

BOPDHB Position Statement

Physical Activity and Nutrition

Introduction

The Bay of Plenty District Health Board (BOPDHB) is required under its enabling legislation, the New Zealand Public Health and Disability Act 2000, section 22:

- to improve, promote, and protect the health of people and communities;
- to promote the inclusion and participation in society and independence of people with disabilities;
- to reduce health disparities by improving health outcomes for Maori and other population groups;
- to exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services;
- to exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations.

The BOPDHB has prepared a series of position statements which demonstrate its commitment to these objectives, and outlines its viewpoint on different health issues. This position statement on Physical Activity and Nutrition aligns with other position statements, including those on Health Inequalities, Disability Responsiveness and Liveable Environments, and is implemented through the DHB's Annual Plan.

1.0 The Bay of Plenty DHB affirms the following:

- 1.1 The DHB will provide leadership and set an example for other health and non-health agencies in providing a health promoting environment for its employees, patients/clients, visitors and contractors. It will adopt policies for the promotion of healthy physical activity and nutrition, including policies for breastfeeding, physical activity (including the use of active transport to and from work), and the provision of healthy food options at DHB cafeterias, and the support of social club activities such as on-site staff gymnasias.
- 1.2 The promotion of physical activity and good nutrition should occur in all settings. The DHB will support the delivery of healthy eating and healthy activity in conjunction with other agencies across a wide range of community settings where people live, work, play and learn.
- 1.3 Depending on the availability of Ministry funding, the DHB will fund and/or deliver national and local programmes such as Health Promoting Schools and pre-schools, WorkWell, nutrition as part of oral health education, Breastfeeding Friendly Environments, Green Prescription and Active Families, and diabetes and cardiovascular disease self-management groups.
- 1.4 The modern dependence on the private motor vehicle as the primary transport means has contributed to the current high rates of obesity and lack of physical activity. The DHB supports the use of active transport (buses, cycling and walking) as a means to commute to and from work, and for other travel, to increase the uptake of physical activity.



- 1.5 The BOPDHB will work through the BOP Regional Transport Committee and BOP Regional Council to promote the provision of public transport, cycleways and walkways for commuting and recreation.
- 1.6 In line with the key physical activity messages from the Healthy Eating Healthy Action (HEHA) programme, adults should engage in at least 30 minutes of physical activity at a moderate intensity on most, if not all, days of the week. If possible, vigorous exercise should be added for extra benefits and fitness. For children, the daily physical activity levels should exceed 60 minutes per day. The DHB will work with Sport Bay of Plenty and other physical activity providers to ensure that physical activity opportunities are accessible to all, including people with disabilities.
- 1.7 Breast milk is the best first food for babies for optimal growth, development and health. The BOPDHB encourages mothers to exclusively breastfeed their babies for the first six months and then continue to breastfeed along with the introduction of solid foods. It will participate in the Baby Friendly Hospitals Initiative programme, and work with other maternity and well child providers to increase breastfeeding rates.
- 1.8 A woman has the right to breastfeed and is protected from discrimination for breastfeeding under the Human Rights Act 1993 and international law. The BOPDHB supports this right through education, increasing the number of breastfeeding friendly public spaces and implementing the national breastfeeding guidelines. The BOPDHB also recognises that some women are unable to breastfeed and will support those women with information and advice.
- 1.9 Having a nutritious and well-balanced diet at all ages is a key component of a healthy lifestyle. This leads to weight management, the ability to undertake regular physical activity and ultimately contributes to a reduction in chronic conditions such as cardiovascular disease, diabetes and some cancers, particularly bowel cancer. The key nutrition messages from the Healthy Eating Healthy Action (HEHA) programme that the DHB recommends should be adopted by the whole population in the Bay of Plenty are:
 - eat a variety of nutritious foods
 - eat less fatty, salty, sugary foods
 - eat more vegetables and fruits
 - fully breastfeed infants for at least six months
 - aim to maintain a healthy weight throughout life
 - promote and foster the development of environments that support healthy lifestyles.
- 1.10 Food insecurity¹ amongst lower-income families is a significant contributor to poor health outcomes for children in particular. The DHB supports local initiatives such as the development of community and marae gardens, the growing of vegetables and fruit in backyards, and farmers' markets so that there is increased food security, and greater consumption of fresh fruit and vegetables.
- 1.11 The DHB will make submissions where relevant to central, regional and local government on legislation, bylaws, strategies, and plans that will promote the DHB's physical activity and nutrition objectives.



2.0 The Bay of Plenty DHB notes that:

- 2.1 There is an increasing burden in non-communicable chronic diseases such as obesity, diabetes, cardiovascular disease and cancer arising from lack of physical activity and poor nutrition². The DHB has a significant role in the treatment of these diseases, and limiting the advancement of disease through screening programmes and early interventions, through its funding and service provision roles. It also plays an important role in the prevention of chronic conditions through advocacy and working with other agencies.
- 2.2 There is growing evidence that the patterns for obesity and later chronic conditions are set in the pre-conception, ante-natal and post-natal phases of the life course³. It is a key objective to determine how the DHB can act at this early stage in life to have a population-based positive health effect.
- 2.3 At all stages in the life course, there are opportunities for reducing the risks of chronic diseases through a range of physical activity and nutrition programmes. These are best undertaken as a part of normal daily living, rather than through an add-on special effort such as dieting. Nutrition and physical activity programmes are therefore best instilled in childhood to develop healthy lifestyles as long-term habits. It is acknowledged that physical activity and nutrition programmes show benefits at all ages.
- 2.4 There is considerable international and national evidence linking poor urban design that creates urban sprawl as a contributor to the increasing rates of obesity. Cities that have higher levels of inner city living, cycle-friendly transport corridors, and linked walkways encourage greater levels of physical activity as part of daily living⁴, and therefore lower levels of obesity. Lower use of motor vehicles also helps to reduce air pollution and therefore respiratory and other chronic diseases. There are also positive links between regular physical activity and mental health wellbeing.

¹ The World Food Summit of 1996 defined food security as existing “when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life”. Commonly, the concept of food security is defined as including both physical and economic access to food.

² It has been estimated that in 1997 poor diet contributed to about 8,500 deaths in NZ, (including inadequate vegetable and fruit consumption 1,600 deaths) and insufficient physical activity about 2,600 deaths. **Health and Participation: An Active Agenda Advice to the Incoming Minister of Health October 2005 Ministry of Health**

³ Gluckman PD, Hanson MA and Mitchell MD. **Developmental origins of health and disease: reducing the burden of chronic disease in the next generation.** *Genome Medicine* 2010 **2:14**

Available at <http://genome.medicines.com/content/2/2/14>

⁴ Pearce JR, Maddison R. **Do enhancements to the urban built environment improve physical activity levels among socially disadvantaged populations?** *Int J Equity Health.* 2011 **10:28**

Available at <http://www.equityhealthj.com/content/10/1/28/abstract>

Adopted by the BOPDHB Board at its meeting on 19 December 2012

Review This position statement will be reviewed in three years, or as necessary.

