

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4134
Kathleen.Smithram@cdhb.health.nz

16 August 2021

9(2)(a)



RE Official Information Act request CDHB 10668

I refer to your letter dated 16 July 2021 and received in our office on 20 July 2021 requesting the following information under the Official Information Act from Canterbury DHB as a follow up request to our response to Official Information Act request CDHB 10640. Specifically:

1. **CDHB policy on which Ministry of Health Policy, (which doesn't exist), or directive in relation to removal of goods being sold in CDHB hospitals which contain sugar.**

There is currently no Canterbury DHB policy or directive in relation to removal of goods, which contain sugar, being sold in Canterbury DHB hospitals. **Please note** our previous response in which we referred to National Healthy Food and Drink policy that mentions removal of packaged foods that contain confectionery (sugar and sugar free) and the Ministry of Health expectation that all DHBs will be compliant with National Healthy Food and Drink Policy.

2. **CDHB policy or directive given to CDHB management, staff or any management contract or the Board of CDHB on the removal of goods for sale in CDHB hospitals containing sugar.**

There is currently no Canterbury DHB policy or directive given to our management, staff or any management contract or the CDHB Board on the removal of goods containing sugar for sale in Canterbury DHB hospitals.

3. **Any CDHB correspondence by way of written documents and email communication about the removal of goods for sale in CDHB hospitals containing sugar.**

Please find attached as **Appendix 1**, a copy of a paper that went to the Executive Management Team (EMT), outlining our commitment to begin a formal engagement process with staff and visitors to our services on implementing the recommendations from the National Healthy Food and Drink Policy as directed by the Ministry of Health.

Due to an unprecedented rise of urgent care across the health system, this engagement process and any associated timeline has been delayed.

4. Details of any CDHB oral communication in relation to the sale of goods containing sugar in CDHB hospitals.

There has been one meeting with the head of the volunteer's shop, in which our EMT paper and intent to begin an engagement process with staff and visitors to our services was discussed. This engagement process has not yet begun.

5. Any CDHB working documents and minutes of meetings of the short life working group specified in your response.

There are no meeting minutes or working documents from the Short Life Working Group as these were informal meetings and an engagement strategy has not yet been created.

6. Any CDHB correspondence on engagement with staff and visitors to CDHB services as specified in your response.

As mentioned, the formal engagement process has been delayed due to an unprecedented rise of urgent care across the health system.

7. Any copies of the directives given to in-house cafes and eating places to exclude baking products that include confectionary, e.g., chocolate cake, muffins and biscuits.

There have been no directives issued to in-house cafes or eating places to exclude baking products that include confectionery. I note your comment regarding the separation of bakery items from confectionery and draw your attention to the Table on page 16 of the National Healthy Food and Drink Policy that separates out 'bakery items' from 'confectionery'. The National Healthy Food and Drink Policy is attached as **Appendix 2**.

The National Healthy Food and Drink Policy supports health sector leadership in promoting and 'normalising' healthy food environments in work and public places, as well as demonstrating a commitment to the health and wellbeing of staff, visitors and the general public and, as such, we will be taking the same approach.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Tracey Maisiey
Executive Director
Planning, Funding & Decision Support

Executive Management Team Briefing Note

| | |
|---|---|
| AGENDA ITEM NO: | |
| SUBJECT: | |
| Healthy Food and Drink Policy | |
| RESPONSIBLE EXECUTIVE MEMBERS: | DATE FOR SENIOR EXECUTIVE CONSIDERATION: |
| Jacqui Lunday Johnstone | 10.03.21 |
| OTHER KEY STAFF (e.g. Author/s): | ESTIMATED TIME REQUIRED FOR DISCUSSION AND DECISION: |
| | 15 minutes |
| <p>BACKGROUND:</p> <p>In September 2019, the National DHB Healthy Food and Beverage Policy was published by the Ministry of Health and all DHB's are expected to abide. This policy applies only to food and drink provided to staff and visitors to our premises and not to patient meals. https://www.health.govt.nz/system/files/documents/publications/national-healthy-food-and-drink-policy-2nd-edition.pdf</p> <p>Recently, the National CE's group have made a commitment to implement this this change in full by July 2021 and to go further by removing from sale all drinks other than water and unflavoured milk. Government have also outlined an expectation that all DHBs will support the commitment to be carbon neutral by 2025 which CEs have agreed to.</p> <p>A short life working group within the CDHB has undertaken scoping of our current state regarding implementation of the policy recommendations. We are close to achieving compliance in the range of products and portion size recommendation of the National Policy; however, a small number of changes are currently being made to ensure that Canterbury DHB is compliant with the National Policy across all campuses.</p> <p>To date, we have begun engagement with RMOs regarding our obligation to provide food/drinks and conversations have included the RDA and STONZ Unions at both National and local levels.</p> <p>Engagement with our volunteer shops is also planned. Many of the items currently sold would not be compliant, and we will meet with them regarding the policy and work with them to compile a list of alternative range of items they could sell.</p> <p>Following the successful implementation at other DHBs, this paper recommends the additional implementation of a water/unflavoured milk only policy and the reduction of meat/processed meat served. The policy requires us to take action in reducing portion sizes of less healthy foods, having healthier snacks available, and reducing intakes of saturated fat and salt for our staff and visitors.</p> <p>Some of the additional elements that have been successfully implemented elsewhere to support healthy eating and sustainability include:</p> <ul style="list-style-type: none"> • Meat Free Mondays • Fish Fridays • Removal of processed meats in the staff cafés | |

PROPOSAL:

The lessons learned from the implementation of this approach in other DHBs have highlighted the importance of extensive communication, engagement and participation in this initiative with a focus on wellbeing and sustainability.

EMT are asked to support an engagement and consultation period to socialise our approach with staff and the people using our cafés, working in partnership with our stakeholders to evolve our implementation approach.

KEY BENEFITS OF CHANGE

1. Provides healthier food options for CDHB staff and visitors
2. Supports the approach outlined in the updated National DHB Healthy Food and Beverage Policy and the Ministry of Health report 'Sustainability and the Health Sector'
3. Promotes healthy eating habits
4. Reduces environmental impact - decreasing meat consumption one day a week could result in a significant reduction of CDHB's carbon footprint.

To initiate change some decisions can be made locally and some need to be made at a national level via partnerships with other DHBs who have already successfully implemented their new healthy food and drink policy, particularly NMH.

NEXT STEPS:

Embark on a consultation period including a wider range of staff, visitors, consumer advisory panels and unions.

BUDGET IMPLICATION:

It is, at this stage, unclear whether the proposed changes would increase or decrease the overall costs.

RECOMMENDATIONS AND ACTION TO FOLLOW:

That EMT endorse in principle:

1. The establishment of a consultation and engagement period regarding changes to CDHB's Healthy Food and Beverage Policy (outlined in Appendix 1)

ACTION RESPONSIBILITY:

Jacqui Lunday Johnstone

OTHER DIVISIONS INVOLVED:

All CDHB campuses and on-site cafes/stores

RECOMMENDATION/S
(for Executive Team use only)

Endorsed
Endorsed in principle
Endorsed subject to amendment
Redraft/Resubmission
Not recommended

Referred for consultation
Working party to report
Noted
Deferred
Other action, specify



National Healthy Food and Drink Policy

Guidance on healthier food and drink options
for district health boards and associated
providers and partners

2nd Edition – September 2019

Developed by the
National District Health Board Food and
Drink Environments Network

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MANATŪ HAUORA



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RELEASED UNDER THE OFFICIAL INFORMATION ACT

Introduction

Healthy eating is essential for good health and wellbeing. With increasing rates of obesity and the subsequent rise of associated poor health outcomes, including type 2 diabetes and cardiovascular disease, it is important that health sector organisations show leadership by providing healthy eating environments for their staff, visitors and the general public.

The National DHB Food and Drink Environments Network (the Network) was established in 2015 to develop a consistent National Healthy Food and Drink Policy (the Policy) for use across all New Zealand District Health Boards (DHBs), and potentially other settings. The Network received support and advice from the Heart

Foundation, Activity and Nutrition Aotearoa, the Ministry for Primary Industries, the New Zealand Beverage Guidance Panel and the University of Auckland in the development of the Policy. For more information on this process, see Appendix 1.

It is the intention that the Network will continue to support DHBs and the Ministry to implement the Policy.

This 2nd edition differs from the original edition published in September 2016. Following a limited review of key issues identified by Network members, small changes have been made to the criteria to make the Policy more practical to implement.

Overview

Purpose

The Policy supports health sector organisations to:

- demonstrate commitment to the health and wellbeing of staff, visitors and the general public by providing healthy food and drink options, which support a balanced diet in accordance with the *Eating and Activity Guidelines for New Zealand Adults* (Ministry of Health 2015)
- act as a role model to the community by providing an environment that supports and promotes healthy food and drink choices
- assist the food and drink industry by having one set of criteria for food and drink provision for all health sector organisations.

In providing healthy food and drink environments, consider:

- the needs of different cultures, religious groups and those with special dietary needs, and accommodate these on request, where possible
- ecologically sound, sustainable and socially responsible practices in purchasing and using food and drinks, which includes encouraging the procurement of seasonal and locally grown and manufactured (regional and national) food and drinks, and minimising waste where possible
- the importance of discouraging association with products and brands inconsistent with a healthy food and drink environment, as defined by the Policy.

Scope

The Policy applies to all health sector facilities/sites, contractors and staff, including:

- all food and drink provided by, or able to be purchased from any retailer, caterer, vending machine, snack box or volunteer service on the organisation's premises for consumption by staff, visitors and the general public¹
- any gifts, rewards and incentives offered to staff, guest speakers and/or formal visitors on behalf of the organisation
- any fundraisers organised by either internal or external groups where food and drinks are sold or intended for consumption on the organisation's premises. Fundraisers associated with groups outside the organisation that do not meet this policy should not be promoted on the organisation's premises or through the organisation's communications (eg, chocolate fundraisers), however, alternative healthy fundraising and catering ideas should be encouraged
- all health service providers contracted by the organisation that have a food and drink environment clause in their contract with the organisation
- any external party that provides food or catering:
 - on site at any health sector facility (eg, recruitment agencies, drug companies)
 - off site where the organisation plans and/or hosts a function for staff, visitors and/or the general public (eg, conferences, training).

¹ This includes foods and drink that patients can buy.

While the provision and consumption of healthy food and drink options is strongly encouraged, the Policy excludes:

- food and drink brought to work by staff for their own consumption
- gifts from families/whānau to staff
- self-catered staff-shared meals, both on and off site (eg, food brought for special occasions, off-site self-funded Christmas parties or similar celebrations)
- gifts, rewards and incentives that are self-funded
- inpatient meal services and Meals on Wheels – different standards exist for inpatients and Meals on Wheels, which reflect food and drink requirements in both health and illness; and for various age groups. The majority of inpatients

are admitted because they are unwell and, therefore, require food and drink that is appropriate for their clinical care and treatment

- food and drink provided by clients/ patients and their families and visitors for their own use (families and visitors are encouraged to check with health care staff before bringing in food for inpatients)
- alcohol-related recommendations (please refer to your organisation's position on alcohol).

Monitoring and evaluation

Monitoring and evaluating the policy will be part of each organisation's Implementation Plan and will be aligned to the agreed expectations of the Network and the Ministry of Health.

National Healthy Food and Drink Policy

Healthy food and drink environments

This Policy is to ensure organisations and their contracted health service providers (with a healthy food and drink contract clause) promote an environment that consistently offers and promotes healthy food and drink options. Refer to the nutrient criteria table (page 9) for greater clarity on how the Policy can be implemented.

Consistent with the *Eating and Activity Guidelines for New Zealand Adults*, (Ministry of Health 2015) messages and practices relating to food and drinks in the organisation will reflect the following principles.

Healthy food and drink policy principles

Offer a variety of healthy foods from the four food groups.

This means:

- plenty of vegetables and fruit
- grain foods, mostly wholegrain and those naturally high in fibre
- some milk and milk products, mostly low and reduced fat
- some legumes, nuts, seeds, fish and other seafood, eggs, poultry (eg, chicken) and/or red meat with the fat removed.



Food should be mostly prepared with or contain minimal saturated fat, salt (sodium) and added sugar, and should be mostly whole or less processed.



This means:

- some foods containing moderate amounts of saturated fat, salt and/or added sugar may be available in small portions (eg, some baked or frozen goods)
- no deep-fried foods
- no confectionery (eg, sweets and chocolate).

Water and unflavoured milk will be the predominant cold drink options.



This means:

- the availability and portion sizes of drinks containing 'intense' sweeteners,² and no-added-sugar juices, are limited
- no sugar-sweetened drinks.³

Healthy food and drink choices (including vegetarian and some vegan items) appropriate to a wide variety of people should be available, with consideration given to cultural preferences, religious beliefs and special dietary requirements such as gluten free.

² Intense sweeteners (also known as artificial sweeteners) are a type of food additive that provides little or no energy (kilojoules). Intense sweeteners permitted for use in New Zealand include aspartame, sucralose and stevia.

³ Any drink that contains added caloric sweetener, usually sugar. The main categories of sugary drinks include soft drinks/fizzy drinks, sachet mixes, fruit drinks, cordials, flavoured milks, flavoured waters, iced teas/coffees and energy/sports drinks.

Breastfeeding is supported in all health sector settings as the optimum infant and young child feeding practice.

Promoting healthy options

It is important the health sector is a role model for the community in preventing obesity and disease while advocating for healthy food in the workplace and other settings. Providing a healthy eating environment is a health and safety issue that should be supported by all levels of the organisation.

The organisation should actively promote healthy food and drink options with staff, visitors and the general public.

Healthy options ('Green item' foods and drinks) should be the most prominently displayed items by retailers and should be readily available in sufficient quantities, competitively priced, and promoted to

encourage selection of these options. The organisation will promote healthy eating behaviours to staff, visitors and the general public through the provision of consistent, evidence-based nutrition messages.

Partnerships, fundraisers, associations and promotions involving products and brands that are inconsistent with a healthy food and drink environment, as defined by this Policy, are not to be promoted on health sector premises.

The health sector should encourage healthier food options or non-food alternatives for fundraising.

See the following link for fundraising ideas: Healthy Events and Fundraisers (Canterbury DHB: www.cph.co.nz/wp-content/uploads/nut0098.pdf)

Staff facilities

Storing and preparing own meals

Provide staff with reasonable access to food storage facilities such as fridges, lockers or cupboards. Wherever possible this also includes reasonable access to a microwave oven.

Drinking-water

The organisation will provide reasonable access to drinking-water for all staff, visitors and the general public on site. Wherever possible this should be tap water and/or water fountains, with staff encouraged to bring their own water bottle. Where water coolers are provided, each service must ensure they are replenished, cleaned and serviced on a regular basis. Consider environmentally friendly and

recyclable options when purchasing cups for water dispensing.

Breastfeeding in the workplace

The organisation will promote and support breastfeeding by:

- encouraging and supporting breastfeeding within the workplace
- providing suitable areas that may be used for breastfeeding and for expressing and storing breast milk
- providing suitable breaks for staff who wish to breastfeed during work, where this is reasonable and practicable.

Refer to your organisation's own specific breastfeeding policy for more detailed information.

Healthy food and drink environments criteria

Food and drink classifications

The purpose of the colour-coded food and drink classification is to provide a practical way for food service providers to identify foods as ‘healthy’ and ‘less healthy’. Foods should not be labelled or promoted using

these colours as the main purpose of this Policy is to increase the overall availability of healthier options, not as a labelling guide for consumers.

Foods and drinks are classified into three groups, as follows.

| Green | Amber | Red |
|--|---|--|
| <p>These foods and drinks are part of a healthy diet. They are consistent with the healthy food and drink policy principles and reflect a variety of foods from the four food groups, including:</p> <ul style="list-style-type: none">• plenty of vegetables and fruit• grain foods, mostly wholegrain and those naturally high in fibre• some milk and milk products, mostly low and reduced fat• some legumes, nuts, seeds, fish and other seafood, eggs, poultry (eg, chicken) and/or red meat with the fat removed. <p>Foods classified as Green items are low in saturated fat, added sugar and added salt, and are mostly whole and less processed.</p> <p>Note: Green items must consist only of ‘Green’ foods, drinks and ingredients.</p> | <p>These foods and drinks are not considered part of an everyday diet, but may have <i>some</i> nutritive value. Foods and drinks in this group can contribute to excess energy consumption and are often more processed. The Amber group contains a wide variety of foods and drinks, some healthier than others. Where possible, provide the healthier options within this group (eg, a potato-top pie instead of a standard pie).</p> <p>Note: Amber items can contain a mixture of ‘Green’ and ‘Amber’ foods, drinks and ingredients.</p> | <p>These foods and drinks are of poor nutritional value and high in saturated fat, added sugar and/or added salt. They can easily contribute to consuming excess energy as they commonly contain a lot of calories. These are often highly processed foods and drinks.</p> |

Food and drink availability

Healthy food and drinks should be the easy choice. Within a food service (eg, cafeteria, catered event or shop), Green item foods and drinks should predominate. This means they should make up at least 55 percent of food and drinks available for consumption. Over time, organisations should aim to increase the proportion of Green healthy

foods and drinks (over and above the minimum 55 percent).

To achieve this, have at least 55 percent (or just over half) of the items available under each food category* (eg 'breads and crackers', 'breakfast cereals', etc) fit the Green criteria.

* With the exception of 'mixed meals', 'sandwiches' and 'sushi' categories (see page 13).

| Green items | Amber items | Red items |
|---|--|---|
| <ul style="list-style-type: none">• Dominate the food and drinks available (at least 55% of choices available)• Are displayed prominently on shelves, benches, cabinets and vending machines• Are always available in sufficient quantities to be the predominant option. | <ul style="list-style-type: none">• Make up less than 45% of choices available• Come in small portion sizes (as per the nutrient criteria table)• Are not prominently displayed at the expense of Green items. | <ul style="list-style-type: none">• Are not permitted (refer to scope of the policy, page 2)• Should be phased out over time in accordance with each individual organisation's Policy implementation plan if these products are currently available. |

Additional requirements

In addition to complying with the criteria within the *Healthy food and drink environment nutrient criteria table*, the following requirements should be complied with.

- All unpackaged or prepared-on-site foods and drinks should be consistent with the overarching policy principles.
- All packaged foods (excluding drinks and bakery items) must meet set nutrient criteria standards (eg, a Health Star Rating (HSR) of at least 3.5 stars⁴). Additional criteria (such as portion sizes) may apply to some categories. For packaged foods without a HSR, manufacturers⁵ can calculate a rating using the tool at

<http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/online-calculator#/step/1>

There may be some exceptions where specialty items such as gluten- and dairy-free products may not comply with all criteria. However, products are still required to reflect the overarching policy principles and relevant criteria, where practicable.

Vending machines

Foods sold in vending machines must include a selection of Green items from a range of food categories (eg, Vegetables and Fruit, Grain Foods, Milk Products, Nuts and Seeds, Ready-to-Eat Meals)

Over time, retailers should work towards more than half of their vending offering being Green.

⁴ Technical Report: Alignment of NSW healthy food provision policy with the Health Star Rating system.
URL: www.health.nsw.gov.au/heal/Pages/health-star-rating-system.aspx

⁵ It is up to the packaged food provider/manufacturer to calculate and provide the Health Star Rating of their product(s). Retailers or food service staff can contact the manufacturer/provider to seek this information prior to purchasing.

Healthy food and drink environments nutrient criteria table⁶

| Category | Green | Amber | Red |
|----------|--|--|----------------------------------|
| | ≥ 55% of products on offer must fit within Green | < 45% of products on offer must fit within Amber | These products are not permitted |

Vegetables and fruit

| Category | Green | Amber | Red |
|-------------------|---|--|--|
| Vegetables | Fresh, frozen, canned and dried plain vegetables Opt for no/minimal added fat/salt varieties | Processed vegetable products (eg, wedges, hash browns) with ≥ 3.5 HSR | Processed vegetable products (eg, wedges, hash browns) with < 3.5 HSR |
| Fruit | Fresh, frozen and canned fruit Opt for no/minimal added sugar varieties | Dried fruit including freeze-dried: ≤ 30 g portion as an ingredient or part of a fruit and nut mix Highly processed fruit products with ≥ 3.5 HSR | Dried fruit including freeze-dried: > 30 g portion as an ingredient or part of a fruit and nut mix or dried fruit on its own Highly processed fruit products with < 3.5 HSR |

Grain foods

| Category | Green | Amber | Red |
|---------------------------|---|--|--|
| Bread and crackers | Wholegrain, multigrain, wheatmeal and wholemeal bread with ≥ 5 g fibre/100 g and < 450 mg sodium/100 g. All wholegrain, multigrain, wheatmeal and wholemeal crackers with ≥ 3.5 HSR | Other bread products with < 5 g fibre and/or > 450 mg sodium/100 g. All other crackers with ≥ 3.5 HSR | Crackers with < 3.5 HSR |
| Breakfast cereal | Wholegrain breakfast cereal with both ≥ 3.5 HSR and ≤ 15 g sugar/100 g | Other breakfast cereal with ≥ 3.5 HSR | Breakfast cereals that do not meet the Green or Amber criteria |

⁶ Criteria for packaged and unpackaged food and drink items may not necessarily align.

| | | | |
|--|--|--|---|
| Cereal foods There must be at least one Green item at each meal, aiming for more than half of the foods in this category being Green over time (recommended within two years from Policy's implementation) | Wholegrain and high-fibre varieties eg, wholegrain rice, wholemeal pasta and couscous, quinoa, polenta, buckwheat, bulgur wheat, oats, pearl barley, spelt, rye | Refined grains and white varieties eg, rice, plain pasta, unflavoured noodles, couscous | Flavoured pocket varieties with < 3.5 HSR |
|--|--|--|---|

Milk and milk products

| Category | Green | Amber | Red |
|---|---|--|--|
| Milk and milk products See Drinks section | Reduced or low-fat with ≥ 3.5 HSR: <ul style="list-style-type: none"> milks and added calcium soy milk yoghurt/dairy food (≤ 150 ml portion) custard (≤ 150 ml portion) cheese (≤ 40 g portion). Added-calcium unsweetened milk alternatives (eg, rice, almond, oat) | Full fat (with ≥ 3.5 HSR): <ul style="list-style-type: none"> milks and added-calcium soy milk yoghurt/dairy food (≤ 150 ml portion) custard (≤ 150 ml portion) cheese (≤ 40 g portion). Reduced- or low-fat varieties of the above with ≥ 3.5 HSR, with portion sizes greater than those stipulated in the Green group Lite varieties of cream, sour cream and cream cheese Frozen desserts (eg, yoghurt, ice-cream) with ≥ 3.5 HSR and ≤ 100 g portion | Full fat with a < 3.5 HSR: <ul style="list-style-type: none"> yoghurt/dairy food custard cheese or portion size greater than those recommended in Green and Amber. Standard varieties of cream, sour cream and cream cheese Frozen desserts with < 3.5 HSR or > 100 g portion All sugar-sweetened cold milk drinks |

Legumes, nuts, seeds, fish and other seafood, eggs, poultry (eg, chicken) and red meat

| Category | Green | Amber | Red |
|-----------------------|--|--|--|
| Legumes | Fresh, dried, canned beans and peas eg, baked beans, red kidney beans, soy beans, mung beans, lentils, chickpeas, split peas, bean curd and tofu Use reduced salt/sodium varieties, where applicable. | | |
| Nuts and seeds | Unsalted nuts and seeds with no added sugar | Salted nuts and seeds ≤ 50 g portion (with no added sugar) All nuts and seeds with dried fruit ≤ 50 g portion | Salted nuts and seeds > 50 g portion All sugared or candy-coated nuts and seeds Nuts and seeds with confectionery ⁷ |

⁷ Confectionery definition: confectionery includes a range of sugar-based and intensely sweetened products, including boiled sweets (hard glasses), fatty emulsions (toffees and caramel), soft crystalline products (fudges), fully crystalline products (fondants), gels (gums, pastilles and jellies), chocolate (including carob and compound chocolate), fruit leathers, enrobed (eg, yoghurt-covered) items and candied fruit/nuts. A limited range of confectionery products with therapeutic benefits (eg, one variety of throat lozenges, ginger and/or mints) may be sold – ideally at pharmacies, if on site.

| Category | Green | Amber | Red |
|---|---|--|--|
| Fish and other seafood, eggs, poultry (eg, chicken) and red meat | Fresh or frozen fish, seafood, skinless poultry (eg, chicken or turkey) and lean meat | Meat with small amounts of visible fat only. Chicken drumsticks | Meat where fat is clearly visible Poultry with visible fat and skin remaining (other than drumsticks) |
| | Eggs | | |
| | Premium or prime mince* (≥ 95% visual lean meats or ≥ 90% chemical lean) | Standard mince* (≥ 90% visual lean meats or ≥ 85% chemical lean) Processed fish, chicken (eg, smoked) and meat: ⁸ <ul style="list-style-type: none"> • ≤ 50 g in sandwiches, rolls, wraps, or salads • ≤ 120 g as a main meal • ≤ 150 g sausages per meal Dried meat products (eg, jerky, biltong ≥ 3.5 HSR and ≤ 800kJ per packet) | Standard mince (where the fat is not drained off) |
| | Canned and packaged fish, chicken and meat with ≥ 3.5 HSR | Canned or packaged fish, chicken, and meat with < 3.5 HSR | Processed fish, chicken and meat products that do not meet Amber serving size |

* Cooked and fat drained off.

⁸ Examples of processed meats include: fresh sausages; cooked comminuted meat products (eg, luncheon, bologna, cooked sausages); uncooked comminuted fermented meat products (UCFM) (eg, salami, pepperoni); cooked cured meat products (eg, ham, corned beef, pastrami); cooked uncured meat products (eg, roast beef); bacon; dry-cured meat products (eg, prosciutto); meat patties.

Mixed dishes

There must always be at least one Green item on offer, aiming for more than half of the dishes on offer in this category being Green over time (recommended within two years from Policy's implementation)

| Category | Green | Amber | Red |
|---|--|--|--|
| Mixed dishes including ready-to-eat dishes | Unpackaged: dish contains vegetables* and/or fruit and is prepared with Green items or ingredients, and minimal Amber items or ingredients ⁹ (ie, ≤ 25% Amber) Packaged: ≥ 3.5 HSR and meet the above criteria | Unpackaged: dish contains vegetables+ and/or fruit and prepared with Green and >25% Amber items or ingredients only Packaged: ≥ 3.5 HSR and meet the above criteria | Unpackaged: dish includes no vegetables or fruit and/or contains Red items or ingredients Packaged: < 3.5 HSR |
| Sandwiches | Prepared with Green items or ingredients, and minimal Amber items or ingredients ⁹ (ie, ≤ 25% Amber) | Prepared with Green and Amber category items only | Prepared with Red items |
| Sushi | Prepared with Green items or ingredients, and minimal Amber items or ingredients ⁹ (ie, ≤ 25% Amber) | Other sushi. Excludes sushi containing deep-fried ingredients | Containing deep-fried items or ingredients |

* A variety of coloured vegetables/fruit is recommended. Vegetables can be incorporated into the meal or can accompany it.

+ As determined visually or by assessment of dish ingredients list (for more information see health.govt.nz/publication/national-healthy-food-and-drink-policy)

⁹ Where applicable, use healthier cooking methods (ie, braise, bake, steam, grill, pan fry or poach).

Fats and oils, spreads, sauces, dressings and condiments

| Category | Green | Amber | Red |
|---|--|--|---|
| Fats and oils, spreads, sauces and dressings, condiments | Fats and oils, and spreads Low-salt mono- or poly-unsaturated spreads (eg, margarine, no added salt or sugar nut butter) Oil sprays and vegetable oils (eg, canola, olive, rice bran, sunflower, soya bean, flaxseed, peanut or sesame) | Fats and oils, and spreads Single serve butter (≤ 10 g) – make margarine the default option for single-serve spreads Lite varieties of: coconut milk or coconut cream, or dilute coconut cream with water Refer to the 'Milk and milk products' section for cream, sour cream and cream cheese | Fats and oils, and spreads Saturated fats and oils eg, butter (excluding single serve ≤ 10 g butter), lard, palm oil, and coconut oil Standard varieties of: coconut milk and coconut cream Refer to the 'Milk and milk products' section for cream, sour cream and cream cheese |
| | Sauces and dressings Reduced fat/sugar/salt varieties of salad dressings, mayonnaise, tomato sauce Use in small amounts or serve on the side | Sauces and dressings Standard salad dressings, mayonnaise, tomato sauce Use in small amounts or serve on the side | |
| | Savoury condiments Reduced fat/sugar/salt varieties of: sauces (chilli, soy, fish, etc.), pastes (tomato), relishes, stocks, yeast and vegetable extracts (Marmite, Vegemite) or, if using standard items don't add salt Mustard Herbs and spices If using salt, use iodised salt | Standard varieties | |
| | Sweet condiments Reduced sugar varieties – eg jam, honey or commercially made compote | Standard varieties Limit sweet condiments to < 1 Tbsp per serve | |
| Deep-fried foods | | | No deep-fried foods ¹⁰ |

¹⁰ Where applicable, use healthier cooking methods (ie, braise, bake, steam, grill, pan fry or poach).

Packaged snack foods

| Category | Green | Amber | Red |
|---|-------|-----------------------------------|---|
| Packaged snack¹¹ foods For single ingredient foods, refer to criteria descriptions under the individual category | | ≥ 3.5 HSR and ≤ 800 kJ per packet | Either < 3.5 HSR or > 800 kJ per packet |
| Confectionery¹² | | | Confectionery (sugar and sugar free) |

11 Packaged foods criteria apply to packaged foods not covered by other categories (eg, bakery items, mixed meals and ready-to-eat meals, nuts and seeds, fruit, vegetables etc). Where shops are on site, multi-serve packaged foods that meet the HSR of ≥ 3.5 and any other criteria that apply per serving are able to be sold (eg, crackers, cereal, biscuits, canned or packaged soups, plain popcorn). For multi-serve packaged foods the 800 kJ limit would apply per serving.

12 Confectionery definition: confectionery includes a range of sugar-based and intensely sweetened products, including boiled sweets (hard glasses), fatty emulsions (toffees and caramel), soft crystalline products (fudges), fully crystalline products (fondants), gels (gums, pastilles and jellies), chocolate (including carob and compound chocolate), fruit leathers, enrobed (eg, yoghurt-covered) items and candied fruit/nuts. A limited range of confectionery products with therapeutic benefits (eg, one variety of throat lozenges, ginger and/or mints) may be sold – ideally at pharmacies, if on site.

Bakery items

| Category | Green | Amber | Red |
|---------------------|-------|---|--|
| Bakery items | | <p>Unpackaged and packaged bakery items</p> <p>More than half of the selection of baked products offered must contain some wholemeal flour, wholegrains (eg, oats, bran, seeds) and/or fruit or vegetables (eg, fresh, frozen or dried)</p> <p>No or minimal icing (eg, water icing)</p> <p>Use less saturated fat, salt and sugar</p> <p>No confectionery¹³ within products</p> <p>Pies only: follow the <i>How to Make Better Pies</i> guidelines (see Appendix 3)</p> <p>Portion sizes</p> <p>Scones, cake or dessert: ≤ 120 g</p> <p>Loaf, muffins: ≤ 100 g</p> <p>Slices, friands: ≤ 80 g</p> <p>Biscuits, muesli bars, pikelets: ≤ 40 g</p> <p>Pies and quiches: ≤ 180 g</p> <p>Small pastries: ≤ 65 g</p> <p>Sausage rolls: ≤ 100 g</p> | All products that do not meet the Amber criteria |

¹³ Confectionery definition: confectionery includes a range of sugar-based and intensely sweetened products, including boiled sweets (hard glasses), fatty emulsions (toffees and caramel), soft crystalline products (fudges), fully crystalline products (fondants), gels (gums, pastilles and jellies), chocolate (including carob and compound chocolate), fruit leathers, enrobed (eg, yoghurt-covered) items and candied fruit/nuts. A limited range of confectionery products with therapeutic benefits (eg, one variety of throat lozenges, ginger and/or mints) may be sold – ideally at pharmacies, if on site.

Drinks

| Category | Green | Amber | Red |
|--------------------|---|--|---|
| Cold drinks | <p>Plain, unflavoured, water, whether available from a tap, drinking fountain or bottled.</p> <p>Reduced-fat milk</p> <p>Added calcium but no added sugar milk alternatives (eg, reduced-fat soy milk, almond milk)</p> | <p>Carbonated water</p> <p>Plain full-fat milk and calcium-enriched milk alternatives (eg, soy milk, almond milk)</p> <p>Still/carbonated flavoured drinks and milk drinks that may be sweetened with 'intense' sweeteners¹⁴ ≤ 300 ml</p> <p>Diluted no-added-sugar fruit or vegetable juices with total sugar content < 20 g¹⁵ and ≤ 300 ml per unit sold</p> <p>100% fruit and/or vegetable juices (or ice blocks) with no added sugar (including unflavoured coconut water) and ≤ 200 ml</p> | <p>Sugar-sweetened drinks¹⁶</p> <p>Milk-based drinks with added sugar eg, milkshakes and liquid breakfasts</p> <p>Still/carbonated drinks that may be sweetened with intense sweeteners > 300mls</p> <p>Diluted no added sugar fruit or vegetable juices with total sugar content ≥ 20g and/or > 300mls per unit sold</p> <p>Energy drinks</p> |
| Hot drinks | No criteria developed for hot drinks at this stage. Minimise added saturated fat, salt and sugar, including sugar syrups and powdered flavours. Make reduced fat milk the default option. | | |

| Category | Green | Amber | Red |
|--|---|--|---|
| Milk-based smoothies prepared on site | No added sugar, reduced-fat milk or yoghurt-based smoothies made with fresh/frozen and no-added-sugar canned fruit ≤ 300 ml | No added sugar, full-fat milk or yoghurt-based smoothies made with fresh/frozen and no-added-sugar canned fruit ≤ 300 ml | Prepared with concentrate, fruit juice or added sugar (including honey or syrup) Smoothies > 300 ml |

¹⁴ 'Intense' sweeteners (also known as artificial sweeteners) are a type of food additive that provides little or no energy (kilojoules). Intense sweeteners permitted for use in New Zealand include aspartame, sucralose and stevia.

¹⁵ This will be an equivalent sugar content to 200 ml of 100% fruit juice.

¹⁶ Any drink that contains added caloric sweetener, usually sugar. The main categories of sugary drinks include soft drinks/fizzy drinks, sachet mixes, fruit drinks, cordials, flavoured milk, flavoured water, cold tea/coffee, and energy/sports drinks.

Associated documents

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Appendix 1: Process

The National DHB Food and Drink Environments Network (the Network) was established in 2015 to develop a consistent National Healthy Food and Drink Policy (the Policy) for use across all New Zealand DHBs, and potentially other settings. The Network undertook regular teleconferences, a face-to-face meeting and a review of national and international healthy food policies. The Network finalised a set of overarching healthy food and drink policy principles in December 2015.

A sub-group of the Network developed draft nutrient criteria for the national policy following a face-to-face workshop and regular teleconferences. This resulted in a draft policy, which included both the principles and the detailed criteria, and which was further refined through input from the Network. The Network circulated the revised draft policy more broadly for input, particularly in relation to issues to consider for implementation.

Feedback on the draft policy was received from the following key stakeholders:

Unions: New Zealand Nurses Organisation, New Zealand Resident Doctors Association

Food industry: New Zealand Food & Grocery Council, Compass Group New Zealand

Health professional groups: Dietitians NZ, New Zealand Medical Association, Royal Australasian College of Physicians, NZ Health Partnerships Ltd, Allied Health Aotearoa New Zealand

District Health Boards: Northland DHB, Southern DHB, Taranaki DHB, Hutt Valley DHB, Capital & Coast DHB, Wairarapa DHB, Nelson Marlborough DHB, Bay of Plenty DHB, Waikato DHB, Canterbury DHB, West Coast DHB, Hawke's Bay DHB, Hauora Tairāwhiti

The Policy was finalised following consideration of the feedback.

Appendix 2: Network members and representatives of agencies supporting the development of the Policy

District Health Board and Ministry of Health Network members (as at June 2019)

| | |
|---|--|
| Auckland DHB | Julie Carter – Liaison Dietitian Rebecca McCarroll – Public Health Dietitian |
| Auckland Regional Public Health Service | Jacqui Yip – Public Health Dietitian Fiona Baggett – Public Health Dietitian |
| Auckland University, School of Population Health | Cliona ni Mhurchu – Professor Population Nutrition |
| Bay of Plenty DHB, Toi Te Ora Public Health Service | Hayley Adamson – Health Improvement Advisor Mel Arnold – Health Improvement Advisor, Healthy Policies |
| Canterbury DHB | Heather Allington – Nutrition Health Promoter Kerry Marshall – Manager, Communities Team Lee Tuki – Team Leader, Community and Public Health |
| Capital & Coast DHB | Jane Wyllie – Regional Public Health Dietitian |
| Counties Manukau DHB | Doone Winnard – Clinical Director Population Health (Public Health Physician) Stella Welsh – Manager, Food Service |
| Hawke's Bay DHB | Roya Ebrahimi – Population Health Advisor |
| Heart Foundation | Judith Morley-John – Food Industry Nutritionist |
| Wellington Regional Public Health | Jane Wyllie – Regional Public Health Dietitian Catherine Ward – Public Health Dietitian |
| Lakes DHB | Mel Arnold – Health Improvement Advisor |
| Mid Central Health | Nigel Fitzpatrick – Health Promotion Advisor |
| Ministry of Health | Louise McIntyre – Senior Advisor, Nutrition Harriette Carr – Deputy Director, Public Health |
| Nelson Marlborough DHB | Lauren Ensor – Health Promotion Manager |
| Northland DHB | Katie McVerry – Food Service Dietitian |
| South Canterbury DHB | Helen Sharples – Clinical Leader Dietetics |
| Southern DHB | Janice Burton – Professional Leader, Health Promotion Heather Fleming |
| Tairāwhiti Hauora | Tomairangi Chaffey-Aupouri – Health Promotion Advisor Kuini Puketapu – Operations Manager Population Health |
| Taranaki DHB | Jill Nicholls – Public Health Dietitian |
| Waikato DHB | Wendy Dodunski – Manager Nutrition and Food Services |
| Wairarapa DHB | Jane Wyllie – Regional Public Health Dietitian |
| Waitemata DHB | Rebecca McCarroll – Public Health Dietitian |

| | |
|----------------|---|
| West Coast DHB | Kimberley Browning – Clinical Dietitian Rosie McGrath – Health Promoter, Community and Public Health |
| Whanganui DHB | Karney Herewini – Health Promotion Pania Millar – Health Promotion |

The following representatives and organisations also provided valuable support

| | |
|---------------------------------|---|
| The University of Auckland | Cliona Ni Mhurchu (PhD) – Professor of Population Nutrition |
| Activity and Nutrition Aotearoa | |
| Heart Foundation | |
| Ministry for Primary Industries | |

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Appendix 3: How to make better pies



How to Make Better Pies

The pie is a popular food item in New Zealand. However some pies can be high in fat and salt. Responding to the increasing demand for healthier food options, the Pie Group is supporting local pie bakers to produce healthier pies through these **How to Make Better Pies Guidelines**.

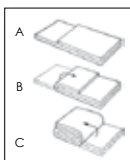
Pastry Methods

Recommended Method

English Method

| (KG) | Top Pastry | (KG) | Base Pastry |
|---------|---|-------|---------------------------------|
| 10 | Pastry flour (12% – 14% protein) | 10 | Plain flour (10% – 12% protein) |
| 0.5 | 1st Pastry margarine | | |
| 4.5-5 | Water (variable) | 4.5-5 | Water (variable) |
| 2.5-3.5 | Lamination Pastry margarine slab room temperature | 2-2.5 | Cake margarine or shortening |

The English Method for making pastry produces better quality pies, with significantly less fat compared to Scotch Methods, resulting in lower costs!



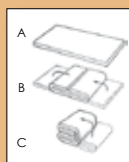
Top Pastry

- Mix 1st margarine through the flour and then add the water to the mix
- Using a dough hook, ensure the dough is mixed well
- Rest the dough for approximately ten minutes
- Roll out the dough into a rectangle approximately 15mm thick
- Lay the lamination pastry margarine so that it covers two thirds of the dough (as shown in step A)
- Fold the dough into three (as shown in step B and C)
- Perform 3 book turns, allowing 15 minutes to rest between each turn. After each fold turn the pastry 90°, then roll in one direction again
- Pin/sheet to 2mm-2.5mm.

Allow the pastry to rest for at least 15 minutes before use.

Scotch-All In Method

| (KG) | Top Pastry | (KG) | Base Pastry |
|---------|---|-------|---------------------------------|
| 10 | Pastry flour (12% – 14% protein) | 10 | Plain flour (10% – 12% protein) |
| 0.5 | 1st Pastry margarine | | |
| 4.5-5 | Water (variable) | 4.5-5 | Water (variable) |
| 3.5-4.5 | 2nd Pastry margarine nuggets room temperature | 2-2.5 | Cake margarine or shortening |



Top Pastry

- Place flour, 1st margarine and water into mixing bowl and mix until ¾ mixed
- Add 2nd margarine at ¾ stage and final mix- It is very important that the layering fat is visible after mixing to ensure good lift
- Fold the dough using the book turn technique (see diagram). This increases the number of layers in the dough by four each time a book turn is completed. The book turn method gives the pastry good volume using less fat
- Perform 3 book turns, allowing 15 minutes rest between each turn. After each fold turn the pastry 90°, then roll in one direction again
- Pin/sheet to 2mm – 2.5mm.

Allow the pastry to rest for at least 15 minutes before use.

Base - Mixing Process

- Place flour, margarine and water into mixing bowl
- Mix on slow speed until combined with no lumps
- Rest 15mins before use.

Base - Folding Process

- Give the pastry a half turn (see diagram) to match your tray width
- Turn the dough 90°. Pin/sheet to 3mm - 4mm
- Allow the pastry to rest before use, then line tins/trays.



Meat Pie Filling

| Measure quality ingredients | Meat | <ul style="list-style-type: none"> Use lean mince including Prime and Premium beef mince (Figure 1) Remove chicken skin and excess fat before cooking Choose lean cuts of beef and lamb (Figure 2) |
|-----------------------------|---|---|
| | Other Foods | <ul style="list-style-type: none"> Baked beans are a cost-effective filler that adds flavour and texture Use low fat milk in sauces Use herbs and spices to decrease the reliance on salt for flavour Do not use mono-sodium glutamate (MSG) as it is high in sodium Use small quantities of a highly flavoured tasty cheese Include frozen or fresh vegetables such as peas, carrots and corn to increase the pie bulk |
| Temperature | Cold fillings are recommended to prevent premature melting of the pastry fat. Bake pies in a hot oven between 220°C and 250°C | |
| Technique | Skim fat off boiled filling | |

Beef mince

| Type | % of Total fat |
|----------|----------------|
| Standard | 10% - 20% |
| Prime | < 10% |
| Premium | < 5% |

Figure 1

Beef and Lamb cuts

| Chemically Lean (CL) | Visually Lean (VL) |
|----------------------|--------------------|
| 85% | 90% |
| 90% | 95% |
| 95% | 100% |

Figure 2

TIPS

- Always roll the pastry in one direction and do not reduce thickness too quickly. This creates a better lift and allows for less shrinkage.
- Cover pastry during rest periods to prevent skinning or drying out.

Temperature

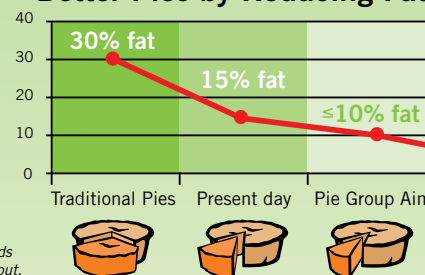
Pastry margarines should be stored between 18°C - 20°C – do not refrigerate

The final pastry dough temperature should be approximately 16°C - 20°C



In summer, chilled water can be mixed with the flour to meet the required temperature.

Better Pies by Reducing Fat



The Pie Group is a collaborative effort between:



Thank you to the following companies for their contribution: NZ Bakels, Profile Products, Dads Pies, GWF Baking Divisions NZ, Goodman Fielder, Couplands Bakeries

For further information on the Pie Group contact the Heart Foundation on 09 571 9191 or email info@heartfoundation.org.nz