhelming. Particularly as any steps towards introducing sugar taxes look likely, providing specifically healthy foods in schools is essential and needs to be specifically directed by regulation.	x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			x
		There needs to be a review of what comprises not just healthy, but nutritious definitions of childrens diets. Current medical practitioners are virtually clueless on this topic, as it is not part of their training, but there are qualified specialists in this field, who are far better equipped to make insightful choices about what to incorporate into a healthy and nutritious diet.	x
			x
		Lets provide healthy, nutritious food for our kids - maybe even make lunch a class so our little ones learn the importance of healthy eating and set them on a path of welding for a lifetime.	x
			x



Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		The current operation is geared toward revenue for the operator rather than the health of the future citizens. What they learn in class rooms must be in practice with school meals and in tuck shops.	x
		Consult with dietitians	x
		x	
		Protect Kiwi Kids - Right?!	
		Good habits start young and there is far too much easy access to unhealthy fast foods for young people.	x
		This needs to be a fully inclusive process - engaging Maori leadership, Pacific and Asian communities, disability groups and business groups	x
		The nutrition guidelines must take into account a broader public health view that includes environmental sustainability. it's not just what is best for individual students but our community of young people. Schools should not be selling sugary drinks in plastic bottles. The response needs to be consistent with equity and uphold Te Tiriti o Waitangi. Children have the right to an education without being subjected to unhealthy products and advertising at school. .	x

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)		<p>My own experience is sugar impacts on energy levels and mood in a detrimental way. Tooth decay is avoidable. Sugar rots teeth. We all need healthy nutrition and plenty of water for our brains and bodies to function. How can we possibly expect children to learn in school if they are detrimentally affected by poor nutrition.</p>	
		<p>I believe this is a vital part of health education generally. A lot more emphasis needs to be on preventative health. Actions speak far louder than words. If we don't walk the talk and show our children what healthy food is, then we loose them in the fight to keep healthy.</p>	
		<p>We have a bludgeoning issue with obesity in children. The government needs to be making a bigger effort to support dealing with this.</p>	x
		<p>The advertising of poor quality junky foods should not be a major determinant of the choice our children make.. So as well as the wrongful advertisements of poor quality foods aimed at vulnerable young children we must also make sure that good food is also available and to this end wages and living allowances must be adequate to meet their needs</p>	x

Name

Postcode

Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?

I want my views shared anonymously in the submission

9(2)(a)

This is a total no-brainer. We have an education crisis and a health crisis, especially for teenagers. This is a simple, low-cost, effective, evidence-based solution with minimal downsides (some kids might moan about no sugary treats). Why would any government concerned about wellbeing not do this?

Please implement this simple, safe, effective, cheap measure to improve child health and education outcomes. This seems a policy with such obvious benefits and next-to-no downsides. Effective,

x

we need to toughen up for the future of our kids health

Medical evidence shows that sugary food and drink has a detrimental effect. 3 significant results: 1 causes diabetes, 2 creates inflammation, 3 damages teeth.

Name	Postcode	Share your views on why the proposed government consultation on healthy food and drink in schools does not go far enough?	I want my views shared anonymously in the submission
9(2)(a)			
		Sugary drinks should not be available in a school environment where kids are learning what it means to eat and drink healthily.	x
		It should extend to secondary schools too	

Proactively Released

9(2)(a) [redacted]
[redacted]
[redacted]
[redacted]

openforumforhealthinformation@gmail.com

26/05/2022
Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
Via: legislation.consultation@education.govt.nz

Kia ora,

Re: Proposed changes to the promotion and provision of healthy drinks in schools

Open Forum for Health Information is pleased to submit on this very important regulation of food and drinks in New Zealand schools.

Please note that we are also a member of Health Coalition Aotearoa and fully support their submission to the consultation.

We also include in our submission a petition we have run through action station. At the time of submitting this response to the consultation the petition had 1117 signatures, many of them have also commented with feedback they have asked to be included in our submission. We will be formally presenting this petition to parliament on June 22nd at 1pm. Dr Elizabeth Kerekere MP will be accepting our petition.

If you have any questions or would like to discuss our submission in more detail, please do not hesitate to contact me.
Kind Regards

9(2)(a) [redacted]
[redacted]

Open Forum for Health Information

Consultation on proposed changes to the promotion and provision of healthy drinks in schools

Question 1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

Open Forum for Health Information was formed in the early eighties by a group of medical and philosophical doctors, pharmacists and health workers who believed the public deserved access to good health information. One of our primary concerns has been the quality of the food supply and the link between what we eat and our health and well-being. Over the past forty years we have been advocating for more responsibility and accountability for what is in our food supply, how it is marketed to the population and the resulting health problems.

Research including Dr Patricia Holborow's 1986 Phd *Studies in Hyperactivity* and more recent work *The Better Brain*, 2021, Dr Julia Rucklidge, Professor of Clinical Psychology at the University of Canterbury and Dr Bonnie Kaplanⁱ as well as an overwhelming body of research continues to show a direct link between what we eat and our mental and physical health.ⁱⁱ

We are replying to this consultation as a group of health practitioners and concerned citizens. We also include the response to a Petition which will be presented to parliament at the end of June.

Question 2: Do you agree with our view of the problem? If not, why not? What other problems, if any, do you think should be taken into consideration in assessing options?

Firstly, if this consultation is to replace the current Nutritional Guidelines then it needs to cover all school children in the Ministry of Education's care. That includes early learning services (ELS), primary schools and secondary schools.

Secondly, the research cited only covers obesity and dental issues. The body of evidence is overwhelming that mental health, particularly depression and anxiety, is directly affected by what we eat.ⁱⁱⁱ This should be reflected in policy and promotion of healthy eating guidelines.

Thirdly, Māori and Polynesian children are overrepresented in health problems relating to poor diet and this is an inequity in our society that needs to be addressed as soon as possible. Disruption of access to traditional food resource and the marketing of a diet poor in nutrition, high in sugar and salt and with flavour and colour additives is part of the history of colonisation and the damage caused is inter-generational. The latest data from the New Zealand Health Survey 2020/21 shows that 21% of Pacific children aged 2-14 consume three or more fizzy drinks per week, Māori (20%), New Zealand European and other (9%) and Asian (6%) kids.

Although this is a consultation from the Ministry of Education, the process and outcome should be towards a joint policy with the Ministry of Health. The impact on health budgets dealing with the outcome of poor diet in our tamariki provides the economic justification for prioritising healthy food and drink in schools and providing the amount of support necessary to implement an effective policy.

Additionally, schools need to be supported in creating a healthy food environment, and this relates to including the Ministry of Health as part of the solution. There are inherent inequalities in our communities in knowledge of what is healthy food and drink. As a starting point this needs to be addressed. Schools need to be provided with good, scientific information presented in a way that is easily communicated to create understanding of what healthy food and drink is and why the school is implementing that policy. They should not all have to do this individually; it should be a nationwide programme that ensures equality.

Acknowledging that there are different dietary requirements for different children does not exclude the capacity for providing a generic healthy diet for all children. It may be that some children need to adjust the diet for their specific needs but that should not be a reason to not provide a healthy diet for all the other children. If we make the base line a healthy nutritious diet, then that is far more adaptable for all children.

All children deserve to get the benefits of a healthy food environment. There is no good rationale for excluding children younger or older than primary school age from these benefits. Most children and young people will spend a third of their life at an educational facility. During this time there should be a provision of care from the Ministry of Education that all children in New Zealand are giving the same opportunity to be provided healthy food and drink.

We support Health Coalition Aotearoa's call for a strong policy switch from National Administrative Guideline (NAG) 5b to Regulations under the Education and Training Act 2020 providing substantial scope to improve children's hauora, wellbeing and learning outcomes through healthy food and drink environments in all education settings.

We also note here that this is not suggesting that all schools should be providing food, but if they provide or sell food or drink it should be compulsory that it is healthy food and drink. That is role modelling from the school on the healthy food and drink guidelines they should be promoting.

Question 3: Are these the right objectives? Can you think of any others to add?

These objectives do not reflect the importance of the problems we are currently facing due to poor nutrition and additives in our food. It is not enough for schools to promote and model the behaviour, it needs to be systemic ensuring that whenever food or drink is supplied at school, it follows healthy guidelines. The nutrition curriculum teaches children about healthy eating – how can the Ministry of Education justify a canteen or provision of food that does not itself follow its own guidelines?

We support Health Coalition Aotearoa in a call to make the objectives as follows.

- All children and students receive positive education on healthy food and nutrition.
- All ELSs and schools model healthy food and drink environments for students of all ages, and only provide healthy foods and drinks.
- The Regulations should hold children's hauora as the priority goal for all ELSs and schools, recognising that some lead-in time (such as 1 year) may be needed for some schools to fully implement the Healthy Foods and Drinks Regulations.
- The regulatory response should be informed by evidence and be proportional to the size of the nutrition-related health burdens and health inequities experienced by children.

Question 4: Are there any other options that you think should be considered?

We do not believe the three options provided go nearly far enough and we propose a fourth option

The existing NAG 5b are replaced with a duty in Regulations for all ELSs, schools and Kura Kaupapa Māori to promote healthy food and nutrition, and a duty on all ELSs and schools to only supply healthy foods and drinks.

All schools should provide a healthy food environment that encourages healthy eating and supports the health, well-being and learning abilities of children and young people in their care.

This is not the first time regulation for healthy drinks in schools has been on the agenda. In 2006, the then government regulated that 'where food and beverages are sold on schools' premises, to make only healthy options available.' This saw unhealthy foods and drinks exit schools including sugary drinks. Unfortunately, in 2009 the new administration revoked this regulation which saw these unhealthy items re-emerge in many schools again.

Sue Kedgley helped develop the nutritional guidelines while in parliament as a Green MP. "There's no place for unhealthy food and drink in schools as the evidence is overwhelming that students who are loaded up with sugar and fizzy drinks have difficulty concentrating in class and behavioural problems whereas children who are well nourished learn better and are better behaved in classroom."

Dr Gerhard Sundborn spokesperson for the New Zealand Beverage Guidance Panel agrees. "It is time for the government to introduce enduring policy that will require all schools to only allow healthy drinks to be sold on school grounds. The adverse health outcomes of high sugary drink intake have long-term health effects such as illness, disability, premature mortality and also contribute to inequity in New Zealand. We believe that a diet high in sugar is a form of malnutrition in which unhealthy weight gain, type-2 diabetes and dental caries are predictable results."

The New Zealand Beverage Panel with Glenview School in Porirua presented a 'Water Only in Schools' policy in 2020 to parliament.

"We are planting positive seeds for the future of our children's health and well-being. We are providing a coding and way of life that was the norm for our Pacific people historically," says Lester Mohi, Deputy Principal of Glenview School.

But sugary drinks are not the only problem. The food our children eat also needs to be healthy and nourishing. Research has demonstrated that children who eat healthy food are better behaved and better able to concentrate in class and learn.^{iv} Education is key to improving health outcomes in our community and schools need to lead the way. Promoting healthy food and then selling unhealthy food in our school canteens does not make sense. We already have Healthy Food Guidelines; Schools need to be given the duty and support to implement them.

"Schools play a crucial role in the education of our children. It is essential that they learn that there is a mismatch between our current ultra-processed food environment and their brain's requirements," Dr Julia Rucklidge, Professor of Clinical Psychology in the Department of Psychology at the University of Canterbury. "And sugary drinks provide nothing good for the brain – both in terms of excess sugar and being completely devoid of essential nutrients. These products do not belong in schools."

Open Forum supports Health Coalition Aotearoa in their submission that

A strong policy is feasible and appropriate. We propose the strong policy option 4 rather than either of the three weak options.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

We agree with these definitions for healthy drinks. We also though believe that water fountains in schools need to be appealing. Currently all too often the water fountains in schools are old, have metallic tasting water due to old piping and are dirty. Funding should be made accessible for schools to upgrade the water drinking facilities to make them not only attractive to drink out of but safe.

We also believe there is a very powerful message that if you are thirsty, you should drink water. The tendency to respond to thirst with anything but water is a learnt behaviour. Advertising, peer pressure, the effect of the sugar or flavours in the drink subvert our instinct to drink water when thirsty which can mean that while quenching our thirst, we end up taking in excess calories and additives.

If only water is available at school to quench your thirst, then that becomes the learnt behaviour.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

To say that all schools would need to reach the recommendations of the consultation by 1 January 2023 creates a false barrier to the potential of this consultation. The Ministry should not settle for a diluted approach which does not achieve the goals of creating a healthy food environment for our tamariki. If the time limit needs to be pushed out in order to implement strong policy, then that should be the solution, not implementing an under-par solution. There are many schools all over New Zealand across all deciles, who have managed to implement voluntarily a healthy food and drink policy. There was the healthy schools roll out in 2007 which could be used as framework and we already have the Ka Ora, Ka Ako programme and the Healthy Food Guidelines available, the ground work has been done for the rolling out of a policy of healthy food and drink in schools. It also needs to be supported. The economic balance is met by reduced health costs and a healthier population. This is why it needs to be a Ministry of Education and Health based response.

We support Health Coalition Aotearoa in their recommendations that;

- o The purpose of the Regulation (and thus for the difficult transition to healthy food environments) needs to be framed around children's hauora, wellbeing and educational attainment. This encompasses physical health, oral health, mental health, and social wellbeing. And it is being achieved with foods and drinks with 'wairua' and positive value for children.
- o The goal being set is strong (healthy foods and drinks only in all education settings for children) but that the lead-in time in generous (e.g. 1 year) and is well supported

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

There will be resistance from the kids themselves and the schools who may see an income drop from their canteen, especially as schools' transition, because the learnt behaviours of having branded drinks for sale in schools and the documented addictive nature of those drinks means that young people will look for alternative sources, like the local dairy or supermarket. We do not believe that is a reason for schools to sell those drinks though. Schools should be modelling the behaviour that is being taught, and commercial reasons should not be the determinant of what schools provide to eat or drink. If the kids have to get the drinks or food from outside of school because they are unhealthy that is actually reinforcing the messaging of what is healthy food. There will also be resistance from schools who will see yet another regulation that they will have the perception makes their life more difficult. However if the new regulations are matched with education and support then this resistance should diminish.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Promoting healthy food and nutrition as part of your education has shown improvement in health indicators for the population. As we reach crisis levels in our health for diseases that have been proven to come from poor diet it would be negligent to not educate our tamariki of the benefits of a healthy diet and it makes absolutely no sense for schools to be required to promote healthy food and drink and yet to be able to provide unhealthy food and drink. It has been shown that whole school approaches where environmental and behaviour change are embedded within school policy alongside food and nutrition education, hold the most promise in improving dietary intakes of young people.^y

Question 9: What do you think about these circumstances? Are any of them unnecessary?

The regulations should apply as a minimum to every activity undertaken during school hours. For class activities that deviate from the regulations, juicing fruit, a cultural exchange this should be linked to a curriculum based event and schools should have the autonomy to allow for exceptions but these should be guided, and importantly acknowledged as exceptions to reinforce the base message of healthy eating and drinking.

Schools are community places and activities from different groups come into the school. If the regulations apply to the school body as opposed to the grounds of the school, then there is the flexibility to decide whether the policy applies to all groups using the grounds at all times. However, the school should always be promoting healthy food and drink whatever the occasion. The idea that this is a special occasion, so we are all going to eat unhealthy food is perhaps an attitude that needs to be changed and the idea that a school will not provide unhealthy food or drink as a celebration is part of that change.

At a school fair, it may be the PTA who are running it, it is a one-off celebration, can the food and drink be provided be healthy while still allowing for a sense of celebration? Because it is the PTA not the school who are running the event it would fall outside of these regulations and this is where social change may take time. However, guidance could be provided on how to run a fair where there is a balance of food and drink available that reflects the occasion and remains healthy. Schools could encourage the PTA or other group to provide and promote sugar-free, or low sugar drinks such as iced-teas and sparkling waters, and healthy food options.

Let's be really clear though, these are regulations around what the school can supply. None of these regulations cover what parents provide or allow for their children to drink. If you really wanted your child to drink Fanta at a school dance then as a parent, you could supply it. We just

do not think that schools should be providing it. And perhaps eventually the parent or child may decide that drinking Fanta isn't such a great treat.

We agree with Health Coalition Aotearoa that

Applying a healthy food and drink policy to other community events such as cultural events is consistent with the principles of manaakitanga (nurturing and caring for others) and kaitiakitanga (protection of community).

It is not appropriate for schools to sell unhealthy foods as fundraisers, this contradicts the messages in the curriculum and encourages the community to purchase and consume these unhealthy foods as an obligation to support the school. In the case of schools in areas where boil-water notices are in effect, there should be a requirement for the Ministry of Education to provide a source of clean water for the duration of the notice.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

A high-trust light-touch compliance needs to be matched with adequate monitoring to ensure schools have been given the support needed to implement the policy. Schools should not be expected to undertake implementation without support. The effectiveness of the policy will need to be evaluated which will highlight compliance issues. This could be achieved in the form of a survey on food in schools. The last survey was completed in 2016. We suggest a baseline survey be undertaken as soon as possible with a follow up survey a year after implementation. ERO audits could also audit food and drink compliance as part of their regulatory compliance. The main point of compliance adherence though should be to solve problems and enable compliance. Education is key to this.

As a final comment I would like to tell a story of a young mother with an 18 month old baby, drinking out of a litre bottle of Coca Cola. The baby had eczema, asthma and sleeping difficulties and the mother was beside herself. Asked why she had given her daughter Coca Cola to drink she replied that she would scream if she didn't. She agreed to try to only feed her child whole foods and water for one week. After one week the baby's skin was clear and she was sleeping. The mother asked, "Why has nobody told me this before?"

It is our duty to ensure that we educate the next generation on the importance of healthy food and drink. To continue to allow so many children and parents to go through a health nightmare because our society and schools are reliant on profits from a commercialised food supply is simply wrong.

ⁱ Rucklidge and Kaplan, "The Better Brain, How Nutrition Will Help You Overcome Anxiety, Depression, ADHD and Stress, Vermillion, 2021

ⁱⁱ FAB Research, 23 Carlton Road Oxford OX2 7SA, registered charity (No SC034604) and a company limited by guarantee (Co No SC 253448), www.fabresearch.org.nz

ⁱⁱⁱ

Following are a range of articles regarding recent research covering nutrition in schools and behaviour

<https://pubmed.ncbi.nlm.nih.gov/34125152/>

<https://medicalxpress.com/news/2021-11-short-term-impact-sugary-classroom.html>

<https://pubmed.ncbi.nlm.nih.gov/34163325/>

<https://nutrition.bmj.com/content/early/2021/11/02/bmjnph-2021-000301>

<https://medicalxpress.com/news/2021-06-sugar-overload-recipe-long-term-problems.html>

<https://pubmed.ncbi.nlm.nih.gov/28944721/>

<https://www.science.org/doi/10.1126/sciadv.abl6077>

<https://medicalxpress.com/news/2022-03-boost-mood-food.html>

<https://pubmed.ncbi.nlm.nih.gov/33183878/>

<https://pubmed.ncbi.nlm.nih.gov/31729425/>

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60072-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60072-5/fulltext)

<https://www.sciencefocus.com/the-human-body/prison-food-nutrition-violence-mental-health/>

<https://www.nutritionandactivity.govt.nz/nutrition/sugary-drink-infographics>

^{iv} Rucklidge and Kaplan, "The Better Brain, How Nutrition Will Help You Overcome Anxiety, Depression, ADHD and Stress, Vermillion, 2021

^v Rose K, O'Malley C, Eskandari F, Lake AA, Brown L, Ells LJ. The impact of, and views on, school food intervention and policy in young people aged 11–18 years in Europe: A mixed methods systematic review. *Obes Rev* [Internet]. 2021 May 1;22(5):e13186. Available from: <https://doi.org/10.1111/obr.13186>

Proactively Released

Using the course concepts of environments and equity, critically discuss the idea of requiring schools to supply only drinks that are healthy to students.

Requiring schools to supply only drinks that are healthy to students is an idea that is currently subject to much discussion. New Zealand's Ministry of Education is proposing this implemented as part of a new Regulation made through the Education and Training Act 2020. One goal is to encourage healthy eating and drinking and establish habits that will endure through to adulthood(1). Success in establishing healthy nutrition habits will improve the health and well-being of the population and lead to reduction of rates of conditions such as obesity, cardiovascular conditions and diabetes(2).

Worldwide obesity rates have almost tripled since 1975(3). However, different nations have been affected differently by this change. For example in Samoa, 70% of adult women are now obese, compared to 5% in Japan (4). We can view this variation from an environments lens, where the different physical, social-cultural, policy and economic environments in each country interact with the change in the global food supply chain to cause different health outcomes (5).

From an environments perspective, the proposal of requiring schools to supply only drinks that are healthy to students would mark a direct change in the policy environment. The Ministry of Education currently only mandates schools to promote healthy food and nutrition, and does not require schools to provide only healthy drinks(6). The proposal to mandate schools only provide healthy drinks places additional responsibility on schools and signals that both the content of teaching that promote healthy nutrition and context of school environments to ensure unhealthy nutrition is not provided should be congruent, as far as it is practically possible to implement.

Implementing a policy that requires schools to supply only drinks that are healthy to students changes the macro-environment of the education sector – and restricts the industries that are able to market or sell products in schools. Each school will also have to implement the policy in a suitable manner thus the micro-environment that surrounds the students will change. If it is shown that changing the policy environment in this manner leads to better outcomes in health and education, then future policy changes of this sort (to promote the modelling of healthy behaviour in schools) may be more acceptable.

One drawback of changing the policy environment in this manner is that it gives additional power to central government to impact the school grounds. The risk therein is of governmental overreach, with the temptation to put policies in place that are well-meaning but in practice unable to be implemented effectively, and discouraging flexibility in the local population to come up with their own unique solution. The idea of making schools responsible for providing healthy beverages is a simple one that should not be too onerous to implement. However there could be disputes on the definition of healthy beverages – for example, why would low-fat milk be the sole other type of drink apart from water to be classed as healthy? One possible solution is to avoid this dispute entirely and only allow water, and this makes it fairer in that no commercial businesses need to get involved in this provision of beverages.

Apart from the direct impact on the policy environment, the rule will change the physical availability of beverage products that are available to the students. All else being equal, students that are unable to access sugar-sweetened beverages from within the school grounds will consume less of it (7). However, there is a distinct possibility that the physical environment around the school grounds will change to counteract this effect – for example, the local dairy will sell more beverages to students that are now unable to buy it from school. This example illustrates one of the limitations of an isolated policy change: the impacts of it can be attenuated by the changes in behaviours from other players.

Economically, on a micro-scale, sugar-sweetened beverages can be cheaper than the healthy alternatives. In Jan 2022 the weighted average of retail price of bottled water in Jan 2022 was \$1.94/750mL(8), compared to \$2.86/1.5L for soft drinks(9). This price differential makes it more likely that students would purchase, and therefore consume, such drinks. Stopping schools from selling unhealthy beverages will increase the opportunity cost of buying those products, if only by inconveniencing students who will now need to obtain the drinks outside school grounds.

On a macro-scale, the profit motive has provided incentive for unhealthy food to be marketed to children and teenagers; causing change in consumption behaviour(10). Strictly speaking, tap water is the cheapest drink (close to free), but exposure to influences for example marketing, advertising, or peer pressure have influenced many students to

disregard it as an alternative. Schools that do not allow the supply of sugar-sweetened beverages act to counteract this influence; and in time, water could be the drink of choice in the school setting.

The social-cultural environment is the most conservative of the environment types. Social and behavioural norms are formed over a period of time and thus the culture of a society (including the society of a school) tends to resist change. Food culture includes various aspects including food choice or cuisine, food practices of how, when and where to eat, and the ritualistic uses of foods(11). The challenge that schools face is the need to accommodate various food cultures, for each student comes with their own understanding of food, while creating its own sub-culture in relation to healthy nutrition. Making it mandatory to only have healthy drinks supplied in school can reinforce the school's own efforts in implementing a healthy food culture on-campus. It is however an insufficient measure, because core attitudes and beliefs in terms of food and drink are hard to change. Merely preventing students from buying unhealthy beverages in schools does not stop them from bringing them from outside, nor change the beliefs about which foods and drinks are more desirable.

As discussed above, the idea of requiring schools to supply only drinks that are healthy to students, affects all the environment types, to a greater or lesser extent. It is difficult to measure the scale of the influence due to the many factors involved, as well as outside players also influencing the matter of food and beverage consumption in schools.

Another manner in which to view the issue is that of equity. As education and health outcomes bring a large influence on the social-economic status of an individual or a group, New Zealand's education system has a responsibility to promote equity; rather than entrenching further the inequities that currently exist. Indeed, the purpose of the Ministry of Education is to "shape an education system that delivers equitable and excellent outcomes"(12). There are stark differences in health and mortality outcomes in Maori compared to Non-Maori in New Zealand(13). The status quo will mean that this inequality gap will continue to persist; without modifying what we do within the government and within society, we cannot expect different outcomes.

With regards to nutrition in schools, the easy availability of unhealthy choices increases the rates of consumption of such, causing both immediate detrimental health outcomes such as increases in rates of dental decay in children, and longer term effects of poorer health and education outcomes which can persist through to adulthood. Māori and Pacific children are more likely to have consumption rates of three or more days a week of sugary drinks (25.0% and 27.9%, respectively) compared with European/Other children (13.8%)(14) This difference in consumption increases the likelihood of the poor associated outcomes.

The prevalence of obesity in the Maori and Pasifica population is higher than that of European/Other and Asian(15). This has carry-over effects to various outcomes including life expectancy, and income or wealth. When people need to take time off work or education for health reasons, income or potential income is lost. This effect is cumulative across a person's life time and across generations. Childhood poverty is the result of household/or familial poverty. It is an overstatement to attribute all current inequalities to obesity or nutrition but it clearly does play a role.

There are studies that implicate sugar intake with reduced cognition in children(16). This has a more insidious effect. The groups that generally consume more unhealthy drinks will therefore tend to learn less well, and in turn leads to poorer educational attainments. This is in addition to the days of learning lost when someone is ill. Educational attainments do not exist in isolation. Among other things, it affects health literacy and overall well-being. Being well educated confers more chances to succeed and to live a good life; and having a poorer education as well as poorer health will therefore reduce the odds of success(17).

Disallowing the sale of unhealthy drinks in school, all else being equal, will reduce the rates of obesity and dental decay and confer educational benefits. This improvement will be seen more in the groups that currently consume the most amount of unhealthy drinks. Thus this policy is one that promotes equality. However 'all else being equal' is a condition that is rarely present in society; so care must be taken to examine the other potential changes that could happen.

As alluded above, changing policies in one portion of the environments will lead to other actors also changing their behaviours. One potential shift is that the parents will feel less obliged to encourage healthy nutrition in the home, as the school is. There is the risk that students will come to regard unhealthy drinks as more desirable, by the very nature of it being harder to attain. This may paradoxically lead to increase in consumption overall. Some of this effect can be mitigated by the teaching around healthy nutrition and the teaching of the drawbacks of unhealthy beverages. The utilisation of other strategies to make water more easily available (for example by provision of water fountains in public spaces) can also help reduce the consumption of unhealthy drinks.

School staff may feel obliged to bring in unhealthy drinks for themselves, providing a conflicting role model for students. Moreover, students themselves, unless the school decides otherwise, will still have the option to bring unhealthy drinks and consume them at school. This is however still more congruent than allowing schools to provide unhealthy drinks at the same time as teaching about healthy nutrition in classrooms.

In terms of implementation, there are practicalities to be considered. Schools may need to renegotiate existing contracts with food/beverage providers and penalties (legal or otherwise) may be invoked if schools have previously agreed to purchase unhealthy beverages. There is also the question of what to do with existing supplies of unhealthy beverages; and who is liable to pay for the purchase of them; now that it cannot be sold to students. One solution is to allow existing contracts to stand, while disallowing new purchases of unhealthy drinks – but this will result in inconsistencies and perhaps confusion when students go to different schools.

Additionally, given the cultural role that food and beverages have, there may be occasions that warrant a relaxation of these rules. Some beverages have cultural significance in relation to different events and occasions; other events may well be regarded differently without the provision of a variety of food and drinks – healthy or otherwise. These exemptions will need to be decided beforehand and circumstances defined by the Ministry of Education; another approach would be to allow schools a certain number of days a term or year where the rules can be relaxed.

Given the challenges in implementation of this policy, and the wider environments, there may not be a measurable change in the outcomes that this policy is hoping to bring about. Some may argue that in the absence of evidence of improvement in outcomes, it is pointless to embark on such endeavour. However, this idea does serve as a starting point and can be a precedent for other changes, both in the education sector and in wider society.

In summary, the idea of requiring schools to supply only drinks that are healthy to students, will change the environment such that students are more likely to consume healthy drinks; and this will lead to improvement in health outcomes and a reduction in inequality. Despite the difficulties involved, this is a worthwhile step to take, both on its own merits and as a template for further change.

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Submission

To the Ministry of Education on the
Discussion document: Proposed changes to
the promotion and provision of healthy
drinks in schools

Proactively Released

About PPTA Te Wehengarua

PPTA Te Wehengarua represents the majority of teachers engaged in secondary education in New Zealand, including secondary teachers, principals, and manual and technology teachers.

Under our constitution, all PPTA Te Wehengarua activity is guided by the following objectives:

- to advance the cause of education generally and of all phases of secondary and technical education in particular;
- to uphold and maintain the just claims of its members individually and collectively; and
- to affirm and advance Te Tiriti O Waitangi.

This submission is from the PPTA Te Wehengarua Executive and is on behalf of all of our members.

Proposed changes to the promotion and provision of healthy drinks in schools

As an education union and professional organisation, PPTA Te Wehengarua supports an educative approach to healthy food and nutrition. Many schools are already Health Promoting Schools taking a whole-school multifaceted approach to the promotion of health that includes programmes promoting healthy food and nutrition. This is in addition to aspects of health and nutrition covered by the existing teaching and learning programmes in the Health and Physical Education Learning Area. Research points to the importance of coherence between policies and practices in schools being the most successful in improving both education and health outcomes.

We support **Option 3**: *replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.*

We reject Options 1 and 2:

- Options for students with health or medical conditions (diabetes, lactose allergies) would mean more work for schools to manage exemptions.
- The bulk of inappropriate drinks come from outside the school not within the school so any suggestion to ban certain items from being sold at school will only create policing issues which should not be the burden of teachers and other staff. Enforcing the supply of drinks at school-level will not stop unhealthy options being brought into school- the issue won't go away so it's better to have an educative approach.
- Monitoring and compliance would become unmanageable.
- We are not wanting to debate the Ministry's definition of healthy drinks, although we would like it noted that there are options not given that could be deemed 'healthy' – green tea, oolong tea.

We strongly endorse healthy food and drinks in schools, but believe this is achieved with an educative approach, and support ongoing resourcing provisions for whole-school approaches to enable sound decisions at school-level to be made. PPTA Te Wehengarua does not believe it is the role of regulation to control schools to this degree on the sale of drinks.

2 June 2022

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
NEW ZEALAND

Email: legislation.consultation@education.govt.nz

Dear Sir/Madam

Attached are the comments that the New Zealand Food & Grocery Council wishes to present on the *Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools*.

Yours sincerely

9(2)(a)

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9(2)(a)

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Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

Submission by the New Zealand Food & Grocery Council

2 June 2022

NEW ZEALAND FOOD & GROCERY COUNCIL

1. The New Zealand Food & Grocery Council (“NZFGC”) welcomes the opportunity to comment on the *Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools* (the Discussion Document).
2. NZFGC represents the major manufacturers and suppliers of food, beverage and grocery products in New Zealand. This sector generates over \$40 billion in the New Zealand domestic retail food, beverage and grocery products market, and over \$34 billion in export revenue from exports to 195 countries – representing 65% of total good and services exports. Food and beverage manufacturing is the largest manufacturing sector in New Zealand, representing 45% of total manufacturing income. Our members directly or indirectly employ more than 493,000 people – one in five of the workforce.

THE PROPOSAL

3. The Ministry of Education is looking to transfer the National Administration Guidelines (NAGs) requirement relating to nutrition and healthy eating into a new Regulation made through the *Education and Training Act 2020*. NAGs set out the Government’s administrative requirements for State school boards and provision 5(b) guides school boards to promote healthy food and nutrition for all students. These will no longer exist from 1 January 2023.

OVERARCHING COMMENTS

4. NZFGC strongly agrees that it’s important to promote the benefits of healthy eating and drinking during children’s early development.
5. NZFGC members help to reduce sugar in New Zealand diets in two key ways: reducing the amount of *added* sugar in food and beverages, and encouraging smaller serving sizes.
6. We agree that effective school and community education, and the active promotion of healthy drinks, are vital elements for a schools programme. We therefore concur with the Ministry’s preference for Option 1 which includes an additional requirement for schools with students in years 1-8 to only provide healthy drinks.
7. NZFGC mostly agrees with the Ministry’s definition of healthy drinks. In the detailed comments we cover suggested amendments for dairy products, dairy alternatives and waters. In summary:
 - We particularly support the inclusion of reduced or low-fat milk and the inclusion of low fat, flavoured milks in the definition simply to encourage embedding the health benefits of dairy consumption from an early age. New Zealand children are calcium deficient and we would therefore also support the inclusion of full fat milk as reflective of the importance of dairy products in a child’s diet for growth and development.
 - In relation to dairy beverage alternatives or plant-based milks, we support the inclusion of reduced or low-fat plant-based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12 in the definition of healthy drinks. They have an important role to play for those children with dairy allergies.
 - We recommend the inclusion of flavoured or unflavoured plant-based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12. This would increase the accessibility of a range of nutritious beverages, many of which are ‘low sugar’ and have a high Health Star Rating,

-
- Similarly, we support the inclusion of unsweetened flavoured water under the definition of healthy drinks. This category of drinks is clearly defined under HSR and receives a 4.5 star rating given it's nutrition profile is the same as water.
8. All these beverages provide more variety in options provided at schools. Consistent with the foregoing, we suggest that the Health Star Rating be referenced in the definition of healthy drinks. This would acknowledge that HSR is the overall nutritional value of a beverage that has the greatest impact on health, rather than a single nutrient in isolation (i.e. free sugars).
 9. In terms of transition, ensuring schools are equipped for this change where it is new is not just about securing appropriate drinks but also about adding sound nutrition education to the curriculum.
 10. Where secondary schools are concerned, there are much broader issues to address in relation to applying a healthy drinks policy in that environment not the least the level of independence students have for choice and purchase at this level.
 11. NZFGC agrees that the current NAG 5(b) provision be continued for all primary schools. As noted in the Discussion Document, without this requirement, some schools may choose not to promote healthy food and nutrition education.
 12. NZFGC considers there are circumstances that warrant some flexibility. In addition to those identified by the Ministry, the Covid19 experience would also identify pandemics as an important time for flexibility when supply issues could well warrant short-term substitution. The ability for a school to continue healthy drinks programmes would be important.
 13. NZFGC considers a light touch is appropriate. However, we would point out that a number of NZFGC beverage manufacture members had agreed voluntarily in 2006 to not directly sell sugar sweetened soft drinks nor energy drinks into schools and in 2017, New Zealand's non-alcoholic beverage companies pledged to only directly sell water in primary and intermediate schools. NZFGC therefore recommends that school boards be required to report on their undertakings in relation to the requirements to ensure consistency in application.

DETAILED COMMENTS

Question 1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

14. NZFGC is an industry organisation representing suppliers and manufacturers of food and drinks. We recognise that nutrition cannot be considered in isolation and we have worked in the past with the Ministry of Health on a healthy children industry pledge and then with resources for Healthier New Zealanders. Our members help to reduce sugar in New Zealand diets in two key ways: reducing the amount of *added* sugar in food and beverages, and encouraging smaller serving sizes. We see both these in action in the beverages sector with reduced and zero sugar options commonly available and supported by consumers and the increase in the consumption of water as a beverage.

Question 2: Do you agree with our view of the problem? If not, why not? What other problems, if any, do you think should be taken into consideration in assessing options?

15. The Ministry of Education advises that studies conducted by the Environmental Health Indicators New Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand. It may be the case that Corona virus is now the most common but does not minimise the long-term impacts of dental caries over a lifetime. NZFGC agrees in part with the problem statement but notes that while ‘free sugars’ contribute to obesity, poor oral health, diabetes and other health-related diseases, this is from a range of sources and environments, not just schools.

16. We strongly agree that it’s important to promote the benefits of healthy eating and drinking during children’s early development.

Question 3: Are these the right objectives? Can you think of any others to add?

17. The objectives proposed are:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

18. NZFGC agrees the above objectives are appropriate. Effective school and community education, and the active promotion of water are vital elements for a schools programme. However, these regulations could be complemented by other policies to address a positive education on healthy food and nutrition.

19. We believe there should be an objective relating to measuring the impact of the programmes facilitated by the regulations. This could, for example be a survey of children’s responses in a random selection of schools.

Options

20. The Ministry considered three Options:

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.
- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

21. Option 1 is the Ministry’s preferred option. NAG 5(b) states:

*“NAG 5 Each board of trustees is also required to ...
b) promote healthy food and nutrition for all students; and”.*

22. According to NAG 5(b), it is currently a requirement for schools to promote healthy food and nutrition for all students so a duty for this requirement is a continuation of the status quo. All three options provide for this. The key differences between the options are:

- Option 3 does not include any additional requirement around the provision of healthy drinks.
- Option 2 includes an additional requirement for all schools (primary and secondary) to only provide healthy drinks.
- Option 1 includes an additional requirement for schools with students in years 1-8 to only provide healthy drinks.

Question 4: Are there any other options that you think should be considered?

23. NZFGC does not propose any other options for consideration.

Definition of 'healthy drinks'

24. The Ministry proposes 'healthy drinks' be defined as:

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant-based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

25. NZFGC mostly agrees with the Ministry's definition of healthy drinks. In the following we cover suggested amendments for dairy products, dairy alternatives and waters and set out suggested text before the next question..

Dairy milks

26. We particularly support the inclusion of reduced or low-fat milk within the definition of healthy drinks in schools. We would strongly support the inclusion of low fat, flavoured milks in the definition simply to encourage embedding the health benefits of dairy consumption from an early age.

27. We would also support the inclusion of full fat milk as reflective of the importance of dairy products in a child's diet for growth and development. Full fat milks also deliver the range of vitamins and minerals for children as low-fat milks.

28. Milk and milk products (including yoghurt and cheese) are one of the four major food groups under New Zealand Dietary Guidelines that make up a healthy, balanced diet. These Guidelines recommend that children and young people include at least 2-3 servings of milk and milk products each day. This is key to the rationale for strongly supporting the inclusion of low fat, flavoured milks in the definition simply to encourage embedding the health benefits of dairy consumption from an early age. We set out further reasons in Attachment A.

29. When flavoured milk is an available choice, it has been shown that children are more likely to drink milk in general and meet key micronutrient intakes similar to that of plain milk drinkers¹. Flavoured milk can act as an important vehicle for increasing consumption of the dairy food group, supporting New Zealand children to meet their recommended servings of dairy each day.

Dairy beverage alternatives

30. We would propose that the definition for milk alternatives that has been developed under the Health Star Rating System (HSR) be used as a guide i.e. 'dairy beverage alternative'. This would also be consistent with the comment below concerning unsweetened flavoured water. That definition is:

¹ Fayet-Moore F. Effect of flavored milk vs plain milk on total milk intake and nutrient provision in children. Nutr Rev. 2015;74(1):1-17

“Dairy beverage alternative - A ‘dairy food’ analogue derived from legumes that contains:

- no less than 3.1% m/m protein derived from legumes if presented as a ‘yoghurt or a dairy dessert analogue’, or
- no less than 15% m/m protein derived from legumes if presented as a ‘cheese analogue’.”²

31. We support the inclusion of reduced or low-fat plant-based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12 in the definition of healthy drinks. They have an important role to play for those children with dairy allergies.

32. We recommend that the definition of plant-based milks be changed to “flavoured or unflavoured plant-based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12”. This would increase the accessibility of a range of nutritious beverages, many of which are ‘low sugar’ and have a high Health Star Rating, while maintaining the presumed intent of the guidelines to ensure that flavoured plant-based beverages (e.g. chocolate/vanilla flavoured), that have a higher sugar content, are still excluded from the definition. This was also brought to the attention of the Ministry of Health as part of its 2020 review of the Eating and Activity Guidelines for New Zealand adults (the “**Guidelines**”) and resulted in the recommendation to choose ‘no added sugar’ varieties being removed in those Guidelines for non-dairy milk alternatives.

33. The rationale for this recommendation in the school regulations is as follows:

- A review of non-dairy beverages/milks currently available in New Zealand revealed a range of products with a 4.5 or 5 Health Star Rating (HSR) that would not meet the current recommendation to choose “unsweetened” options, particularly amongst soy milks. In comparison, many products that would be deemed ‘better options’ by the Guidelines (i.e. do not contain added sugar) have a lower HSR, for example many unsweetened nut milks have a 4 star HSR rating. Inconsistencies like these serve only to cause confusion amongst the public and undermine the credibility of the HSR system.
- In addition, while all non-dairy milks can be consumed as part of a healthy diet, soy milk is often the first to be recommended by healthcare professionals, due to the close nutritional profile to dairy milk. Analysis of IRI Scan Data (MAT 20 March 2022) revealed that of the top 20 selling soy milk SKUs available in New Zealand, 3 contain no added sugar, with only one of these being fortified with calcium and none containing vitamin B12. In comparison, many soy milks with a small amount of added sugar are fortified with calcium, vitamin B2, B12 and D, but still meet the requirement to be labelled ‘low sugar’ as provided for in the *Australia New Zealand Food Standards Code*.
- As well, most plant-based milks are, by nature, low in saturated fat, therefore it is not necessary to specify ‘reduced’ or ‘low fat’ in this definition.

Waters

34. Similarly, we support the inclusion of unsweetened flavoured water under the definition of healthy drinks. This category of drinks is clearly defined under HSR and receives a 4.5 star rating given it’s nutrition profile is the same as water. Also, these beverages provide a little more variety in options provided at schools. The HSR definition is:

² [Health Star Rating - Guidance for Industry](#) – see ‘Health Star Rating system Calculator and Style Guide (version 3) was uploaded on October 2021’ at foot of page

“Unsweetened flavoured waters, as per the following definition:

Packaged beverages similar in nutritional profile to water that may contain only:

- carbon dioxide, whether added or naturally occurring;
- permitted flavouring substances (as defined by Standard 1.1.2-2 of the Code)
- mineral salts at Good Manufacturing Practice (GMP) (Schedule 16 of the Code)
- additives that provide a specific safety or stability function at GMP (Schedule 16 of the Code)

and must not contain:

- added sugars, sweeteners, colours, sodium, caffeine, quinine, or any other ingredient that contains energy and is not expressly permitted above (e.g. protein).”³

35. Consistent with the foregoing, we suggest that the Health Star Rating be referenced in the definition of healthy drinks. This would acknowledge that HSR is the overall nutritional value of a beverage that has the greatest impact on health, rather than a single nutrient in isolation (i.e. free sugars). Previous research has found that a HSR of 3.5 contributes to clarifying the line between healthy and unhealthy products, an ability that was strengthened by the changes to the HSR system in 2021 as part of the 5-year review.

Summary definition

36. In summary, we recommend ‘healthy drinks’ be defined as:

Consistent with the definitions of the Health Star Rating system:

- Plain, unflavoured and unsweetened flavoured water;
- Reduced or low-fat plain and flavoured milk;
- Plain and flavoured full fat milk; and
- Unsweetened Flavoured or unflavoured reduced or low-fat plant-based milks/dairy beverage alternatives (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

Why not regulate healthy food?

37. The Ministry states that it is not regulating healthy food in schools because such regulations would not be available by 1 January 2023. It contends that healthy drinks are easy to do and that “water is the healthiest drink humans can consume.”

38. NZFGC considers the timing issue is quite separate to a claim that water is the healthiest drink humans can consume. This is true for overall hydration. There are very limited nutritional benefits of water and it is therefore not the healthiest drink humans can consume. Coupled with other drinks, such as low-fat milk and similar plant-based drinks, these are healthy drinks.

Option 1

39. The Ministry is seeking feedback on the impact (or feasibility) for schools with other age groups of a requirement to only provide healthy drinks to year 1-8 students. In the Ministry’s view, this should be manageable for schools with some primary school-aged children (around 110) as well as those with a majority of primary school children (around 170) since these schools would already have healthy drinks policies. This is not necessarily the case for secondary schools and more work would need to be done to understand the challenges that secondary schools would face in implementing this policy.

³ [Health Star Rating - Guidance for Industry](#) – see ‘Health Star Rating system Calculator and Style Guide (version 3) was uploaded on October 2021’ at foot of page

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty? If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

40. NZFGC recognises the value of transition periods in the manufacturing sector and we suspect this is no different in schools. Ensuring schools are equipped for this change where it is new is not just about securing appropriate drinks but also about adding sound nutrition education to the curriculum.

Option 2

41. The Ministry is seeking feedback from secondary schools in relation to only providing healthy drinks.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

42. There are much broader issues to address in relation to applying a healthy drinks policy in secondary schools not the least the level of independence students have for choice and purchase at this level.

Option 3

43. The Ministry contends that a school's promotion of healthy food and nutrition is undermined where the school also actively provides unhealthy food and drink.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

44. NZFGC agrees that the current NAG 5(b) provision be continued for all primary schools. As noted in the Discussion Document, without this requirement, some schools may choose not to promote healthy food and nutrition education.

45. NZFGC is strongly supportive of consumer education around healthy food and nutrition and as noted above. Our members are involved in contributing to these efforts in many areas but a key example is the KickStart Breakfast programme which is the only school breakfast programme of its kind in New Zealand. It provides free breakfast to over 30,000 children each school day in over 1000 schools, helping more tamariki achieve their best by getting a kickstart to their day. It is the springboard for health and nutrition messaging and education in schools



Circumstances where the duty will not apply

46. The Ministry recognises there may be circumstances or events (religious, cultural etc) where the requirements to only provide healthy drinks to year 1-8 students may not be reasonable.

47. The Ministry identified circumstances as including communion, powhiri, drinks consumed as part of the curriculum, drinks provided as part of medically prescribed dietary requirements, for areas where a boil water notice is in force, during school discos, school fairs and galas.

Question 9: What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

48. NZFGC considers there are circumstances that warrant some flexibility. In addition to those identified by the Ministry, the Covid19 experience would also identify as an important time for flexibility when supply issues could well warrant short-term substitution. The ability for a school to continue healthy drinks programmes would be important.

Monitoring and compliance

49. Any new duty under Options 1 and 2 apply only to school boards, not to parents of students. The Ministry says that schools could go further than the Regulations by putting in place a school policy which stopped children from bringing unhealthy drinks into school and that many schools had done this. As a result, the Ministry was “proposing to have a light-touch compliance approach to the new duty” and no formal sanctions for failure to comply with the duty.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

50. NZFGC considers a light touch is appropriate. However, we would point out that a number of NZFGC beverage manufacture members had agreed voluntarily in 2006 to not directly sell sugar sweetened soft drinks nor energy drinks into schools.

51. Further, in 2017, New Zealand’s non-alcoholic beverage companies pledged to only directly sell water in primary and intermediate schools. The companies gave up the schools market as part of their social responsibility to the New Zealand community only to see the market filled by third parties selling these same drinks into some of these schools. For this reason, NZFGC recommends that school boards be required to report on their undertakings in relation to the requirements to ensure consistency in application.

Flavoured milk – a ‘Four Food Group’ Food

- Flavoured milk, just like plain milk, provides protein, calcium and other essential nutrients which are often lacking in children’s diets.
- According to the New Zealand Dietary Guidelines¹ both plain and flavoured milk are included in the third of four food groups ‘dairy and dairy products’ and are classified as Four Food Group foods.

Flavoured milk has a positive nutritional impact

- In 2002 (the last children’s nutrition survey) the prevalence of inadequate intake of calcium among New Zealand children was 15.1 percent. Children 11–14 years had a higher prevalence of inadequate intake of calcium than those 5–10 years. The highest prevalence of inadequate intake was among Pacific children (average 43%) and higher than among New Zealand European origin children (20%) and Māori children (16%).²
- More recent Australian research has shown that drinking milk – whether plain or flavoured – contributed positively to children’s nutrient intake and consequently to the same positive health outcomes.^{3,4} Australian studies have shown flavoured milk drinkers aged 9-16 years were 1.7 times more likely to meet the estimated average requirements (EAR) for calcium.^{3,4} Flavoured and plain milk drinkers also had higher total daily milk and dairy intake than milk avoiders³, and adolescents that consumed flavoured milk at least twice a week had a five-fold greater chance of maintaining an adequate dairy intake during adolescence (12-17y).⁵
- These findings are important as childhood and adolescence is a critical period when they most need these nutrients to support growth and development. However, studies have shown that milk consumption declined while the intake of poorer nutrient, high calorie food and drinks increased as children moved into adolescence.³ The body of evidence demonstrated that consuming flavoured milk, particularly for adolescence, was a vehicle for improving key nutrient and dairy intake.

Consuming flavoured milk improves diet quality and decreases consumption of discretionary foods

- Research from both US and Australia showed children who drank flavoured milk had lower intake of nutrient poor sugar sweetened beverages than children who did not drink flavoured milk.^{3,4,6,7,9}
- When flavoured milk was consumed before a meal and as part of a meal, participants consumed less high energy/low nutrient food compared to an energy equivalent fruit drink.⁸ In a randomised controlled trial in 98 children 8-10 years, those who drank flavoured milk rather than soft drink (3 x 200mL/day for 4 months) gained more lean body mass, while boys who drank flavoured milk were 0.7cm taller. Energy intakes were also significantly lower compared to those who continued to drink soft drinks.⁹

Flavoured milk has no adverse effect on weight

- On average, flavoured milk contains 4.4g/100mL of free sugars.⁹ Flavoured milk contributes 3% to the total free sugars content of the diet of children and adolescents, far less than that of energy dense, nutrient poor beverages which are the highest contributors to free sugars intake in the Australian diet.^{9,11}

- Studies from Australia and US have shown that despite containing added sugar, consumption of flavoured milk did not lead to weight gain or changes in BMI in normal weight children.^{3,4,7,10}
- Research also supported a potential benefit of consuming flavoured milk in place of sugar-sweetened carbonated, fruit flavoured drinks and fruit juice. In a study that assessed the effect of swapping 100g sugary drink (sugar-sweetened carbonated and fruit flavoured drinks and fruit juice) for 100g milk (a small proportion being flavoured milk) on BMI and weight, it found every additional 100g/day increase in sugary drink was associated with a 100g increase in body weight.¹² However, substituting 100g/day of sugary drink with 100g/day of milk was associated with a 0.16kg decrease in weight.
- A systematic review and meta-analysis found that for each additional serve of dairy food included in the diets of children, the risk of overweight and obesity was reduced by 13% (noting that this study included all types of dairy, not just flavoured milk).¹³

Flavoured milk contains teeth-friendly nutrients

- Milk, including flavoured milk, contain teeth friendly nutrients and components such as casein, whey, calcium and phosphorus that are protective against dental caries. Research shows higher intakes of sugar sweetened beverages (sugar-sweetened carbonated and fruit flavoured drinks and fruit juice) increased risk of dental caries and erosion, while higher intakes of milk-based beverages reduced the risk against dental caries.⁹
- When it comes to flavoured milk, studies are limited but the majority reported no association between flavoured milk and dental caries.¹⁰

Reference

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i 02 JUNE 2022

Hāpai Te hauora Submission to The Ministry of education on The Proposed changes to the promotion and provision of healthy drinks in schools

Q1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

1. We are providing our feedback as the largest Māori public health organisation in Aotearoa New Zealand. Hāpai Te Hauora Tāpui Ltd (Hāpai) is the largest Māori Public Health organisation in Aotearoa. We are national leaders in Population Health, Public Health, Policy and Advocacy, Research and Evaluation, and Infrastructure Services. Hāpai situates itself as the conduit between people and policy, utilising the strength of connection to the community to advocate and drive people led policy, for best Population health outcomes.
2. Established as a tripartite agreement between Te Rūnanga o Ngāti Whātua, Raukura Hauora o Tainui and Te Whānau o Waipareira in 1996, Hāpai has worked for 25 years to advance the interests of whānau, hapū, iwi and communities in Tāmaki Makaurau and nationally.
3. Hāpai is a Māori Public Health organisation that has its roots grounded in Tāmaki Makaurau, and with a reach across Aotearoa. Hāpai is mandated to work across a range of population health, health promotion and infrastructure service support, with key workstreams across tobacco control, gambling harm minimisation, alcohol and other drugs harm minimisation, improving nutrition and physical activity, psychosocial responses for mental health and addictions, SUDI prevention and Tamariki Ora. Our work program is broad and varied, ensuring that we work across the social determinant of health to address health issues and improve health outcomes for whānau.

4. Given our whakapapa (heritage), Hāpai continuously operates under our own empirical models of indigenous wellbeing, which ensures that our practice is in alignment with the latest Public Health evidence and the expertise of the lived experiences of whānau, hapū, iwi and hāpori Māori, to enhance Māori well-being.
5. As an organisation, Hāpai is committed to realising the health and well-being potential of Māori through working towards equitable health outcomes for whānau, hapū, iwi and hāpori Māori. We affirm that to achieve this, the impacts of broader social determinants of health need to be addressed structurally and systemically.
6. Hāpai operates from the philosophy of “Oranga Tangata, Oranga Whenua” as the simulative epitome of Te Āo Māori in practice. This speaks to the inextricable connectedness of humanity to the environment in all of its facets. “Oranga Tangata, Oranga Whenua” highlights the critical interdependence that Māori people have with their environment, reflected not only in its physical manifestations of land and water but also in human and esoteric capitals. It is in Hāpai’s view that the built environment “ in its laws and regulations” significantly shapes our health outcomes and large contributor to poor health outcomes and health inequalities.
7. Māori today bear the scars of significant inter-generational trauma, brought about by the impacts of colonisation, including but not limited to Māori over-representation in poverty, under-employment and the poor health outcomes across all spheres of health and wellbeing.

Q2: Do you agree with our view of the problem? If not, why not?

8. Hāpai welcomes strengthening the voluntary adoption of healthy eating and water only policy in schools by transferring the NAG requirement relating to nutrition and healthy eating into a new regulation made through the education and Training Act 2020.
9. Yes, we agree with the view of the problem as outlined in the discussion document. Dental decay is currently the largest health issue impacting the health and wellbeing of our tamariki and mokopuna. We believe that any issues concerning the health and wellbeing of our tamariki and mokopuna should be dealt with radically and promptly. However, we believe that the issues of healthy drinks and kai habits amongst our tamariki is a broader issue than what has been

described in the discussion document. We believe that the issue needs to be viewed from a more holistic and comprehensive approach that views the health and wellbeing of tamariki as a whole and within the context of their whānau, hapū, and iwi.

10. While we agree that tooth decay is the most common health issue reported amongst tamariki in Aotearoa, we believe that other health issues caused or worsened by eating and drinking options that don't promote good health should also be carefully looked at, this includes type 2 diabetes, and obesity.
11. We recommend the issue be viewed through a te ao Māori and mātauranga Māori lens to allow for a comprehensive view of the issue and hence provide an opportunity for comprehensive and radical solutions.
12. We recommend the issue be viewed holistically and comprehensively as unhealthy eating and drinking options in schools as opposed to a particular focus on sugar intake in drinks
13. In addition to the above, we highly urge the Ministry of Education to pay particular attention to inequalities in health outcomes in the definition of the issue in the discussion document. This includes inequalities in health outcomes between tamariki Māori and their non-Māori, and tamariki living in low socio-economic status and those living in high socioeconomic status.
14. We recommend the Ministry of Education work in collaboration with the Ministry of Health in the drafting and implementation of this regulation. Comprehensive issues require comprehensive radical solutions that can only be achieved and provided for through collaborative efforts from different governmental agencies.

2nd part of Q2: What other problems, if any, do you think should be taken into consideration in assessing options?

15. As highlighted above, we recommend viewing the issue from the holistic and comprehensive te ao Māori perspective of health and wellbeing and the contributing factors to poor health outcomes in tamariki and rangatahi. We believe that in addition to the provision of healthy drinks in schools, kai ora should also be part of this new regulation. Unhealthy kai that is high in added

sugar isn also a contributing factor to the health issues outlined above. Similarly unhealthy kai and drinks options are beyond sugar content in food or drinks. This includes salt/ sodium content, saturated fat content and kai with zero or low nutritional value. We believe that all of these factors should be considered in the drafting of this regulation.

16. Additionally, we believe that issues concerning child poverty and the provision of alternative healthy food and drink options in schools should also be taken into consideration in this regulation. Taking unhealthy food and drink options from schools should be accompanied by providing alternative healthier and affordable options in schools. It is also important to take into consideration the impact household poverty has on the type of drinks and food tamariki and rangatahi can buy at schools.

Q3: Are these the right objectives? Can you think of any others to add?

17. Hāpai agrees with the three objectives as outlined in the discussion document. we however recommend the objectives to adopt a more holistic concept of health and wellbeing including health equity. We, therefore, recommend adding the following:

- For the 2nd objective, in addition to healthy drinks, we recommend adding “ healthy kai consumption” to ensure that the regulation is comprehensive and inclusive of healthy kai options.
- A fourth objective concerning protection against unhealthy kai and drinks options and their right to healthy drinks and food options “Tamariki and Rangatahi in Aotearoa have a right to good nutrition and should be supported to access nutritious food and drink options”
- A fifth objective concerning the affordability, availability and sustainability of healthy drinks and food options in schools “Healthy kai and drink options are the most affordable, available, and sustainable option in schools for tamariki and rangatahi”
- A sixth objective concerning the inequitable health outcomes for Māori students “tamariki and rangatahi Māori have equitable health outcomes to in alignment with their non-Māori counterparts.
- A seventh objective concerning forming healthy eating and drinking habits amongst tamariki and rangatahi in Aotearoa.

Q4: Are there any other options that you think should be considered?

18. Hāpai agrees with adopting the first option to “replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply nutritious drinks to year 1-8 students”. In addition to schools and kura we recommend adding kohanga reo, puna reo, early childhood centres and kindergartens as well. Adopting this legislation within early childhood settings will contribute toward creating eating habits that promote good health in tamariki from a very young age, which can ultimately create a culture where nutritious kai and beverages are the ultimate preferred option for our tamariki.
19. In addition to this, issues concerning poor nutrition are also prevalent amongst younger children. Younger children also have dental problems attributed to the exposure to sugary drinks. A 2019 study showed that 38% of 5 years old children had caries in 2017 with the highest prevalence observed in Māori and Pasifika children. These dental issues would have started during pre-school. We, therefore, advocate for the adoption of healthy eating and drinking habits amongst tamariki from a young age.

Q5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

20. We agree with the unflavoured water, unflavoured milk and non-dairy equivalents components of the definition of healthy drinks. We, however, do not agree with the requirement for milk products to be reduced or low fat. Our interpretation of the scientific evidence is that high levels of added sugar is the primary component of concern.
21. We don't think that any other beverages other than the ones outlined in the discussion document should be allowed in schools. We believe that the only beverages that need to be available for our tamariki are those that support a nutritious diet [water and unsweetened milk]. We advocate for creating a societal shift in what constitutes a traditional diet in Aotearoa.

Q6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

22. Regulating healthy beverages in schools is a long-overdue step toward creating a school environment that promotes good habits that support health and well-being. Efforts directed toward improving the health and wellbeing of tamariki Māori should be taken seriously. While we believe that a lead-in period will promote the adjustment to the new regulations, we recommend a short, specific lead-in period of 6 to 12 months. We believe that the duration and the actions required by each school during the lead-in period should be monitored and wrap around support in the form of education and information for whanau and subsidisation of the new drink options for schools and whanau should be offered to promote the uptake of what are a rigid set of regulations.

Q: If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

23. Not applicable

Q7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

24. As highlighted in the discussion document, there are many benefits attributed to providing drinks options that promote good health only in schools, including higher productivity, and the increased buy-in of students adhering to healthy eating habits and the messages they are being taught if the school itself models those behaviours. Hāpai believes that the health and wellbeing of tamariki should be at the forefront of this regulation and any challenges concerning the school's ability to adhere to the regulation [such as catering contracts] should not be considered a secondary priority a targeted support should be made available to schools, kura and early childhood spaces should needs arise.

25. In regards to catering contracts, we believe that the benefits of providing healthy drinks only in schools outweigh any challenges schools could face to meet the new regulation. In the short-run adopting new legal duties by ditching drink and food options that aren't conducive to good

nutrition and sponsorships might be seen as a challenge to schools, but in the long- run the outcomes/ benefits of adhering to the regulations [improved health outcomes amongst our tamariki and rangatahi] outweigh these challenges. Schools should be encouraged to look toward the long term goal of creating a generation that is protected from obesogenic food and drink environments.

26. Hāpai believes that schools receiving sponsorships from big drink companies is a failure on the government's behalf in providing schools with the required and sufficient funding to operate efficiently without needing to rely on sponsorships from drink companies. The health and wellbeing of our tamariki should not be subject to sponsorships from these companies. In this regard, Hāpai recommends prohibiting school sponsorships from any food or drinks companies whose primary product offerings are foods that are ultra-processed and laden with added sugar. Schools that receive sponsorships from ultra-processed food and drinks companies should be given a lead-in period to end their contracts with these companies and consider other funding alternatives. Improving the health and well-being of tamariki and rangatahi requires committing to rigid rules and regulations that place health and well-being at the forefront of any other priorities or challenges faced by schools.

Q8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

27. We believe that schools should be required under regulations to promote healthy food and nutrition in schools. We believe that the currently adopted voluntary code is part of the problem, and should not be part of the solution if we are to provide radical and comprehensive change.

9: What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

28. Hāpai disagrees with the allowance for sugary drinks provision at school events. As highlighted in the discussion document, students are more likely to buy-in to the messages being taught at schools if the school itself models those behaviours. Providing sugary drinks for events and in

other circumstances would undermine the 2nd objective of this regulation of “schools model healthy drink consumption behaviours for all children at a young age”. In addition to that, allowing sugary drinks on special occasions would also undermine the formation of healthy nutrition habits in students and send mixed messages to students and their parents.

29. We agree with the allowing drinks if they are a part of the school curriculum, we however believe that this should be limited to only fruit drinks and no other drinks such as fizzy drinks and other unhealthy drinks made at school as part of the curriculum. We similarly agree with allowing other drinks if they are a part of any medically prescribed dietary requirements.

Q10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

30. We agree with the high-trust light-touch compliance approach. Our mahi at its core is about facilitating pathways towards tino-rangatiratanga for whānau, hapū, iwi and hapori.
31. We believe that the compliance approach should reflect the risks and the costs of the issue we as a society are trying to solve. The adverse health, learning, and social outcomes of consuming sugaring drinks and other unhealthy beverages are substantial, we, therefore, need to choose a compliance approach that is in line with how much we as a society value the health and wellbeing of our tamariki and rangatahi.
32. Hāpai recommends the Ministry of Education require each school in Aotearoa consider developing and implementing a healthy drinks and food policy, with nutritious food and drink options ultimately provided by schools given the cost of living crisis where in the current climate, nutritious food options are out of reach for many whānau. While our first recommendation would be to require each school to have healthy drinks and food policy that also applies to parents and the food they send with their tamariki to school, we understand that a big shift like this might place a burden on whānau who might not be able to afford to commit to “only healthy drinks and food “ policy.

CONCLUSION

33. Hāpai would like to thank the Ministry of Education for taking the time to considering the views of Hāpai Te Hauora in this submission.

34. Should the opportunity arise we would like to be approached for an oral submission to our response.

Naku noa, nā
9(2)(a)



Hāpai Te Hauora Tāpui Limited
Level 1, 6-8 Pioneer Street, Henderson
9(2)(a)



Proactively Released



From: 9(2)(a)
Sent: Thursday, 7 April 2022 1:46 PM
To: Hon Chris Hipkins <Chris.Hipkins@parliament.govt.nz>
Subject: Input on the Fizzy Ban Ref: CH14217

To Chris('s office)

As a teaching student currently in my third year, I would like to express my caution at blanket bans like this. Studying health and PE it is pretty clear we should be teaching kids that there are no good and bad foods only excess and moderation.

A complete ban on fizzy drinks will, I expect, have long term negative effects as it limits our ability to teach that fizzy is ok sometimes. The subliminal message is that drinking "sugar drinks" is bad and if this conflicts with what children are seeing in home environments then it may confuse them, and they may feel forced to pick sides either loosing respect for their family members or for messages from the education system. If they don't get the opportunity to learn moderation at school then you are merely delaying the tooth decay till they reach financial autonomy.

End of year events and special occasions should be allowed to use fizzy/high sugar content drinks (and other junk food) almost as an educational tool e.g. everyone can have a glass or two if they like, with learning around how its absolutely fine to have fizzy sometimes in moderation, just not all the time.

Happy to correspond further over this and can, if needed, provide research to back this up. Though, I expect your research has already shown this to some degree. We need to be teaching with compassion and helping make culture shifts.

ขอแสดงความนับถือ

K̄ho s̄ædng khwām nab̄thue
Kind regards
9(2)(a)

From: 9(2)(a)
Sent: Thursday, 7 April 2022 7:02 PM
To: C Hipkins (MIN) <c.hipkins@ministers.govt.nz>
Subject: Healthy drinks at schools

Dear Minister,

As a parent, grandparent, former nurse and teacher, I have regular discussion with my dentist about children's dental health. There is no doubt that sugary drinks are a huge cause of serious decay.

As education centres, schools are well placed to model drinks that are healthy. The school that succeeded in changing practice by regular reminders to parents is to be commended. However not all school communities respond in that way.

To say that regulation as suggested is nanny state is quite unfair when the proposal does not forbid children bringing sweet drinks (undesirable though that is). Primary and intermediate schools are good places to bring change.

We constantly hear of the shocking level of dangerous decay in very young children's teeth. This is one way of improving this situation.

I do get tired of the criticism of a proposal because it 'comes from Wellington' when this is a nation-wide problem.

I support the proposal and commend the initiative.

9(2)(a)
Wellington

9(2)(a)

From: 9(2)(a)
Sent: Thursday, 7 April 2022 2:19 pm
To: Legislation Consultation

You don't often get email from 9(2)(a) [Learn why this is important](#)

This is a waste of time! Schools are already doing this. Put your energy into something useful like special needs. Shameful!

Proactively Released

9(2)(a)

From: 9(2)(a)
Sent: Wednesday, 13 April 2022 9:18 am
To: Legislation Consultation
Subject: Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

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Kia ora,

I would like clarification please for Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

The three options outlined are below:

Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students. •

Option 2: replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks. •

Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

What is not clear to me is whether Option 2: duty in Regulations, includes the duty in Regulations for all schools and kura to promote healthy food and nutrition as well as healthy drinks.

Please clarify.

Regards

9(2)(a)

From: 9(2)(a)

Sent: Friday, 8 April 2022 9:36 AM

To: Hon Chris Hipkins <Chris.Hipkins@parliament.govt.nz>; Rt Hon Jacinda Ardern <Jacinda.Ardern@parliament.govt.nz>; Hon Andrew Little <Andrew.Little@parliament.govt.nz>; Tangi Utikere <Tangi.Utikere@parliament.govt.nz>

Cc: Christopher Luxon <Christopher.Luxon@parliament.govt.nz>

Subject: Your comments about fizzy drink ban on schools Ref: CH14221

Dear Mr Hipkins

"If kids eat and drink well, there are a myriad of benefits and good outcomes for learning," Minister of Education Chris Hipkins said.

If you truly believe this why do government employees at oranga tamariki in palmerston North think the ministry of health guidelines on healthy eating for children are a joke and parents who show them the guidelines are treated as idiots for doing so? Why do they and DHB staff believe that kids must be fed muesli bars or other 'treat' foods, as described by MOH, every day or the child is being deprived /starved? And this means the child should be uplifted?

Your words are meaningless if your own government employees don't believe or follow them.

Just another example of making yourself look good.

It is time for change within the government, practice what you preach. Clean up your own house first.

What are you going to do to change the attitudes and behavior of government employees so that they follow healthy eating guidelines and respect parents who do the same?

9(2)(a)

To whom it may concern

We are writing today to provide our views and input on the proposed changes to the promotion and provision of healthy drinks in schools. We are two post-graduate students undertaking our Diploma of Health Sciences 9(2)(a) well as both being Registered Nurses.

Overall on review, we support the proposed changes, more specifically in agreement with option 1 detailed in the said proposal. There is not only robust evidence but from anecdotal and personal experience in healthcare, there is a need to address the matter of 'free sugars' and the harm they are causing for children in New Zealand in regards to poor oral health. The clearly documented disparities between Māori and Pacifica children are also clearly evidenced and we feel strongly that this needs to be addressed.

1. As mentioned in the proposal, this is not the ultimate solution to all problems, but we see value in the proposal being a step in the right direction to improve health outcomes for children in New Zealand, specifically in improving oral health (Thornley et al., 2017). We acknowledge the complexities of addressing sugar in foods and that this may require further thought and the development of further policy.
2. We also agree that the objectives proposed are correct and provide a clear direction for what the policy aims to achieve.
3. Option 1, being that of regulatory healthy food and nutrition promotion in combination with supplying only healthy drinks to students years 1-8 would be the best option detailed. This would provide a simple intervention of removing high sugar drink options but also provide ongoing education and promotion of healthy food and nutrition (Ministry of Health, 2017: Health Quality & Safety Commission New Zealand, 2021).
4. We agree with the definition outlined of what is deemed a 'healthy drink'. If for example, low sugar fruit juice was added, lines between what could and could not be included would become blurred and may not see as a positive impact on the health outcomes this policy hopes to achieve. Making a clear and concise definition is appropriate to mitigate the risk of confusion and to assist in adherence to the policy.
5. We acknowledge that a lead-in period for these changes may be helpful, especially if schools have contractual obligations to drink companies. A clause stating a reasonable time to end contracts or not to renew current contracts is advisable.
6. We also acknowledge the complexities that may arise with area/composite schools but believe this should come down to the school governance level to put individual measures in place to be able to adhere to this policy. These schools should also be encouraged to put this policy in place for the whole school to continue the positive habits that have been/will be built from primary level schooling. Self-regulation and management of implementation should sit at the individual school governance level.

7. We agree that education and early intervention are crucial in the promotion of healthy food and nutrition (Schluter et al., 2016; Thornley et al., 2017).
8. As nurses, we agree that there are always exceptions to the rules. We wish to highlight the need for high sugar drink availability when required for those with medical conditions e.g. a child with Type 1 diabetes experiencing hypoglycaemia. The other exceptions listed appear reasonable also.
9. The high-trust, self-regulatory approach may be beneficial in the role of this policy as local and proactive stakeholder engagement may have more positive outcomes in behaviour change. Giving control to consumers can assist with feelings of empowerment. There may be a need for further support and help for specific schools.

Recommendation:

Replace the existing NAG 5b with duty in regulations for all schools and Kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.

Thank you in advance for taking the time to read and consider our submission.

Reference:

Ministry of Health. (2019). *WAI 2575 Maori Health Trends Report*. Retrieved from <https://www.health.govt.nz/system/files/documents/publications/wai-2575-maori-health-trends-report-04mar2020.pdf>

Health Quality & Safety Commission New Zealand. (2021). *Bula Sautu report – Pacific health in the year of COVID-19*. Retrieved from hpsc.govt.nz/assets/Our-data/Publications-resources/BulaSautu_WEB.pdf

Thornley, S., Marshall, R., Reynolds, G., Koopu, P., Sundborn, G., & Schofield, G. (2017). Low sugar nutrition policies and dental caries: A study of primary schools in South Auckland. *Journal of paediatrics and child health*, 53(5), 494–499. <https://doi.org/10.1111/jpc.13449>

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Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

We are seeking your views on the promotion and provision of healthy drinks in schools

Overview

The promotion of healthy food and drink in schools improves children's behaviours around what they eat and drink at school and at home. Eating habits developed at a young age shape a person's ongoing approach to healthy eating and drinking through to adulthood, so it's important to promote the benefits of healthy eating and drinking during children's early development.

The National Administration Guidelines (NAGs) set out the Government's administrative requirements for State school boards.¹ NAG 5(b) guides school boards to promote healthy food and nutrition for all students. Since 2009, the Ministry of Health has been working with schools to encourage the voluntary adoption of healthy eating and water-only policies.²

From 1 January 2023, all NAGs, including NAG 5(b), will no longer be in effect in the legislation, because of some changes we're making to how schools do their planning and reporting. We are currently looking at transferring the NAG requirement relating to nutrition and healthy eating into a new Regulation made through the Education and Training Act 2020.

The introduction of new Regulations also provides an opportunity to strengthen the requirements so that schools can provide healthy drinks only. This would bring schools in line with the healthy drinking standards in the Ka Ora Ka Ako Healthy School Lunches programme, and existing guidance from the Ministry of Health's Healthy Active Learning programme.

We plan to bring the Regulations into force from the end of this year, before the NAGs stop having effect.

This discussion document presents the government's preferred option and two other options we have considered that we'd like your feedback on.

Question 1:

I am a retired Public Health Dietitian. I worked advocating for this legislation for about 25 years.

Problem definition/opportunity

¹ 'State' schools include: ordinary State schools, designated character schools (including Kura Kaupapa Māori), State integrated schools, specialist schools and distance schools.

² Schools that have water-only policies only allow water and plain, low-fat milk to be permitted on-site.

New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.

Research in New Zealand has highlighted 'free sugars' as contributing significantly to high rates of obesity, poor oral health, diabetes and other health-related diseases.³ The consumption of free sugars in sugar sweetened beverages now contributes to 26% of the total sugar intake of children.⁴ Studies conducted by the Environmental Health Indicators New Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand.

The government has committed, through the Child and Youth Wellbeing Strategy, to ensure that children have the best possible health as a foundation for wellbeing. Long-standing structural and historic inequities in New Zealand society have disadvantaged particular groups, which has resulted in Māori and Pacific children being over-represented in these figures.

The Ministry of Health's Health Survey found that Māori children were more likely to consume sugar sweetened beverages than non-Māori children. Between 2002 and 2016, Māori children in Year 8 were significantly more likely to suffer from decayed, missing, or filled teeth than their non-Māori peers.⁵ In 2018/2019, Pacific children aged 1-14 years were nearly twice as likely as non-Pacific children to have had teeth removed due to decay, an abscess, infection or gum disease in the past 12 months.⁶

Question 2:

Yes these are the problems. Also research shows that children don't concentrate and learn as well when they are full of sugar. Sugar sweetened beverages affect children's behaviour and learning

Objectives

Our proposed objectives for these new Regulations are:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

Question 3:

These are the right objectives

Options analysis

We have identified three options that we'd like to get your feedback on. These are:

³ Free sugars are defined by the World Health Organisation as monosaccharides and disaccharides added to food by both the manufacturer and consumer, including sugars naturally present in honey, syrups, and fruit juice.

⁴ Sundborn et al, "New Zealand's growing thirst for a sugar-sweetened beverage tax", New Zealand Medical Journal, 2015.

⁵ Ministry of Health, WAI 2575 Maori Health Trends Report, 2019.

⁶ Health Quality & Safety Commission New Zealand: Bula Sautu report - Pacific health in the year of COVID-19, 2021.

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.
- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Option 1 is our preferred option, and what we're proposing to do, but we're keen to get your feedback on all of them. The options are explained in more detail on the following pages, along with specific questions.

**Question 4: Are there any other options that you think should be considered?
No I am for option 2**

Definition of 'healthy drinks'

For options 1 and 2, 'healthy drinks' are defined as:

- Plain, unflavoured water;
- Reduced or low-fat milk; and
- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

This is consistent with the Ministry of Health's existing guidance on healthy drinking in schools, and the guidelines for the Ka Ora Ka Ako free lunches programme.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Yes I agree with this definition

Why not regulate healthy food?

Regulation of school-level provision of healthy food and drink is common practice in other OECD countries, with some going as far as specifying percentages of micronutrients (such as zinc and iron) that should be provided. However, regulating food standards and/or nutritional requirements for the food provided in schools would not be possible to roll out nationally before 1 January 2023.

In the first instance, regulating the provision of healthy drinks is simpler to implement and makes a difference to schools and students. This is because water is the healthiest drink humans can consume. No other drinks are as good at hydrating your body while also being good for your oral health.

The same cannot be said for food. Fruit is good for you, but only eating fruit is not. A healthy diet requires a balance of different food types and getting this right in Regulations, while accounting for specialist diets and allergies, takes time. For this reason, we are not proposing healthy food regulation as part of these changes.

Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students

For option 1, when we say ‘primary schools’, we mean:

- full primary schools
- contributing primary schools
- area and composite schools
- intermediate schools.

Approximately 110 secondary schools comprise some primary school-aged children (usually in Years 7 and 8). Applying the Regulation to primary school-aged children in these settings may make it difficult for these schools to adopt a whole-school approach to healthy drinking. For example, the children in Year 8 would not be allowed to purchase drinks from a vending machine, but children in Years 9-13 would. We are therefore seeking feedback on the impact for these schools of a requirement to only provide healthy drinks to year 1-8 students.

Similarly, approximately 170 area and composite schools comprise both primary and secondary school-aged children, but in many cases, the schools contain a majority of primary school children and some secondary school-aged children. Because most of these schools contain a majority of primary school children, we are proposing to include these schools within the requirement to only provide healthy drinks to year 1-8 students. We’d like to hear your feedback on the impacts for these area and composite schools.

The benefits of healthy drink policies are the same for secondary schools as they are for primary schools. However, we know that the earlier in a child’s development we can encourage healthy habits, the better. So in the first instance, we are proposing to start with a duty on primary schools to only supply healthy drinks, though we recognise that some primary schools may require additional time to move towards a full healthy drinking policy.

There are different circumstances in secondary schools compared to primary schools regarding provision of drinks. In particular, fewer secondary schools already have healthy drinking policies compared to primary schools, and canteens and tuck shops are more prevalent in secondary school settings. More work needs to be done to understand the challenges that secondary schools would face in implementing this policy.

For the reasons above, this is our preferred option.

Question 6: schools shouldn’t need a lead in period. They already had a NAG and should have been following this. Healthy drinks in schools isn’t something new. There has been advocacy about this for 20 years

Option 2: replace the existing NAG 5b with a duty in Regulations, and place an additional duty on all schools (primary and secondary) to only provide healthy drinks

According to a 2016 University of Auckland survey, of the 819 schools sampled, 67.5% of primary and 23.3% of secondary schools with a school food service (e.g. canteen or lunch order system) offered only milk and water as beverage options⁷. It is unclear however, from the data available, exactly how many schools have a healthy drinking policy in 2022.

Healthy drinking is beneficial to children. Avoiding sugary, carbonated drinks is good for a child's general health, dental hygiene, concentration, school behaviour and educational outcomes. Schools that have voluntarily implemented water-only policies have seen that it benefits teaching and learning as well as student health and wellbeing.

By making sure schools promote healthy eating and nutrition, and that schools also refrain from providing unhealthy drinks in all circumstances, healthy consumption messages remain consistent, and learners are more likely to 'buy-in' to the messages they are being taught if the school itself models those behaviours.

We are seeking feedback from schools about the impact of introducing a new duty on school boards of primary and secondary schools to only provide healthy drinks. For example, we don't know if some schools have catering contracts with unhealthy drink suppliers that will exceed the introduction date of the Regulations in October 2022. If a school is not able to easily withdraw from such a contract, they may be left with a large supply of drinks which they are then unable to sell.

Question 7: I can only think of benefits for all schools. Schools should not be in contracts with suppliers who provide unhealthy drinks in the first place. The benefits of only healthy drinks is well known and has been for a long time. I think option 2 where regulations is applied to all schools is the best option

⁷ For this survey, 'primary schools' included full primary and intermediate schools, 'secondary schools' included secondary and composite schools

Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks

Option 3 would continue the current requirement all State school boards have been subject to since 2009.

School-level promotion of healthy food and nutrition is proven to be effective in improving children's attitudes and behaviours towards the food and drink they consume at school, and at home. Eating habits established at a young age significantly impact a person's ongoing approach to healthy eating and drinking throughout their life. That's why it is important to establish healthy habits and patterns in the early stages of children's development.

A school's promotion of healthy food and nutrition is undermined where the school also actively provides unhealthy food and drink. Whole-school approaches to healthy eating and drinking, where the educational messages are underpinned with consistent messaging from the school itself, have been found to be more effective in influencing students' healthy food and drink choices.

If we didn't replace the existing requirement under NAG 5b to promote healthy eating and food, there is a possibility that some schools may choose not to do so. However, under this option, schools could continue to promote healthy food and nutrition while also providing unhealthy food and drinks to their students.

Question 8: Regulation is the only thing that works

Circumstances where the duty will not apply

Under options 1 and 2, we recognise that it may not be appropriate to apply this duty under all circumstances. There may be some exceptions for infrequent events that many people would consider to be reasonable.

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri);
- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class);
- For any drinks provided as part of any medically prescribed dietary requirements;
- In any school in an area where a boil water notice is currently in effect.

We want to ensure that students are drinking healthy drinks as part of their everyday habits, but also want to make sure the new duty is reasonable and accounts for the realities of school life. We'd like your feedback on whether you think there are other circumstances – such as school discos, school fairs and galas – where it would be reasonable to not apply the duty to only provide healthy drinks.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

I don't believe schools should be making money off students by selling unhealthy drinks at discos, galas etc. One consistent policy is easiest to understand

Monitoring and compliance

It is important to note that the proposed new duty for options 1 and 2 to only provide healthy drinks only applies to school boards. **The duty would not apply to parents of students in that school**, who could still choose to provide unhealthy drinks to their children to take to school.

However, schools could go further than the Regulations by putting in place a school policy which stopped children from bringing unhealthy drinks into school, so long as they consult with their school community and parents can access a written version of the policy on request.

We know from a 2016 Auckland university survey, that a majority of primary school boards that submitted a response had already introduced a healthy drinks policy themselves. Given this, we're proposing to have a light-touch compliance approach to the new duty. This means that if we receive complaints from parents, students or other agencies saying that a school is in breach of the duty, the local regional office would get in touch to find out why. We are not proposing any formal sanctions for failure to comply with the duty. We think this is a proportionate response to a system where many schools boards have already opted to implement a healthy drinks policy.

The Ministry of Health has employed 30 staff based in regional public health units to assist with voluntary approaches to healthy food in schools' policies, and the roll-out of the Ka Ora, Ka Ako Healthy School Lunches programme. Given their existing responsibility to visit, encourage and work with schools in their area to establish healthy eating and drinking policies, these staff would be well-placed to highlight a new, strengthened Regulation for school provision of healthy drinks, as well as the impact on Māori and Pacific children. These staff will not be required to inspect schools' compliance with the new duty and would instead continue to encourage and advocate healthy eating and drinking policies.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Regulations is most appropriate. I have worked in this area for years and staff just need to change and the school goes backwards in terms of its modelling behaviour. Regulation works.

How to have your say

We are seeking your views on proposed changes to the promotion and provision of healthy drinks in schools.

You can email your submissions to legislation.consultation@education.govt.nz or write to:

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
New Zealand

Submissions close on 2 June 2022 and will inform advice to the Minister of Education on final policy proposals that would be submitted to Cabinet.

Webinars to discuss the proposed Regulations will also be held during the period of public consultation. The webinars will give you the opportunity to discuss the proposals, ask us questions and make suggestions. If you would like to attend one, please contact us on legislation.consultation@education.govt.nz, and let us know your name and the email address you'd like to be contacted on.

Purpose of feedback

We are seeking your views on the suggested changes discussed above. Your feedback will enable us to make better informed decisions about proposed changes to the promotion and provision of healthy drinks in schools.

Please be assured that any feedback you provide will be confidential to those involved in analysing the consultation data. We will not identify any individuals in the final analysis and report writing unless you expressly give permission for this. However, submissions, including submitters' names, and documents associated with the consultation process may be subject to an Official Information Act 1982 request.



Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools

We are seeking your views on the promotion and provision of healthy drinks in schools

Overview

The promotion of healthy food and drink in schools improves children's behaviours around what they eat and drink at school and at home. Eating habits developed at a young age shape a person's ongoing approach to healthy eating and drinking through to adulthood, so it's important to promote the benefits of healthy eating and drinking during children's early development.

The National Administration Guidelines (NAGs) set out the Government's administrative requirements for State school boards.¹ NAG 5(b) guides school boards to promote healthy food and nutrition for all students. Since 2009, the Ministry of Health has been working with schools to encourage the voluntary adoption of healthy eating and water-only policies.²

From 1 January 2023, all NAGs, including NAG 5(b), will no longer be in effect in the legislation, because of some changes we're making to how schools do their planning and reporting. We are currently looking at transferring the NAG requirement relating to nutrition and healthy eating into a new Regulation made through the Education and Training Act 2020.

The introduction of new Regulations also provides an opportunity to strengthen the requirements so that schools can provide healthy drinks only. This would bring schools in line with the healthy drinking standards in the Ka Ora Ka Ako Healthy School Lunches programme, and existing guidance from the Ministry of Health's Healthy Active Learning programme.

We plan to bring the Regulations into force from the end of this year, before the NAGs stop having effect.

This discussion document presents the government's preferred option and two other options we have considered that we'd like your feedback on.

1. Taranaki Public Health Unit (PHU) is the public health unit for the Taranaki District Health Board serving a population of 124,380 people (2020/2021). The Taranaki PHU provides a range of services with a focus on promoting health equity and protecting communities against public health hazards.
2. Priority goals for the Taranaki PHU include increasing equity, particularly for Māori, and fostering healthy environments.

¹ 'State' schools include: ordinary State schools, designated character schools (including Kura Kaupapa Māori), State integrated schools, specialist schools and distance schools.

² Schools that have water-only policies only allow water and plain, low-fat milk to be permitted on-site.

3. Taranaki PHU welcomes the opportunity to submit from a public health perspective on the Ministry of Education's Discussion document: *Proposed changes to the promotion and provision of healthy drinks in schools.*

Question 1:

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

This submission is made on behalf of the Taranaki PHU.

Education and health and wellbeing are intrinsically linked, with education strongly associated with life expectancy, morbidity and healthy behaviours. In turn, educational attainment plays an important role in health by shaping opportunities, employment and income and is key to lifting people out of poverty and reducing socioeconomic and political inequalities.

Since education and health are interrelated, education settings are key settings to promote health and wellbeing (Lee et al., 2019; Pulimeno et al., 2020). Therefore, removing sugar-sweetened beverages (SSB) from schools – considered among the most committed institutions for the development of child and adolescent wellbeing, together with whānau and community wellbeing - is a step towards a less obesogenic environment for tamariki. Removing SSB can be the catalysing change that challenges unhealthy food and drink consumption in students' homes (Mansoor et al., 2017). Focusing public health policy on schools can have considerable influence on health outcomes, as it is more attainable to regulate the school environment than the many economic forces that encourage obesity (Chriqui, 2013).

Problem definition/opportunity

New Zealand students in primary schools experience high rates of decayed, missing or filled teeth and sugar sweetened beverages are a significant contributor.

Research in New Zealand has highlighted 'free sugars' as contributing significantly to high rates of obesity, poor oral health, diabetes and other health-related diseases.³ The consumption of free sugars in sugar sweetened beverages now contributes to 26% of the total sugar intake of children.⁴ Studies conducted by the Environmental Health Indicators New

³ Free sugars are defined by the World Health Organisation as monosaccharides and disaccharides added to food by both the manufacturer and consumer, including sugars naturally present in honey, syrups, and fruit juice.

⁴ Sundborn et al, "New Zealand's growing thirst for a sugar-sweetened beverage tax", New Zealand Medical Journal, 2015.

Zealand (EHINZ) note that dental decay is now the most common disease reported among children in New Zealand.

The government has committed, through the Child and Youth Wellbeing Strategy, to ensure that children have the best possible health as a foundation for wellbeing. Long-standing structural and historic inequities in New Zealand society have disadvantaged particular groups, which has resulted in Māori and Pacific children being over-represented in these figures.

The Ministry of Health's Health Survey found that Māori children were more likely to consume sugar sweetened beverages than non-Māori children. Between 2002 and 2016, Māori children in Year 8 were significantly more likely to suffer from decayed, missing, or filled teeth than their non-Māori peers.⁵ In 2018/2019, Pacific children aged 1-14 years were nearly twice as likely as non-Pacific children to have had teeth removed due to decay, an abscess, infection or gum disease in the past 12 months.⁶

Question 2:

Do you agree with our view of the problem? If not, why not?

What other problems, if any, do you think should be taken into consideration in assessing options?

Yes, the Taranaki PHU agrees there is a problem with SSB consumption and its contribution to a number of potentially serious chronic conditions, including tooth decay and type 2 diabetes (Broughton et al., 2013). It is important to note that this problem does not occur in isolation.

As stated, twenty years ago, addressing these challenges through a socioeconomic lens will require a population-health approach in which a nation-wide whole-school change to healthy drinks regulation is required (Ministry of Health, 2002).

Childhood and the adolescent years are when life-long nutrition habits are established (Lassi et al., 2017). Schools and kura have the opportunity, as health promoting settings, to create a culture of promoting and consuming healthy food and drinks, whereby children, their whānau/families and their wider communities are supported, in health-promoting environments, to develop healthy preferences that will help them grow into healthier adults.

In addition, overweight or obese children are more likely to become obese adults and develop non-communicable diseases such as type 2 diabetes, cancer and cardiovascular diseases (Di Cesare et al., 2019; Sahoo et al., 2015).

Tooth decay remains the most common, long-term preventable disease in New Zealand and may result in pain, absences from school, social disadvantage and embarrassment

⁵ Ministry of Health, WAI 2575 Maori Health Trends Report, 2019.

⁶ Health Quality & Safety Commission New Zealand: Bula Sautu report - Pacific health in the year of COVID-19, 2021.

(Broadbent, 2020). Dentists from the Canterbury District Health Board’s Community Oral Health Service are defining the current state of New Zealand children’s decayed teeth as an epidemic. Investing in prevention to improve childhood oral health outcomes in the long-term is paramount, as one in every four Māori children are affected by severe early childhood caries (Broadbent, 2020).

Objectives

Our proposed objectives for these new Regulations are:

- All students continue to receive positive education on healthy food and nutrition
- Schools model healthy drink consumption behaviours for children at a young age
- The Regulations are reasonable and fit for purpose in all schools.

Question 3:

Are these the right objectives? Can you think of any others to add?

The Taranaki PHU supports and agrees with the objectives.

However, we also recommend that, at some point in the future, the regulation also includes the provision and promotion of healthy food. It is our belief that schools delivering education on healthy eating should be modelling this with their food policies, to ensure the education is being modelled and supported to its full potential. Addressing unhealthy food and drink supply in NZ schools aligns with the New Zealand Healthy Food and Drink Guidance document for schools: “*healthy eating is important, good nutrition is essential for the healthy growth and development of children and young people*” (Ministry of Health, 2020).

Children and young people eat much of their weekday food intake at school. Therefore, it is important that these regulations are extended to include the provision of only healthy food to create supportive environments where the healthy food choice is the easy choice. This will help improve the wellbeing of students, staff and the wider school community, whilst also demonstrating consistent messaging around the healthy food provision of the Ka Ora, Ka Ako Healthy School Lunches programme.

Options analysis

We have identified three options that we’d like to get your feedback on. These are:

- **Option 1:** replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students.

- **Option 2:** replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks.
- **Option 3:** replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks.

Option 1 is our preferred option, and what we're proposing to do, but we're keen to get your feedback on all of them. The options are explained in more detail on the following pages, along with specific questions.

Question 4: Are there any other options that you think should be considered?

The Taranaki PHU strongly supports the proposed Option 2 'replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks'.

Additionally, we recommend students continue to receive positive education on healthy food and nutrition through the curriculum.

Removing SSB's from children's immediate environments are one aspect of making environments less obesogenic. The World Health Organisation (2015) recommends that school-aged children consume at most 3 tsp of sugar per day. However, SSB sold in schools typically contain 16-18 tsp of sugar, almost a child's entire weekly recommended sugar maximum in just one beverage (Toi Te Ora Public Health, 2021).

The Taranaki PHU disagrees with Option 1 as the preferred option because it limits the positive outcomes to primary school-aged students. Many primary schools are already 'water only' (Mansoor et al., 2017).

In implementing Option 2, the health and wellbeing of secondary school-aged students is set to gain the greatest benefit. Secondary schools currently have proportionately fewer 'water-only' policies than primary schools, and healthy drink choices are limited in the drinks currently available in school canteens.

We also believe that Option 3 represents the status quo which, if working, would make the need for new guidance redundant.

Definition of 'healthy drinks'

For options 1 and 2, 'healthy drinks' are defined as:

- Plain, unflavoured water;
- Reduced or low-fat milk; and

- Unsweetened reduced or low-fat plant based milks (e.g. soy, rice, almond, oat) with added calcium and vitamin B12.

This is consistent with the Ministry of Health's existing guidance on healthy drinking in schools, and the guidelines for the Ka Ora Ka Ako free lunches programme.

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Yes, the Taranaki PHU agrees with the definition of healthy drinks. The definition is consistent with the Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2–18 years), as part of their drinks classified as 'green' in the nutrient criteria tables, for healthy drinks in schools (Ministry of Health, 2020).

Other drinks that should be allowed are those that are made as part of healthy lifestyles education programmes, such as produce grown by students and used in the context of the curriculum, e.g. smoothies.

The Taranaki PHU notes the increased complexity when considering the introduction of a healthy drinks policy at a secondary school level e.g. schools with student run cafe serving coffee that is part of barista classes but not consumed within the class. While these drinks should not be included in the definition of healthy drinks, making them should still occur to encourage skill development.

Why not regulate healthy food?

Regulation of school-level provision of healthy food and drink is common practice in other OECD countries, with some going as far as specifying percentages of micronutrients (such as zinc and iron) that should be provided. However, regulating food standards and/or nutritional requirements for the food provided in schools would not be possible to roll out nationally before 1 January 2023.

In the first instance, regulating the provision of healthy drinks is simpler to implement and makes a difference to schools and students. This is because water is the healthiest drink humans can consume. No other drinks are as good at hydrating your body while also being good for your oral health.

The same cannot be said for food. Fruit is good for you, but only eating fruit is not. A healthy diet requires a balance of different food types and getting this right in Regulations, while accounting for specialist diets and allergies, takes time. For this reason, we are not proposing healthy food regulation as part of these changes.

Option 1: replace the existing NAG 5b with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and a duty on all schools with students in years 1-8 to only supply healthy drinks to year 1-8 students

For option 1, when we say 'primary schools', we mean:

- full primary schools
- contributing primary schools
- area and composite schools
- intermediate schools.

Approximately 110 secondary schools comprise some primary school-aged children (usually in Years 7 and 8). Applying the Regulation to primary school-aged children in these settings may make it difficult for these schools to adopt a whole-school approach to healthy drinking. For example, the children in Year 8 would not be allowed to purchase drinks from a vending machine, but children in Years 9-13 would. We are therefore seeking feedback on the impact for these schools of a requirement to only provide healthy drinks to year 1-8 students.

Similarly, approximately 170 area and composite schools comprise both primary and secondary school-aged children, but in many cases, the schools contain a majority of primary school children and some secondary school-aged children. Because most of these schools contain a majority of primary school children, we are proposing to include these schools within the requirement to only provide healthy drinks to year 1-8 students. We'd like to hear your feedback on the impacts for these area and composite schools.

The benefits of healthy drink policies are the same for secondary schools as they are for primary schools. However, we know that the earlier in a child's development we can encourage healthy habits, the better. So in the first instance, we are proposing to start with a duty on primary schools to only supply healthy drinks, though we recognise that some primary schools may require additional time to move towards a full healthy drinking policy.

There are different circumstances in secondary schools compared to primary schools regarding provision of drinks. In particular, fewer secondary schools already have healthy drinking policies compared to primary schools, and canteens and tuck shops are more prevalent in secondary school settings. More work needs to be done to understand the challenges that secondary schools would face in implementing this policy.

For the reasons above, this is our preferred option.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

No. However, a lead in period may be helpful where schools need to transition canteen contracts or stock to supplying only healthy options.

In order to ensure sustainable changes in health and wellbeing for tamariki, it is important that these guidelines are implemented using a 'whole school approach'. This means embedding healthy eating messages and practices into curriculum, school ethos and

community. Therefore, it is necessary to include all student groups within an area school. Option 2 removes any potential issues relating to area or composite schools.

Option 2: replace the existing NAG 5b with a duty in Regulations, and place an additional duty on all schools (primary and secondary) to only provide healthy drinks

According to a 2016 University of Auckland survey, of the 819 schools sampled, 67.5% of primary and 23.3% of secondary schools with a school food service (e.g. canteen or lunch order system) offered only milk and water as beverage options⁷. It is unclear however, from the data available, exactly how many schools have a healthy drinking policy in 2022.

Healthy drinking is beneficial to children. Avoiding sugary, carbonated drinks is good for a child's general health, dental hygiene, concentration, school behaviour and educational outcomes. Schools that have voluntarily implemented water-only policies have seen that it benefits teaching and learning as well as student health and wellbeing.

By making sure schools promote healthy eating and nutrition, and that schools also refrain from providing unhealthy drinks in all circumstances, healthy consumption messages remain consistent, and learners are more likely to 'buy-in' to the messages they are being taught if the school itself models those behaviours.

We are seeking feedback from schools about the impact of introducing a new duty on school boards of primary and secondary schools to only provide healthy drinks. For example, we don't know if some schools have catering contracts with unhealthy drink suppliers that will exceed the introduction date of the Regulations in October 2022. If a school is not able to easily withdraw from such a contract, they may be left with a large supply of drinks which they are then unable to sell.

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

The key benefit of including both primary and secondary schools is that it will improve students health, wellbeing and learning outcomes. School health education is undermined and disempowered when unhealthy food and drinks are available. There is potential for long-term health and wellbeing gains in terms of building healthy habits and flow on behaviour changes to the wider whanāu.

Option 3: replace the existing NAG 5b with a duty in Regulations to promote healthy food and nutrition with no additional duties on school boards regarding the provision of healthy drinks

Option 3 would continue the current requirement all State school boards have been subject to since 2009.

⁷ For this survey, 'primary schools' included full primary and intermediate schools, 'secondary schools' included secondary and composite schools

School-level promotion of healthy food and nutrition is proven to be effective in improving children's attitudes and behaviours towards the food and drink they consume at school, and at home. Eating habits established at a young age significantly impact a person's ongoing approach to healthy eating and drinking throughout their life. That's why it is important to establish healthy habits and patterns in the early stages of children's development.

A school's promotion of healthy food and nutrition is undermined where the school also actively provides unhealthy food and drink. Whole-school approaches to healthy eating and drinking, where the educational messages are underpinned with consistent messaging from the school itself, have been found to be more effective in influencing students' healthy food and drink choices.

If we didn't replace the existing requirement under NAG 5b to promote healthy eating and food, there is a possibility that some schools may choose not to do so. However, under this option, schools could continue to promote healthy food and nutrition while also providing unhealthy food and drinks to their students.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Yes, we agree that the current guidance to promote healthy food and nutrition should be supplemented with guidance to provide only healthy drinks and, in time, healthy food.

The high and growing rates of obesity and oral health issues amongst Aotearoa's children and young people proves and advocates for itself. The New Zealand Health Survey highlights that the current system is failing tamariki and urgent change is imperative, as childhood obesity is up 9.5% from 2019 meaning 100,000 children were obese in 2020/2021 (Ministry of Health, 2021). Mandated regulations are necessary to create tangible change. It is important to consider the impact of regulation on key focus areas such as improving equity. Māori, Pasifika and tamariki and whānau living in areas of high deprivation suffer poorer health outcomes than others, and potentially have the most to gain from this regulation. Children in the most deprived groups are further disadvantaged by being 2.5 times as likely to be obese compared with least deprived children (Ministry of Health, 2021).

Circumstances where the duty will not apply

Under options 1 and 2, we recognise that it may not be appropriate to apply this duty under all circumstances. There may be some exceptions for infrequent events that many people would consider to be reasonable.

- At any school event to mark any religious or cultural occasion (for example, communion, pōwhiri);
- For any drinks consumed as part of the curriculum (for example, using fruit grown at school to make a drink in a cooking class);
- For any drinks provided as part of any medically prescribed dietary requirements;
- In any school in an area where a boil water notice is currently in effect.

We want to ensure that students are drinking healthy drinks as part of their everyday habits, but also want to make sure the new duty is reasonable and accounts for the realities of school

life. We'd like your feedback on whether you think there are other circumstances – such as school discos, school fairs and galas – where it would be reasonable to not apply the duty to only provide healthy drinks.

Question 9: What do you think about these circumstances? Are any of them unnecessary?

Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

It will be important that suitable drinks remain available for students with medical conditions such as diabetes. These should be stored alongside first aid supplies.

Increased demand for Covid-19 safe infrastructure, such as water fountains/bottle filling stations.

Special characteristic schools such as a religious charter school may require SSB for communion.

We believe SSB should not be allowed at school events such as galas and socials, as providing these drinks undermines the promotion of healthy nutrition within the curriculum.

Monitoring and compliance

It is important to note that the proposed new duty for options 1 and 2 to only provide healthy drinks only applies to school boards. **The duty would not apply to parents of students in that school**, who could still choose to provide unhealthy drinks to their children to take to school.

However, schools could go further than the Regulations by putting in place a school policy which stopped children from bringing unhealthy drinks into school, so long as they consult with their school community and parents can access a written version of the policy on request.

We know from a 2016 Auckland university survey, that a majority of primary school boards that submitted a response had already introduced a healthy drinks policy themselves. Given this, we're proposing to have a light-touch compliance approach to the new duty. This means that if we receive complaints from parents, students or other agencies saying that a school is in breach of the duty, the local regional office would get in touch to find out why. We are not proposing any formal sanctions for failure to comply with the duty. We think this is a proportionate response to a system where many schools boards have already opted to implement a healthy drinks policy.

The Ministry of Health has employed 30 staff based in regional public health units to assist with voluntary approaches to healthy food in schools' policies, and the roll-out of the Ka Ora, Ka Ako Healthy School Lunches programme. Given their existing responsibility to visit, encourage and work with schools in their area to establish healthy eating and drinking policies, these staff would be well-placed to highlight a new, strengthened Regulation for school provision of healthy drinks, as well as the impact on Māori and Pacific children. These staff

will not be required to inspect schools' compliance with the new duty and would instead continue to encourage and advocate healthy eating and drinking policies.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

No, we do not agree with the high-trust light-touch compliance approach.

This is the status quo and is not working. Regulation is required in order for positive change to occur. Having consistent regulation for all schools both primary and secondary is equitable and makes it easier for schools, parents and children alike to know what healthy choices are. This is an opportunity for schools to act as health promoting settings and role model healthy choices. One clear nation-wide rule for all schools reduces complication and confusion for all key stakeholders. Regulation could be undertaken by ERO as part of regular review cycles.

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How to have your say

We are seeking your views on proposed changes to the promotion and provision of healthy drinks in schools.

You can email your submissions to legislation.consultation@education.govt.nz or write to:

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
New Zealand

Submissions close on 2 June 2022 and will inform advice to the Minister of Education on final policy proposals that would be submitted to Cabinet.

Webinars to discuss the proposed Regulations will also be held during the period of public consultation. The webinars will give you the opportunity to discuss the proposals, ask us questions and make suggestions. If you would like to attend one, please contact us on legislation.consultation@education.govt.nz, and let us know your name and the email address you'd like to be contacted on.

Purpose of feedback

We are seeking your views on the suggested changes discussed above. Your feedback will enable us to make better informed decisions about proposed changes to the promotion and provision of healthy drinks in schools.

Please be assured that any feedback you provide will be confidential to those involved in analysing the consultation data. We will not identify any individuals in the final analysis and report writing unless you expressly give permission for this. However, submissions, including submitters' names, and documents associated with the consultation process may be subject to an Official Information Act 1982 request.

9(2)(a)

From: 9(2)(a)
Sent: Thursday, 26 May 2022 11:03 am
To: Legislation Consultation
Subject: Submission to MOE Re:Proposed changes to the promotion and provision of healthy drinks in schools

You don't often get email from 9(2)(a) . [Learn why this is important](#)

Kiaora Koutou,

Please accept the following as my submission.

9(2)(a) I am the Deputy Principal 9(2)(a) School
(Decile 1) 9(2)(a)

Our school used to have a canteen and we sold lunches to the children. Our lunch menu consisted of pies, chips, filled rolls, fizzy drinks, etc. After the health reforms began for school lunches we chose healthier options. The school was part of the Fonterra Milk in Schools, we had Fruit in Schools and ran Breakfast clubs with food donated by KidsCan.

Currently, our school canteen is closed and we no longer sell food or drink on-site, instead the school is part of the free lunches scheme from the MOE. Children are encouraged to drink water, we still have Fruit in Schools and give Breakfast to children.

Providing breakfast has helped many children be able to settle and work throughout the day. We have had up to 15 children a day needing kai in the morning.

Fruit is always available for snacks and KidsCan also supplies healthy snacks for hungry children and these are used daily by pupils throughout the school.

Free MOE Lunches are healthy and the majority of our families have opted into this scheme.

Some parents still choose to provide lunches that do not reflect the best health choices. We regularly run a health section in our newsletter and continue to promote healthy choices to try to change this.

In saying this at least these parents are able to afford food for their whanau. Many of our children's caregivers struggle to make ends meet. We have been so fortunate to have the MOE provide healthy choices for free.

Becoming a "Water Only" school remains a goal and our biggest barrier to this is parental choice. So many of our parents struggle with budgets and when fizzy drink is cheaper than

milk or bottled water, the path of least resistance is often taken. Caregivers also face pressure from children to buy particular products and the distant threat of poor health in the future for tamariki does not reduce the stress placed on the caregiver in the present.

“You keep your nose out of my kid’s lunch box and focus on your job of teaching” are words that I clearly remember one caregiver stating when we were removing pies and fizzy drink from our school.

Another is a parent who said, “Milk is too expensive, I drink black coffee and the kids have juice.” This came up when a discussion was being held over the need for dental treatment for their tamariki and the dental nurse suggested they drink more milk.

Caregivers, who buy their healthy fit school-aged tamariki “Sports Drinks” because they want them to be good at sports.

Finally, a well-educated caregiver who proudly told us how they give their child 1 litre of natural orange juice a day...no added sugar, as a good health choice and then became irate when it was suggested that the amount of sugar in 1litre of juice was detrimental let alone the acidic effect on teeth.

The following are the barriers to creating healthier choices for our tamariki as I see them:

- Poverty- the cost of healthy choices
- Lack of appropriate ongoing health education **at an adult level**
- Advertising
- Pricing of high sugar products lower than healthier choices
- Convenience food choices are seen as cheaper or quicker than taking time to prepare kai.
- No accountability that family benefits paid by the Government to families actually get spent on the children to provide for their needs.

In 2020 the Free Milk in Schools Scheme ended. We would very much like to see this reinstated for our community. We now only get milk through the Breakfast Club.

Changing what happens in schools through legislation is not going to affect the changes needed if we do not change how we price and present healthy food choices in our society. Legislation should be aimed at the marketing of products, a sugar tax added to high sugar drinks, and money taken from benefits to fund Free School Lunches.

In Decile 1 schools, in particular, additional physical support from the government is needed not just rhetoric and legislation.

If the government wants to control what children eat at school to promote better health outcomes they need to do in all schools what they have done at our Kura and provide free healthy choices.

We at the least know all our children now get breakfast and lunch every school day.

Yours Sincerely

9(2)(a)

A large grey rectangular box redacting the signature of the sender.

Proactively Released

9(2)(a)



Health Coalition
Aotearoa

Health Coalition Aotearoa
9(2)(a)

26/05/2022

Education Consultation
Ministry of Education
PO Box 1666
Wellington 6140
Via: legislation.consultation@education.govt.nz

Kia ora

Re: Proposed changes to the promotion and provision of healthy drinks in schools

The Health Coalition Aotearoa is pleased to submit on this very important regulation of food and drinks in New Zealand schools.

Please note that we have also written to the Minister of Education and the Ministers of Health suggesting that the analysis of the submissions to this consultation and the resultant advice to Ministers is best suited to a collaborative effort across the Ministries of Education and Health.

If you have any questions or would like to discuss our submission in more detail, please do not hesitate to contact me.

Kind Regards

9(2)(a)

9(2)(a)

Consultation on proposed changes to the promotion and provision of healthy drinks in schools

Question 1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

Health Coalition Aotearoa (HCA) is an umbrella group of over 70 organisational and over 400 individual members of health professional associations, public health providers, not-for-profit NGOs and academics. HCA benefits the community by promoting health for all New Zealanders, especially through preventing harm from unhealthy foods (as defined by the World Health Organisation), tobacco and alcohol. Our mission is to provide a collective voice and expert support for effective policies and actions to reduce harm, through a focus on the determinants of health. The Health Coalition Aotearoa Board endorses this submission.

This submission draws together national and international evidence and the expert opinions of the HCA Food Policy Expert Panel. The Panel includes: research academics who specialise in public health nutrition issues, including food policy, food environments, children's health and wellbeing, Māori health, Pacific Health and nutrition and non-communicable disease; experts in education setting/school and early childhood nutrition interventions; dietitians and nutritionists; and representatives from health-based non-government organisations. Panel members have extensive research and community nutrition experience as well as a wide network of international collaborators on school food and nutrition.

While all HCA members have endorsed the HCA policy priority of having *healthy food and drink policies in all schools and early learning services*, individual members may or may not submit with their different perspectives on the details of such a policy.

Question 2: Do you agree with our view of the problem? If not, why not? What other problems, if any, do you think should be taken into consideration in assessing options?

The problem as defined in the discussion document is far too narrow by specifically excluding children younger or older than primary school age and ignoring the contribution of unhealthy foods to the diet. Part of the problem is the lack of a national policy requiring healthy food environments – the precursor to children's healthy diets. The opportunity is not defined. We suggest that the problem and opportunity should be redefined as:

- **Problem:** *New Zealand students in early learning services (ELS), primary schools and secondary schools experience unacceptably high rates of health problems which are significantly affected by unhealthy food environments, particularly dental caries, overweight and obesity, and mental health issues such as depression and anxiety symptoms. These health problems carry unacceptably high inequities by ethnicity and social advantage. The lack of national healthy food and drink regulations in ELS and schools and the current unhealthy food environments in education settings are actively contributing to unhealthy diets among all students.*

- **Opportunity:** *The switch from National Administrative Guideline (NAG) 5b to Regulations under the Education and Training Act 2020 provides substantial scope to improve children’s hauora, wellbeing and learning outcomes through healthy food and drink environments in all education settings. A strong policy will create the momentum needed to address the negative health and health inequity consequences of unhealthy food environments and will significantly uphold the Crown’s obligations to tamariki Māori under Te Tiriti o Waitangi.*

Rationale for including the opportunity and the Crown’s Te Tiriti obligations.

While the section is headed ‘Problem definition / opportunity’, no opportunity is given. There is a very high risk under the proposed Options that this opportunity in creating Regulations for food and drinks in schools will be lost. Apart from the 17 months when the NAG5 was in force between June 2008 and November 2009, there has **never** been regulations in place requiring schools to serve healthy food and drinks to the children under their care.

The reason for specifically considering the Te Tiriti obligations (which are not mentioned in the discussion document) is that there is a very high risk under the existing Options that the Crown will perpetuate its ongoing breaches of Te Tiriti by allowing its schools to feed tamariki Māori the types of food and drinks that are creating obesity, dental decay and mental health problems, thereby, limiting the ability of students to achieve mauri ora and pae ora.¹

Rationale for linking to existing Government policies and programmes

A healthy diet is critical for nutritional wellbeing, which is critical for overall wellbeing, which is critical for optimal child development and education attainment. This applies to all children, not just children of primary school age.

There is a real opportunity with food in educational settings to help achieve not only the Government’s express objectives to improve child health and wellbeing and educational outcomes but also every parent’s desires for the best for their children and to provide support for parents to achieve this. Educational settings are ‘lighthouses’ where high quality education and role modelling can shine beyond the school gates to positively influence families and communities. Only if the Regulations enacted are stronger than the Options provided, will the Regulations contribute significantly to the following Government policies:

- The Government has an obligation to implement **Te Tiriti o Waitangi**, and it is currently failing in its obligations to ensure that Māori have the same rights and protection as other New Zealanders in relation to health – why shouldn’t Te Tiriti obligations be foremost in guiding the strength (e.g. specific and directive language) of food and drinks policies for children?
- The Government has a flagship **Child and Youth Wellbeing Strategy** led by the Department of Prime Minister and Cabinet – why shouldn’t healthy food and drinks in all education settings not contribute this important goal?
- The Government has a flagship school food programme, **Ka Ora, Ka Ako**, which has health standards for the lunches provided – why shouldn’t a healthy school food and drinks policy reinforce (rather than undermine) this programme and also provide some policy support for those schools who do not receive the programme?

- The **nutrition curriculum** teaches children about healthy eating – why shouldn't a healthy food and drink policy reinforce (rather than undermine) the education the children are receiving?
- The Government's **Pae Ora (healthy futures)** vision for its restructured health system and its **He Korowai Oranga strategy for Māori health** give primacy to population-wide approaches to prevention so that they can better achieve health equity – why shouldn't a policy from the Ministry of Education strongly support, rather than weakly support, this new bold vision?

Rationale for including all childhood educational settings

All children deserve to get the benefits of a healthy food environment. There is no good rationale for excluding children younger or older than primary school age from these benefits.

In a child's first 5 years, their brain is developing faster than any other time of their life.^{2,3} The senses that the child experiences, including taste, lay the foundations for their life course.² Early childhood should be used as a window of opportunity to provide healthy foods and drinks for tamariki to develop and sustain healthy eating and nutrition behaviours across the life course.⁴ Health problems like dental caries and obesity are already prevalent at this age. Early Learning Services (ELS) are an excellent health-promoting setting to provide and role model healthy eating. Indeed, it is plausible that the increasing access to and use of ELS may have, in part, contributed to the decline in obesity in pre-school children.⁵ However, the Ministry of Education's nutrition criteria for food services are relatively weak⁶ and a recent survey of ELS in Hawke's Bay found considerable room for improvement in their food environments (eg <40% of menus analysed met the national nutritional guidelines).⁷

Adolescents generally have unhealthier diets than primary school children (including much higher sugary drink consumption) and a high prevalence of nutrition-related health problems such as obesity, dental caries, and poor mental health.^{8,9}

SchoolFERST¹⁰ was a 2016 survey of food policies and environments in 819 New Zealand schools which found only 39.8% of schools reported having a written food and nutrition policy, most of which were not strongly worded or comprehensive. The majority of schools were found to operate a mainly unhealthy food service, with most menus containing <40% of everyday healthy items. Secondary schools were more likely than primary schools to sell food at school, have vending machines, not have a food policy, and face more barriers to providing healthier foods and were less likely to have a Water and Milk only policy compared to primary schools. Primary and secondary schools had equally high (~80% of schools) levels of using foods (mostly unhealthy foods) as a fundraiser and high proportions of unhealthy foods and beverages on the menus.¹⁰

- In 2016, about **two-thirds of primary schools already had Water and Milk Only policies compared to only about one-quarter of secondary schools.**
- In a regional survey of schools in Hawke's Bay, of those schools with food policies, 10/19 primary, 0/2 intermediate, 0/5 secondary schools had **Water Only** policies. Most policies (23/26) were templated policies from SchoolDocs. This template policy is very weak in content, but there was a line about being a Water Only school – 10/23 schools (all primary schools) kept that line, whereas 13/23 deleted it.
- **The biggest gap for healthy food and drinks policies is in secondary schools.** There is, therefore, every reason to ensure that secondary school students benefit from national policies to create healthy school food environments.

Rationale for a broad definition of health and health equity benefits

Dental caries are one very important indicator of an unhealthy diet, especially a diet high in sugar. However, it is an indicator and not the totality of nutritional problems. A wide perspective on the benefits of a healthy diet is needed – dental caries alone is too narrow. For example, other shocking indicators of poor nutritional health among New Zealand children are:

- New Zealand has the **second highest prevalence of childhood obesity** in the OECD,¹¹ and this is largely caused by a high intake of ultra-processed foods and drinks. The lockdowns of 2020/21 caused a large upswing in child obesity meaning strong actions are even more imperative. Error! Bookmark not defined.
- New Zealand has the **lowest youth mental health scores** in the OECD,¹² and unhealthy diets are significantly associated with poor mental health scores, while healthy diets are associated with high scores. Error! Bookmark not defined.

As noted by the Ministry of Health, it is important to create an education environment for children and young people where healthy choices are easy and normalised.¹³ **A strong food and drinks policy will be pro-equity, a weak policy will exacerbate inequities by continuing the status quo.** The discussion document correctly notes that “Long-standing structural and historic inequities in New Zealand society have disadvantaged particular groups, which has resulted in Māori and Pacific children being over-represented in these figures.” However, what it does not acknowledge is that the long-standing lack of action on healthy foods and drinks in schools by successive governments contributes to these structural inequities. Thus, a continuation of weak or absent policy action will be perpetuating the inequities.

The health and wellbeing benefits, besides improved dental caries, which could flow to all children with healthier diets could include:

- **Lower risk of obesity and future chronic diseases**, particularly diabetes, cardiovascular disease and some cancers.^{14,15}
- **Improved mental health.** A growing body of evidence links healthy nutrient-dense diets with more positive mental health in pre-adolescent and adolescent children both globally,^{16,17,18} and in New Zealand.⁹ Similarly, the reverse relationship applies with unhealthy/lower diet quality associated with depression and poor mental health.
- **School and educational outcomes.** Children with good health and nutrition perform better in school. Nutrition affects behaviour, learning, attendance, concentration and energy as well as physical health.^{19,20}
- **Better sleep quality.** High intakes of processed and free-sugar rich foods and caffeinated sugar sweetened beverages are associated with poorer sleep quality.^{21,22}
- **Less bullying.** Children who are overweight or obese are more likely to be bullied.^{23,24,25}

Rationale for including food as well as drinks

Sugary drinks are a major cause of poor child health outcomes, but ultra-processed foods are a far larger contributor to unhealthy diets and nutritional health problems in general.²⁶ A narrow focus only on sugary drinks runs counter to a holistic view of diets and excluding foods in the Regulations would be a huge, missed opportunity to improve children’s health and wellbeing and health equity. As written the Options are focussing on what is easiest, not what is most important.

Rationale for broadly defining healthy food environments in education settings

The school food environment includes foods sold to and provided for children. However, it also includes school fundraising, school events, classroom rewards, institutional role modelling, nutrition teaching and the immediate areas surrounding the school. The definition of food environments in the Regulations should be broad.

The NZ Youth Survey 07 found the students' fruit and vegetable intakes were higher in schools with supportive nutrition environments.²⁷ However, a limited effect was found on unhealthy eating behaviours due to the obesogenic environments outside schools, highlighting the need for policies to extend beyond school grounds.²⁸

Question 3: Are these the right objectives? Can you think of any others to add?

The objectives are too weak for the size of the problem and the ongoing breaches of Te Tiriti obligations in relation to tamariki Māori.

The weakness of the current NAG in relation to foods and drinks in schools dates back to 2009 when Education Minister Anne Tolley and Health Minister Tony Ryall removed the requirement on schools to provide only healthy foods and drinks which was instituted by the Labour Government in 2008.²⁹ The NAG5 has remained weak ever since, recommending that schools promote healthy foods and drinks but with no requirements to ensure they actually are healthy. The proposed Options are far too weak by excluding children younger and older than primary school age and by limiting it to drinks only.

Many primary and secondary schools across the spectrum of advantage/disadvantage have implemented healthy food and drink policies and practices, so strong policies are clearly possible. However, some schools which still sell or provide unhealthy foods and drinks to students may need some lead-in time to implement them. This rejects the premise of the third objective as stated, which is that, for some schools, it is not possible to have only healthy foods and drinks.

We suggest more appropriate objectives should be:

- *All children and students receive positive education on healthy food and nutrition.*
- *All ELSs and schools model healthy food and drink environments for students of all ages, and only provide healthy foods and drinks.*
- *The Regulations should hold children's hauora as the priority goal for all ELSs and schools, recognising that some lead-in time (such as 1 year) may be needed for some schools to fully implement the Healthy Foods and Drinks Regulations.*
- *The regulatory response should be informed by evidence and be proportional to the size of the nutrition-related health burdens and health inequities experienced by children.*

Question 4: Are there any other options that you think should be considered?

Options 1-3 are all too weak for the size of the problem and are premised on the assumption that some schools cannot achieve healthy food and drink policies or that some students, such as secondary students, do not warrant having their hauora placed as a priority above some unspecified logistical, contractual or attitudinal barriers. The fact that the food environments in secondary schools are generally unhealthy and, indeed, less healthy than in primary schools, is a reason to prioritise action in secondary school students rather than ignore them. Options 1-3 are targeting

what is easy, not what is important and they will essentially continue the status quo of obesogenic school food environments.

A strong policy is feasible and appropriate. We propose the strong policy option 4 (below) rather than either of the three weak options in the discussion paper for the following reasons:

- Healthy foods and drinks in schools is the expectation of the Ministry of Health as outlined in their Healthy Food and Drink Guidance for Schools.
- Many schools, often in more disadvantaged areas, have managed to successfully implement healthy foods and drinks policies and have seen the benefits for the children's health and education.
- Many countries mandate healthy foods and drinks in schools.
- Healthy foods and drinks requirements are already being implemented in the Ka Ora, Ka Ako programme across 25 % of schools nationally³⁰ and early benefits are being seen.³¹
- A NZ-based 2015 survey found over 90% of parents and caregivers supported schools limiting children's access to sugary drinks and foods and high fat foods. There was greater support from parents and caregivers living in the most deprived neighbourhoods.³²
- The magnitude of the nutrition-related health burden and health inequities among children (outlined above) warrant a strong response – a light touch approach in areas where it is least problematic has already been trialled (ie it is the current situation) and been shown to fail tamariki.
- A strong policy is the only appropriate way of fulfilling the Crown's obligations under Te Tiriti.

Implementing options 1-3 as weak regulations will create many anomalies, such as having a two-tier system in the 280 secondary schools which have some year levels 1-8 (younger children get healthy food, older children get unhealthy food) or having schools with the healthy Ka Ora, Ka Ako program alongside the unhealthy tuck shop.

New Zealand tamariki and rangatahi deserve an option 4:

- *Replace the existing NAG 5b with a duty in Regulations for all ELSs and schools to promote healthy food and nutrition, and a duty on **all ELSs and schools** to only supply **healthy foods and drinks**.*

Question 5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

These definitions for healthy drinks are appropriate. There are suitable Ministry of Health guidelines for healthy foods as well which should be used.³³

The argument in the discussion document that all schools could not meet the healthy food requirement by 1 January 2023 is a non-argument. It is very easy to write in a lead time (such as 1 year) in the Regulations for schools to move to healthy foods and drinks. Schools will need that lead time and the 1 January 2023 barrier is an artificial obstruction.

Similarly, the non-argument that some foods like fruit are healthy and that different food types are needed for a balanced diet is an artificial barrier. Unhealthy foods like ultra-processed foods are absolutely not needed for a 'balanced diet'.

The discussion document suggests a slowly, slowly approach, starting with drinks in primary schools where the problem is the least. The **NAG 5 has not been changed for 13 years** and the current changes have only been brought about because the NAG is about to expire. We are calling for strong policies to be put in place, befitting the magnitude of the problem, but give schools a decent lead time to convert to healthy foods and drinks. The massive Ka Ora, Ka Ako programme was rolled out at high speed delivering over 45 million lunches in 921 schools to over 21,000 learners.³⁴ Applying a policy which gives schools a year to transition to healthy foods and drinks is small by comparison. The learnings from Ka Ora, Ka Ako are helpful and can be applied to all schools, rather than food regulations in schools being considered too hard. The support networks are in place through the Health Active Learning staff around the country.

Question 6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

The transition from the status quo of school food environments dominated by unhealthy foods and drinks to a healthy foods and drinks only environment does not happen overnight. Students, staff, parents, and food suppliers need to go on a journey. The purpose of that journey needs to be clear to all and it needs to resonate with deep values held by the community. The current purpose of preventing rotten teeth falls far short of an aspirational purpose.

We recommend that:

- *The purpose of the Regulation (and thus for the difficult transition to healthy food environments) needs to be framed around children's hauora, wellbeing and educational attainment. This encompasses physical health, oral health, mental health, and social wellbeing. And it is being achieved with foods and drinks with 'wairua' and positive value for children.*
- *The goal being set is strong (healthy foods and drinks only in all education settings for children) but that the lead-in time is generous (e.g. 1 year) and is well supported*

Question 7: Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Students can obtain around one third of their food intake in school (at least one meal and snacks during school hours) therefore schools are an important food environment in the lives of adolescents.

Benefits

- Adolescents are more frequent consumers of unhealthy drinks (17% of 10–14-year-olds compared to 8% of 5-9-year-olds consume fizzy drink at least three times a week (2020/2021 NZ Health Survey) and unhealthy food choices including fast food therefore this policy is extremely relevant and beneficial to this age group. The current policy facilitates consumption of unhealthy foods and drinks.
- There is evidence from the US that stronger secondary school nutrition policy is associated with healthier eating behaviours, including higher fruit intake and lower intake of soft drinks and snacks, and reduced odds of overweight or obesity.³⁵

- Mandatory school policy restricting the sale of sugary drinks reduced consumption of sugary drinks among adolescents in US and Canada.^{36, 37}

We acknowledge that a duty of only supplying healthy foods and drinks would be a challenge to secondary schools that currently provide unhealthy foods and drinks. As highlighted earlier, secondary schools have less healthy food environments compared to primary schools. Secondary schools often have canteens run by outside providers that are profit-driven.³⁸ This report showed that although schools seemed to be doing well in providing 'knowledge, skills and attitudes to make healthy choices around food, nutrition and PA', barriers included 'environmental, resourcing, and financial constraints' which limited access to healthy food. However, the challenges can be overcome with effective policy implementation³⁹ (including resourcing) and can be operationally supported at the grassroots level by Healthy Active Learning teams (and Heart Foundation Schools programme with 10+ years of work in schools) as well as a 1-year lead-in time frame. Existing contracts with food suppliers are likely to have run out by this stage or government buys out of the odd contract where the suppliers are unable to provide healthy food are possible. The benefits to this policy for the health of rangitahi far outweigh any barriers.

Question 8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

We recommend that the current guidance to promote healthy food and nutrition should be replaced with Regulations that go much further than just the promotion of healthy food and nutrition. How can healthy food and nutrition be promoted if unhealthy foods and drinks are being supplied within the school environment? As outlined earlier, we recommend a strong goal of healthy foods and drinks only in all education settings. An overwhelming body of evidence globally has found mandatory school food policies which improve the school food environment can improve dietary patterns and reduce BMI in children.⁴⁰⁻⁵⁰ Mandatory regulations on the foods sold in schools has led to reductions in sugar sweetened beverages, energy and saturated fat intakes and increases in fruit and vegetables intakes.⁴⁵⁻⁴⁷ A review of 26 studies found that government-led mandatory policies were more effective than voluntary policies in reducing intakes of unhealthy foods and beverages and reducing the prevalence of overweight/obesity.⁴⁶ A mandatory school food policy will be pro-equity and evidence in other countries supports favourable outcomes in low-income minority populations and high-income populations.^{41,50}

Whole school approaches, where environmental and behaviour change are embedded within school policy alongside food and nutrition education, hold the most promise in improving dietary intakes of young people.^{42,51}

Question 9: What do you think about these circumstances? Are any of them unnecessary?

The Regulation should give guidance about when the duty will not apply, rather than try to codify all the potential exceptions. If the purpose of the Regulation is clearly stated (children's hauora in the widest sense) then schools can be trusted to make a call based on that principle.

This policy needs social license to be successful. Banning sugary drinks from school fairs, celebrations, cultural events and discos might be seen as overreach by many. However, schools should be

encouraged to provide and promote sugar-free, or low sugar drinks such as iced-teas and sparkling waters, and healthy food options.

There will be occasions when foods or drinks could be provided that do not fit the guidelines. In this case, there should be a clear curriculum link. For example, Garden to Table. We suggest that this is infrequent, for example, once per term or 4 times a year.

Applying a healthy food and drink policy to other community events such as cultural events is consistent with the principles of manaakitanga (nurturing and caring for others) and kaitiakitanga (protection of community).

It is not appropriate for schools to sell unhealthy foods as fundraisers, this contradicts the messages in the curriculum and encourages the community to purchase and consume these unhealthy foods as an obligation to support the school.

In the case of schools in areas where boil-water notices are in effect, there should be a requirement for the Ministry of Education to provide a source of clean water for the duration of the notice.

Question 10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

A high-trust, light-touch intervention (like the present) warrants an equivalent monitoring approach. Option 4 would warrant both an increase in support for schools and an evaluation of the policy at, say a year after the implementation deadline i.e. 2026. Thereafter, periodic low burden monitoring is possible of policies and environments using the cut-down School FERST tool.⁵²

The current National Administration Guidelines provide the expectations for school management. In the nutrition area, Boards of Trustees must promote healthy food and nutrition for all students. ELSs are required to meet regulations for licencing, although their criteria in relation to food and nutrition is relatively weak.⁵³ The Education Review Office (ERO) reports on the 'quality of education in NZ schools and ELSs and on the effective use of public funds'.⁵⁴ It has roles that span accountability (including regulatory compliance), education improvement and knowledge generation.

There is also a need for schools to be provided with adequate support, around policy implementation and supporting food service staff. Where adequate support is provided, there should be a reasonable level of compliance to ensure schools are prioritising this. This would involve:

- Requirement for schools to post their school policy on their website
- School self-reporting on its progress in implementing the Regulations on school foods and drinks
- ERO including monitoring of school food and drinks within its remit as they currently regularly review regulatory compliance of schools across a range of areas and are resourced to do so. Schools are familiar with ERO's role and approach. ERO has previously completed a one-off review of the 'status of food, nutrition and physical activity' in ELSs and schools in 2016⁵⁵ in response to a Cabinet request for recommendations on childhood obesity preventions strategies.
- Resourcing for periodic independent surveys of school food (like those done in 2007, 2009 and 2016)

These strategies should be reviewed after 2-5yrs to determine how effective this approach has been, and whether a stricter approach needs to be taken.

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Ministry of Health Submission for the Ministry of Education Public Consultation on Proposed Changes to the Promotion and Provision of Healthy Drinks in Schools

Question 1

In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person?

This submission is on behalf of the Ministry of Health (the Ministry).

Question 2

Part 1: Do you agree with our view of the problem? If not, why not?

Ministry of Health response:

The Ministry agrees with this view of the problem for the reasons outlined below:

The World Health Organisation (WHO) and international and national academics have identified education settings as important locations to improve the health of children through providing an environment that supports healthy choices. Lifelong food and drink preferences and eating behaviours are formed during childhood and research suggests the availability of healthy food and drinks in schools improves the wellbeing of children and staff (WHO 2016). Children spend a significant portion of the day at school and consume as much as a third of their food and drink each day at school, therefore, it is important that the food and drinks available in education settings align with evidence-based healthy eating guidance.

Oral Health

Diet and nutrition are important influencers of oral health. Poor oral health in children and young people can be painful and expensive to treat and can cause dental caries, gum disease and tooth loss. Dental caries is one of the most common childhood diseases among children and young people in New Zealand and is largely preventable. According to the 2020/21 New Zealand Health Survey, approximately 33,000 children (aged 1-14 years) had teeth removed due to decay, an abscess, infection or gum disease in the past 12 months (Ministry of Health 2021). Māori and Pacific children are more likely to have teeth removed due to decay than non-Māori and non-Pasifika children. In 2020, 43 percent of non-Māori and non-Pasifika

five-year-olds examined had decay, but 60 percent of Māori and 69 percent of Pasifika five-year-olds had decay (Ministry of Health 2021).

Sugary drinks are considered cariogenic foods and contribute to dental caries and tooth erosion due to their fermentable carbohydrate properties. The 2020/21 New Zealand Health Survey indicates roughly 32 percent of New Zealand children (aged 2-14 years) have a fizzy (sugary) drink at least once a week and about 11 percent of children have a fizzy (sugary) drink at least three times a week (Ministry of Health 2021). Limiting the consumption of cariogenic foods, especially sugary drinks, is key to improving the state of children's oral health in New Zealand.

Childhood Obesity

Childhood obesity continues to increase globally, and New Zealand is ranked second out of 41 Organisation for Economic Co-operation and Development (OECD) and European Union countries in relation to children and adolescents (aged 5-19 years) who are overweight and obese (UNICEF 2019). Data from the 2020/21 New Zealand Health Survey indicate one in eight (12.7 percent) children between the ages of 2 and 14 years were obese, which is an increase from 9.5 percent in 2019/20 (Ministry of Health 2021).

The World Health Organisation (WHO) recommends taking a whole-of-government approach to create policies that take health into account to prevent and treat childhood obesity. The WHO suggests one of the ways to protect child health is to implement comprehensive policies that promote the intake of healthy food and drinks by children and adolescents and reduce the intake of unhealthy foods and sugar-sweetened beverages (WHO 2016).

Part 2: What other problems, if any, do you think should be taken into consideration in assessing options?

Ministry of Health response:

The Ministry suggests another problem to consider is strengthening food environments.

Today's children are growing up in environments that encourage weight gain and contributes to the rise of child obesity. There is wide availability of low cost, ready-to-eat foods and drinks that are typically high in fat, added sugar or salt, and have low nutritional value. This environment has normalised consumption of these foods. Exposure to this food environment is increasing in both high-income and low-income areas and across all socioeconomic groups, however, the impact is more severe in low-socioeconomic groups (WHO 2016). Data from the 2020/21 New Zealand Health Survey indicate children living in

the most socioeconomically deprived areas in New Zealand are 2.5 times as likely to be obese as children living in the least deprived areas (Ministry of Health 2021).

The Ministry produced the *Healthy Food and Drink Guidance – Schools* (the *Guidance - Schools*) to support school boards to develop and promote healthy food and drink policies in the school setting. It encourages schools to commit to improving the wellbeing of students, staff and the school community. Having a school policy sends a consistent message that the school environment is encouraging and practising nutrition education as part of the curriculum. More information on the *Guidance – Schools* can be found here: <https://www.health.govt.nz/publication/healthy-food-and-drink-guidance-schools>.

Question 3

Are these the right objectives? Can you think of any others to add?

Ministry of Health response:

The Ministry agrees that the listed objectives are appropriate. The Ministry suggests considering the following additional objectives:

- Include Early Learning Services (ELS) and secondary schools to the new Regulation, in addition to primary schools.
- Widen the objective to include food – schools provide supportive and healthy food and drink environments that promote wellbeing.

Question 4

Are there any other options that you think should be considered?

Ministry of Health response:

The Ministry suggests considering the following additional options:

Place an additional duty on ELS to only provide healthy food and drinks.

Early learning services (ELS) are defined as licensed early childhood education services, ngā kōhanga reo and certified playgroups. Implementing a duty to include ELS would provide children with access to healthy foods and drinks and enable them to learn to make healthy choices.

Children may eat much of their food each weekday in ELS and providing a healthy eating environment enables children to maintain normal growth and development. Additionally, teachers report improvements in children's attention and behaviour in ELS where healthy eating is an accepted practice.

The Ministry also produced *Healthy Food and Drink Guidance – Early Learning Services* (the *Guidance – ELS*) to help ELS invest in child wellbeing by developing healthy food and drink policies. This includes creating supportive environments for children where healthy choices are easy. The *Guidance – ELS* enables children to have access to healthy foods and drinks and develop healthy food and drink preferences. The *Guidance – ELS* also supports ELS that do not provide foods and drinks to encourage parents and caregivers to provide a lunchbox consistent with their healthy food and drink policies. Further information on the *Guidance – ELS* can be found here: <https://www.health.govt.nz/publication/healthy-food-and-drink-guidance-early-learning-services>.

Prevention of the cumulative, but largely preventable, condition of dental caries should begin early. The rate of hospitalisations in 2019 for children up to 14 years of age was highest for four and five-year-olds, with over 2,000 tamariki between the ages of one and four years hospitalised due to dental caries (Ministry of Health 2020). Extractions were four times more likely in children living in areas of deprivation in the 2019/20 New Zealand Health Survey. Māori tamariki made up 41 percent of dental hospitalisations in the 0–14-year age group (Ministry of Health 2020).

Place an additional duty for all schools to only provide healthy food AND drinks.

The availability of healthy food and drinks in schools is inconsistent across New Zealand. All schools are involved in food provision in some way and healthy eating is one component of the health and physical activity curriculum. As mentioned under Question 2, developing and implementing policies that include both healthy food and drinks is an important solution to improve school food environments and to encourage the health and wellbeing of the students. This is especially important for New Zealand children who are disadvantaged and may not always have access to healthy foods outside of the school community.

The 2020/21 New Zealand Health Survey found that only 41.9 percent of children (aged 2-14 years) in New Zealand eat the recommended number of servings of vegetables per day and 70.2 percent of children eat at least two servings of fruit per day (Ministry of Health 2021). Of this same survey, only 40.5 percent of Māori children and 32.5 percent of Pasifika children eat the recommended number of vegetables per day (Ministry of Health 2021).¹

The Ministry supports implementing regulatory change that sets out requirements for policies that include both healthy food and drinks and limits the provision of unhealthy food and drinks to further strengthen food environments in education settings.

¹ The recommended daily vegetable intake for children aged 2-4 years is at least two servings of vegetables. For children aged 5-14 years, the recommended daily intake is at least three servings of vegetables.

Question 5

Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Ministry of Health response:

The Ministry agrees with the definition of healthy drinks.

The Ministry of Health's *Guidance – Schools* sets out healthy drink options as plain water and unflavoured milk. This includes unsweetened low-fat milk and plant-based milks (e.g., soy, rice, almond, oat) with added calcium and vitamin B12.

The *Guidance – Schools* does not recommend children consuming sugar-sweetened drinks, drinks containing 'intense' or artificial sweeteners (diet drinks), and fruit or vegetable juices, including smoothies. Sugar-sweetened drinks refers to any drink that contains added a caloric sweetener, usually sugar. This includes soft drinks/fizzy drinks, sachet mixes, fruit drinks, cordials, flavoured milk, flavoured water, tea, coffee, energy and sports drinks.

Question 6

Part 1: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty?

Ministry of Health response:

Providing schools, kura and ELS a lead-in period would be beneficial so they are able to develop a policy that fits the needs of the school community and would allow an appropriate period for schools to implement and adapt to a new food and drink policy.

For some education settings that do not have access to potable water, a lead-in period needs to allow for the installation of working fountains and/or the relocation of water fountains to places that are accessible to students or not in areas that are culturally inappropriate (e.g., outside of the wharepaku).

Additionally, providing a longer lead-in period for a new duty to include healthy foods is essential, as schools may have external contracts (such as vending machine operations or sponsorship agreements) to complete and will need time to clear out their food and drink stock.

Part 2: If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

Ministry of Health response:

Not applicable

Question 7

Can you think of any benefits and/or challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Ministry of Health response:

Implementing a new legal duty to secondary schools is beneficial for students as young people eat one third of their food each weekday at school. Young people at secondary schools have more 'freedom' and are more likely to buy their food, therefore, it is essential that the healthy choice is the easy choice. One third of children between the ages of two and 15 years consume fizzy drinks at least once a week (32 percent) and 11 percent consume them three or more times a week (Ministry of Health 2021). Fizzy drink consumption is greater among 10 to 14-year-olds compared to five to nine-year-olds. Seventeen percent of children aged 10-14 years consume fizzy drinks at least three times per week compared with eight percent of children aged five to nine-years-old (Ministry of Health 2021).

Young people (in year eight and above) are going through an important period of growth and may be more active, therefore, it is important for them to have healthy eating habits to ensure normal growth and development during these years. Young people would continue to reap the benefits of having access to healthy food and drinks through improved behaviour and concentration in the classroom, as well as less tooth decay, resulting in less school time lost for toothache and dental visits.

Data indicates there is a need to improve children's food environments, with schools at the forefront of committing to providing children with healthy food and drinks. This is the case for all students, including those in secondary schools.

Question 8

Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Ministry of Health response:

The Ministry supports replacing the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this.

For many schools, healthy food environments are a low priority and therefore regulations should be considered to support change. With the reported 67.5 percent of primary and 23.3 percent of secondary schools that implemented a water-only policy in 2016, schools have been faced with challenges but have managed to work through barriers to develop effective and successful healthy drinking policies. The Ministry is committed to improving the provision of healthy food and drinks in education settings by ensuring that schools have the support, information and guidance they need to do so.

Question 9

Part 1: What do you think about these circumstances? Are any of them unnecessary?

Ministry of Health response:

The Ministry agrees that the listed circumstances where the duty will not apply are appropriate. Special considerations may be necessary for children with medical conditions that require a dietary requirement (such as type 1 diabetes). These considerations should be developed as needed, and involve the guardian and health care provider, as well as the education setting's nurse and administrative staff.

Part 2: Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

Ministry of Health response:

The Ministry suggests the duty to only provide healthy food and drinks to include all other school functions such as school discos, school fairs and galas.

With a new Regulation, schools should be encouraged to develop healthy food and drink policies that are fit-for-purpose and meet the school community's needs. For instance, developing a healthy food and drink policy that applies to students and staff. On-premises vending machines, off-site lunches, and the food and drinks brought in from outside the education setting will also need to be considered in the policy. Schools will also need to consider the time at which the healthy food and drink policies apply (for example, before or after school programmes, and holiday programmes). It is important for education settings to create a consistent message throughout the school community for an overall healthy food environment.

Question 10

Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Ministry of Health response:

The Ministry agrees that the high-trust, light-touch compliance approach is appropriate.

A high-trust, light-touch compliance approach would be appropriate for a duty to only provide healthy drinks in primary and secondary schools. As indicated in the discussion document, many school boards have already opted to implement a healthy drinks policy, thus a light-touch compliance approach would be deemed appropriate.

A duty that included healthy food and drinks may require a more robust compliance approach for both primary and secondary schools to adhere to and may require more support from school boards and the parent community. Strong collaboration within the school community is essential to ensure schools are encouraging a healthy food and drink environment.

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TOI TE ORA PUBLIC HEALTH

Bay of Plenty + Lakes Districts



Toi Te Ora Public Health
PO Box 2120
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19 May 2022

RE: Proposed changes to the promotion and provision of healthy drinks in schools

Submitter details:

Toi Te Ora Public Health (Toi Te Ora) is the public health service for the Bay of Plenty and Lakes areas. Our role is to promote and protect the health of the community with a focus on the achievement of health equity, in particular for Māori. Toi Te Ora appreciates the opportunity to comment on the public health perspective on the Ministry of Education's **Discussion document: Proposed changes to the promotion and provision of healthy drinks in schools.**

Definition of sugar sweetened beverages

Sugar sweetened beverages (SSBs) are drinks that contain added sugar. Drinks that commonly have added sugar are soft drinks, fizzy drinks, sports drinks, energy drinks, fruit drinks, powdered drinks, cordials, flavoured waters, and iced teas/coffees. For the purposes of this submission the term SSBs will be used.

Q1: In what capacity are you providing feedback? For example, are you responding as a parent, student, organisation, principal, teacher, or other interested person? Please specify your role and, if applicable, the type of school you work in.

Toi Te Ora is the public health unit for the Bay of Plenty and Lakes District Health Boards and serves a population of over 300,000 people (Ministry of Health, 2021a; Ministry of Health, 2021b). This region has a high Māori population, with 25.6% of the population in the Bay of Plenty being Māori, and 36.9% in the Lakes region. The purpose of Toi Te Ora is to improve and protect the health of the population with a focus on the achievement of equity, in particular for Māori. Unhealthy diets are a symptom of inequities in income, food security, food choices and access to land and safe drinking water. Māori are more likely to experience these inequities, which is not meeting obligations of Article Three of Te Tiriti o Waitangi. A priority goal for Toi Te Ora is to reduce childhood obesity and to help ensure that every child in the Bay of Plenty and Lakes area grows up in an environment which enables them to be a healthy weight throughout their lives.

Q2: Do you agree with our view of the problem? If not, why not? What other problems, if any, do you think should be taken into consideration in assessing options?

Yes, Toi Te Ora agrees with the Ministry of Education's view of the problem. In 2013, Toi Te Ora identified childhood obesity prevention as one of its long-term strategic goals and has reviewed the evidence of what may work to reduce the prevalence of childhood obesity. One of the primary objectives identified to progress this is to reduce consumption of SSBs by school-aged children. Subsequently, Toi Te Ora (2016a) undertook a stocktake of the availability of SSBs in all 189 schools (including all levels and types of schools) in the Bay of Plenty and Lakes District Health Board areas. With a response rate of 99.5%, the data showed 73% of schools have sugary drinks available for students to purchase. As such, schools are well positioned to decrease the availability of SSBs to students and thus contribute to reducing the risk of excessive weight gain and poor oral health at a population level (Toi Te Ora, 2016a).

Q2, part 2: What other problems, if any, do you think should be taken into consideration in assessing options?

An additional issue that should be included in the above 'problem definition' is the availability of SSBs in secondary schools, and the impact this is having on rangatahi across the motu. Evidence suggests that secondary school students are frequent consumers of SSBs, with high daily consumption (Kajons, David, Gowland-Ella & Batchelor, 2018). A report surveying Australian adolescents found nearly 25% of children aged 12-17 years were consuming SSBs at least five or more times a week (Centre for Epidemiology and Research, 2009). Additionally, the survey of the Bay of Plenty and Lakes schools found that 100% of secondary schools had flavoured milk and/or juice available for purchase, while over 60% of secondary schools sold fizzy drink (Toi Te Ora, 2016a). This accessibility is concerning as evidence has confirmed the link between SSB consumption and weight gain (Bleich & Vercammen, 2018). Furthermore, frequent (>1 time/day) SSB consumption in youth is associated with an increased risk of obesity, insulin resistance, metabolic syndrome and dental caries (Bleich & Vercammen, 2018). For these reasons it is necessary for this problem to be included in the Ministry's definition above, and for secondary schools to be included in the new duty.

Another problem that should be taken into consideration is the accessibility of SSBs in proximity to schools and the contribution to an obesogenic environment, ultimately impacting the health of school-age children in Aotearoa (New Zealand). Research of Aotearoa's obesogenic environment reported that 68.5% of urban schools and 14% of rural schools had a convenience store within 800 metres. The research also observed that convenience stores were significantly closer for low decile schools compared to high decile schools (Vandevijvere, Sushil, Exeter & Swinburn, 2016). Furthermore, Smirk et al. (2021) found that frequent fast food/dairy/supermarket visits were associated with increased SSB consumption. These findings show the importance of changing the environment within a school as well as the need to consider the surrounding environment and the accessibility by students to products that are no longer available within the school environment.

Q3: Are these the right objectives? Can you think of any others to add?

Yes, Toi Te Ora strongly supports the proposed objectives that all students must continue to receive positive education on healthy food and nutrition and the Regulations are reasonable and fit for purpose for all schools. However, the objective “schools model healthy drink consumption behaviours for children at a young age” could be strengthened to include adolescents in secondary schools. This would better address the need for continued positive role modelling throughout a student’s schooling years, which is especially important for high-school-aged rangatahi who have increased accessibility to SSBs, and means of purchasing them (Toi Te Ora, 2016a).

An additional objective addressing the importance of nutrition environments could complement the proposed objectives. For example, “schools encourage healthy food and drink choices by creating healthy nutrition environments”. Although the term nutrition environment includes the proposed objectives (nutrition education and role modelling), it could also extend to the type of food-related advertising present at schools, and the use of food environment policies in schools. This is supported by Micha et al., (2018) who found various policies that targeted SSBs and unhealthy snacks in schools (i.e., product-specific restrictions, standards on nutrients, calories, or portion control) had a positive impact on reducing the consumption of SSBs and unhealthy snacks. Similarly, policies addressing school meal standards (i.e., implementing standards on daily serves of fruits and vegetables available or limiting the amount of dietary fat in a meal) effectively increased fruit and vegetable consumption and decreased saturated fat and sodium intake (Micha et al., 2018).

Q4: Are there any other options that you think should be considered?

Toi Te Ora strongly supports Option two: replace the existing NAG 5b with a duty in Regulations and place an additional duty on all schools (primary and secondary) to only provide healthy drinks. Evidence from Toi Te Ora (2016a) shows that the availability of sugary drinks typically increases with the levels of schooling, (e.g., primary, intermediate, secondary school). The data showed that 100% of secondary schools within the Bay of Plenty and Lakes district had flavoured milk and/or juice available for purchase, of which 60% also had fizzy drink available. Comparatively, 30% of primary and 50% of intermediate schools were highlighted as having flavoured milk and/or juice available for purchase (no primary or intermediate schools had fizzy drink available for purchase.) Toi Te Ora notes the Ministry's preferred option, which will not achieve the desired outcomes. Additionally, Toi Te Ora advocates for the inclusion of healthy food in the Regulations taking a staged approach with healthy drinks first. Healthy food and drink standards have been successfully adopted by hospital cafeterias, and the same approach could be taken with school canteens.

In addition to the accessibility of SSBs in secondary schools, the evidence supporting the inclusion of secondary schools in the Regulations cannot be dismissed. For example, as adolescents start to develop their independent decision making related to their social environment (including their dietary intake), they have been found to follow an unbalanced diet when given free choice (McKeown & Nelson, 2018). Additionally, evidence shows that individual soft drink consumption is associated with consumption by peers and availability at school (Wouters, Larsen, Kremers, Dagnelie & Greenan, 2010), both being exacerbated in secondary schools. Another study observed that adolescents who perceive that their peers drink SSBs, will consume more SSBs themselves (Perkins, Perkins & Craig, 2010). While, de Vet, de Ridder & de Wit (2011) acknowledged that adolescents still have less autonomy over their behaviour change and are more susceptible to environmental influences. This demonstrates the importance of placing the additional duty on both primary and secondary schools.

Q5: Do you agree with this definition of healthy drinks? Are there any other drinks you think should be allowed, or any included in this definition that shouldn't be? If so, what are your reasons for including or excluding these drinks?

Yes, Toi Te Ora agrees with the definition of healthy drinks. The definition is consistent with the Bay of Plenty District Health Board Workplace Food and Nutrition Standards, which defines drinks meeting the 'green criteria' as unsweetened water and plain milk (includes calcium-enriched cow's milk alternatives for example soy, almond milks and tea and coffee). These Workplace Food and Nutrition Standards are compliant with the National Healthy Food and Drink Policy, following the requirement for all District Health Boards in New Zealand to implement a healthy food and drink policy from 2016.

Additionally, the current Ministry of Health 'Healthy Food and Drink Guidance - Schools and Early Learning Services (ELS)' documents also promote water and milk only in these settings. These documents were published to support the implementation of Healthy Active Learning in Schools and ELSs and underpin the key messages for the Ka Ora Ka Ako Healthy Free Lunches initiative. Schools also participate in the Food for Thought programme with the Heart Foundation, a segment of which covers the quantity of added sugar in a variety of branded SSBs and promotes water and milk as first choices.

Q6: Can you think of any difficulties primary schools might have in only providing healthy drinks? Would a 'lead-in' period be helpful for schools to transition to the new duty? If you are an area and/or composite school, are there particular difficulties you may face implementing this duty?

Difficulty: inadequate infrastructure

A potential challenge that some primary schools might experience is the availability of 24-hour access to clean and safe drinking water. All schools are required to comply with Clause G12 of building Regulations (1992) which states that "**Buildings** provided with water outlets, **sanitary fixtures, or sanitary appliances** must have safe and **adequate** water supplies" (Ministry of

Education, 2021). Anecdotal evidence provided from Toi Te Ora's Health Protection Officers suggests that over the past 10-20 years most rural schools within the Eastern Bay of Plenty have struggled to meet this obligation. It has been observed that there has been inadequate infrastructure to provide safe drinking water and various issues including E.coli contamination, arsenic contamination and shallow bores (Toi Te Ora, n.d). This could potentially impact schools' ability to provide the required 23 litres of water per person/ day, and at least one bubble fountain or similar for every 60 students (Ministry of Education, 2021). This highlights the need for the Ministry of Education to further support schools by providing increased funding for quality infrastructure.

Difficulty: lack of buy-in and/or role modelling from staff

Another challenge that primary schools might experience is a lack of role modelling and buy-in from staff. A survey conducted by Mansoor, Ali and Richards (2017) of 201 schools in the greater Wellington region found that some staff did not feel it was the role of the school to control what students eat and drink. Furthermore, Toi Te Ora (2016b) found some schools reported ongoing issues with teachers wanting to have "treats" in class lunches i.e., class parties. However, another study by Laguna et al. (2020) found that most teachers (n= 56) drank water during the school day and limited consumption of SSBs, which correlated with students being more likely to drink water during school hours. The data from Toi Te Ora (2016b) also found schools acknowledged the importance of staff members' buy in, with some schools mentioning that staff must act as role models and "walk the talk" in front of students meaning that only water, milk, tea or coffee was consumed in front of students. This highlights the importance of providing training to teachers and emphasising their status as role models for healthy drinking choices (World Health Organisation, 2016a), and the need to engage the whole school community to understand and support the new duty (Mansoor et al., 2017).

Difficulty: the practice of using SSBs to fundraise at events

Excluding SSBs from special events such as school discos, and fundraising events may be challenging for schools to adjust to. However, there is evidence to suggest that this may not be as significant a barrier compared to other factors such as community and family support (Mansoor et al., 2017). When assessing potential barriers for schools to implement a water-only policy, Mansoor et al., (2017) found only two of the 78 schools mentioned the use of SSBs at fundraising events as being a barrier. Potential solutions for removing SSBs from special events/fundraising may include food-free fundraising or providing healthier alternatives. This has been displayed in various resources that have been developed by organisations such as the Heart Foundation and the Canterbury District Health Board to support schools with healthier fundraising options (Action for Healthy Kids, 2022; Canterbury District Health Board, n.d.; Healthy-kids.com.au, 2022; Heart Foundation NZ, 2022).

Difficulty: community and whānau support

Overcoming parental objections and gaining community support may be a challenging barrier for schools in promoting and providing healthy drinks only. Mansoor et al.,(2017) found that of the main barrier for schools who were not considering a “water only policy” was “a lack of community and/or family support”. However, a survey conducted in the Bay of Plenty and Lakes area found that the local community largely supports SSBs being unavailable in schools (Toi Te Ora, 2016b). Eighty-five percent of respondents agreed that SSBs should not be sold on school grounds, and 67% felt schools should not allow children to bring sugary drinks to school (Toi Te Ora, 2016b).

As such, the communication between school, community and whānau about the Regulations will be extremely important. Some schools have already highlighted their learning in this space such as using the school newsletter, website or Facebook page to normalise drinking water, and inform parents of the negative effects of sugary drinks (Toi Te Ora, 2016b). For effective implementation, and to achieve optimal benefits from the Regulation, the principal and staff

have a responsibility to support whānau to be engaged in students' learning and health (New Zealand Beverage Guidance Panel, 2020).

Q7: Can you think of any benefits that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Benefits: health, academic and economic

The benefits of introducing a new Regulation and additional duty on secondary schools are numerous including mental and physical health, academic and economic benefits. As secondary school students are frequent consumers of SSBs (Kajons et al., 2018), the new legal duty would enable rangatahi to establish and normalise healthier dietary behaviours in the school environment, presenting an opportunity to form healthy habits that persist into adulthood (Craigie, Lake, Kelly, Adamson, & Mathers, 2011).

This is likely to reduce the risk of weight gain and dental caries. Therefore, children will be less likely to develop poor outcomes, such as asthma (Al-Zalabani et al., 2019) type two diabetes, poor emotional wellbeing, and poor academic performance and less likely to become obese adults (Bleich et al., 2018). As excess weight contributes to health problems costing Aotearoa at least \$2 billion a year (Barton & Love, 2021) there is a substantial economic benefit from investing in people's dietary habits from a young age, including adolescence.

Benefit: leveraging opportunity

Schools can experience additional benefits by leveraging off the Regulations (additional duty) and introducing additional healthy environment supports such as inclusion of nutrition education within home economics and food technology studies (Godin, Chaurasia, Hammond, & Leatherdale, 2018). If implemented well, there will be many opportunities for students to further develop their health literacy and develop their personal skills well beyond reducing their SSB consumption. This is in alignment with the Ministry's proposed objectives, with the aim of enabling students to have positive behavior change and thereby benefiting whānau and

the wider community. There is also an opportunity for both teaching staff and students to be role models within their school and community (Ministry of Health, 2020).

Benefit: Reduction in SSB consumption

Toi Te Ora supports the view that it is the school's duty of care not to sell unhealthy drinks to students, as emerging evidence suggests that sugar consumption can cause some symptoms consistent with addiction (Di FNicolantonio, O'Keefe & Wilson, 2018), and is a contributory cause of non-communicable disease (Robertson, Thyne and Green, 2018). SSBs contribute over a quarter of the total dietary sugar that NZ children consume (Ministry of Health, 2002). As previously stated, schools are well positioned to reduce SSB consumption by children (Toi Te Ora, 2016a), as research in Canada shows that policy regarding the availability of SSBs may reduce the overall consumption during the school week (Godin, et al., 2018). Mandatory policies in high schools are more successful in reducing SSB consumption when compared to voluntary policies (Godin et al., 2018).

Furthermore, schools that sold soft drink were associated with higher average SSB consumption among adolescents (Rocha et al., 2021) and purchases of SSBs increased when adolescent students purchased food from nearby food outlets (Godin et al., 2018).

Q7, part 2: Can you think of any challenges that secondary schools would face in meeting a new legal duty to only provide healthy drinks?

Challenge: similar challenges to primary schools

There are various potential challenges a secondary school may face in meeting a new legal obligation to only provide healthy drinks. Challenges similar to those faced by primary schools (as mentioned in Q6) include inadequate infrastructure, inadequate access to clean, safe drinking water (especially for rural schools), the use of SSBs in events and fundraisers, and lack of support from schools, staff, communities and whānau. It is also important to note that some issues may be exacerbated in secondary schools such as the influence of peers, and the role

SSBs may have in school events (Perkins et al., 2010). Solutions to these challenges have been discussed in question six.

Challenge: obesogenic environments

Another potential challenge relates to the obesogenic environment accessible by students outside of school, as highlighted in question two and in New Zealand Research (Vandevijvere, et. al., 2016). Research in Canada observed students will still access offsite food outlets and are more likely to purchase SSBs (Godin et al., 2018), while research in Australia observed that male adolescent intake of SSB was three-fold higher on the weekend than it was on weekdays (Smith, Straker, Kerr & Smith, 2015). Although not in the scope of the proposed Regulation, it is important to highlight the need for additional strategies to address the wider food environments that contribute to the consumption of SSBs by children (Godin et al., 2018).

Challenge: contracts

The school canteen is an integral part of the school food environment and by selling foods high in sugar, fat and sodium; many canteens promote unhealthy lifestyles and could undermine attempts to promote healthy dietary behaviours (Rathi, Riddell, & Worsley, 2017). Therefore, there are potential challenges around the impact of private industry and canteen operators influencing sugary drinks being sold in the school environment. For example, Coca-Cola Amatil and Frucor Suntory pledged to remove full sugar carbonated beverages and energy drinks from secondary schools by 2009 (Coca Cola Amatil Limited & Frucor Beverages Group Limited, 2009). However, SSBs remain prevalent in secondary schools as highlighted by Toi Te Ora (2016a). This is mostly due to two reasons: the private operators are able to buy SSBs from the supermarket (thus bypassing beverage wholesalers), and then on-sell to students via the school canteen; secondly, the restrictions pledged by industry failed to include many types of drinks such as artificially sweetened carbonated drinks, soft drinks, fruit juices and flavoured waters (Coca Cola Amatil Limited & Frucor Beverages Group Limited, 2009). This highlights the need for a regulatory approach in secondary schools, requiring private operators to comply

with the promotion and provision of healthy drinks, thereby contributing to consistent health messaging.

Another potential challenge might include the contracts held between secondary schools and privately operated canteens. There is the potential for these contracts to include agreements to provide a certain volume of SSBs in exchange for discounts and/or provision of fridges. Additionally, Rathi, Riddell and Worsley (2016) found that the demand for fast food and high – calorie beverages compelled the canteen operator to provide such items, demonstrating the need for a ‘whole-school approach’ (Drummond & Sheppard, 2011) as previously mentioned in Q5. Schools may need support in renegotiating contracts if they are not due for a renewal. Learning could be gained from the successful implementation of the National Healthy Food and Drink Policy across the DHBs and contracted organizations.

Q8: Do you agree that we should replace the current guidance to promote healthy food and nutrition with Regulations that require school boards to continue doing this? Please explain the reasons for your agreement or disagreement.

Yes, Toi Te Ora agrees there is an urgent need to replace the current guidance with Regulations requiring all schools to promote and provide healthy food and drinks only. In 2016, the Ministry of Education issued a guideline encouraging schools to consider a ‘water-only’ policy and provided supporting resources. Additionally, the World Health Organisation (2016b) recommends that schools introduce a water-only policy as a first step to creating healthy food environments, as is supported by the Ministry of Health. Although some schools are now leaders in this space such as Yendarra Primary School, Orautoha School, Mosston School and Glenview School (NZBGP 2020), and most schools promote water in some way (88% of schools in the Bay of Plenty and Lakes region) many schools have not adopted a policy and therefore, children in Aotearoa are still exposed to SSBs in their school environment (Toi Te Ora, 2016a). This variance of policy adoption clearly highlights the need for a national regulatory approach to remove SSBs from schools.

The need for action

Governmental bodies around the world are taking increasing action to address the availability of sugary drinks in schools (Hawkes, 2010). The NZBGP (2020) state “the government has a responsibility to implement comprehensive policy in areas that are known to be detrimental to health”. As the evidence continues to demonstrate the negative health effects associated with sugary drink consumption (Bleich & Vercaemmen, 2018) all schools in New Zealand should be required to remove sugary drinks and adopt a national ‘water-only’ school policy (2020). Mello, Pomeranz and Moran (2007) found that policies aiming to decrease students’ consumption of SSBs were strongest with a legislative mandate, while a recent review of 36 interventions in school settings demonstrated that 70% of interventions were effective in decreasing SSB consumption, with effectiveness increasing for those that targeted legislation and/or the environment (Vezina – Im et al., 2017). Finally, The World Health Organisation (2016b) highlighted the need for political commitment and a ‘whole of government’ approach to eliminate the provision or sale of unhealthy foods, such as SSBs in the school environment.

An equitable approach

Replacing the current guidance with Regulations and an additional duty on secondary schools will help ensure a more equitable approach to promoting and providing healthy drinks in all schools, as socially disadvantaged children and adolescents have been consistently shown to consume SSBs more frequently (Smirk et al, 2021). A study by Smirk et al., (2021) surveyed 578 school age children (8-12 years) in Auckland and found 92% consumed more than one serving of SSBs a week; with more than five servings reported by 62%. Higher consumption (at least five servings of SSBs a week) was observed among those from socially disadvantaged areas, children of Māori, Pacific, and Asian background, and medium decile schools. Interestingly, 74% of children reported their schools encouraged them to consume healthy beverages, however schools’ healthy beverage policies (encouragement and water-only policy) were not associated with healthy beverage consumption (Smirk et al., 2021). This shows the need for a regulatory approach requiring all schools to provide and promote healthy drinks only, thereby making the healthiest choice the easiest for all children in Aotearoa. The new duty has the

potential to significantly decrease consumption of SSBs by those who are consuming SSBs frequently, and to normalise water and milk as first choices.

Q9: What do you think about these circumstances? Are any of them unnecessary? Can you think of any other circumstances where it would be reasonable to not have the duty? If so, why?

Yes, Toi Te Ora agrees with the circumstances listed in the Discussion document.

Q10: Do you feel that the high-trust light-touch compliance approach is appropriate? If not, why not?

Yes, Toi Te Ora Public Health agrees with the proposed compliance approach. Toi Te Ora recommends that additional support be given to canteen managers and secondary schools to transition away from SSBs. COVID-19 has put additional strain on schools, so any changes in Regulations should be accompanied by mechanisms and resources for schools to implement changes successfully.

Conclusion

Toi Te Ora thanks the Ministry of Education for the opportunity to comment on the Discussion Document: Proposed changes to the promotion and provision of healthy drinks in schools.

Yours sincerely,

9(2)(a)



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