

2 June 2022

**Regional Public Health**

HAUORA Ā IWI KI TE ŪPOKO O TE IKA A MĀUI  
Better health for the greater Wellington region

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: Jackie Mayne

Email: Jackie.Mayne@huttvalleydhb.org.nz

Naku noa, na

Peter Gush  
**General Manager**

Stephen Palmer  
**Medical Officer of Health**

## **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<sup>1,2</sup> 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?**

---

<sup>1</sup> 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.

<sup>2</sup> 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 choices<sup>3</sup>.

**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 days<sup>4</sup>. 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.

---

<sup>3</sup> 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.

<sup>4</sup> *Water-only schools | RPH*. rph.org.nz. (2020).