



# Evidence & Action

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**NUTRITION ACTION**

Ngā Takawaenga Hāpai Kai Hauora



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## In this issue...

- 2 Five million for nutrition research
- 2 Results: ANA newsletter, website and e-Update review
- 3 In2it Street Games
- 4 'Food literacy' no silver bullet in tackling nutritional challenges
- 5 Need for physical activity to shed 'Cinderella' status in chronic disease prevention
- 5 7 reasons to attend the Dietitians NZ 2013 conference
- 6 Growing healthy communities: A food security toolkit for local government
- 7 New from the journals
- 8 Coming events, PHA Conference

## BREAKFAST IN SCHOOLS



Last year, I convened an Expert Advisory Group (EAG) on Solutions to Child Poverty. It produced an excellent report with 78 recommendations, one of which was

that Government should develop a collaborative food-in-schools programme, starting with decile 1 to 4 schools. I was therefore pleased to be able to welcome Government's 28 May announcement that it will provide \$9.5 million over the next five years to boost Fonterra and Sanitarium's KickStart Breakfast programme. With this funding, the programme can be extended to children in about a thousand schools, five days a week. That's a great start.

Who needs breakfast at school? Well, according to the 2010/11 New Zealand Health Survey, 90% of all New Zealand children eat breakfast at home every day, but the figures for Māori, Pasifika and children in the most disadvantaged areas are significantly lower. These children and young people are also more likely to have higher intakes of poor-quality food and to be obese. It's not just breakfast that's an issue: a 2012 study by Anglican Action found that 25% of children in decile 1 and 2 schools in the Waikato came to school with some degree of food need.

We don't know why some children don't get the food they need, but cost can be a part of the problem. The EAG estimated that 270,000 children live in poverty in New Zealand. Poverty rates for Māori and Pasifika children are consistently higher than for others. Research by the Ministry of Social Development shows that nearly half of poor children are Māori or Pasifika.

Parents working shifts, or finding it difficult to cope for a variety of reasons, can also find it hard to make sure children eat something before they head off to school. I've seen no evidence of parents spending their money on pokies, booze and cigarettes instead of food for their children.

Is school the right place for food to be provided to children? Well, according to the United Nation's World Food Programme, 169 countries around the world think so – some of them have been providing food in schools for decades. New Zealand is well out of the international mainstream here. Good nutrition and not being hungry improves attendance, and helps kids learn while they're at school. It can improve relationships between homes and schools, and teachers and students. A New Zealand literature review found that *there is a clear and consistent relationship between nutrition and academic outcomes in the long term. Children who eat regular meals and have an adequate nutrient intake do better at school than those who skip meals and have inadequate nutrition intakes*<sup>1</sup>.

The \$9.5 million from Government is a good start, but we can't say the problem's sorted now. Implementation of well-designed programmes at the school level is crucial. I have therefore convened a working group to develop guidelines for schools on how to implement food programmes well, including nutritional guidelines. ANA is represented on the group and will keep you posted as work progresses.

**Dr Russell Wills**  
Children's Commissioner



<sup>1</sup> Quigley and Watts Ltd. (2005) A Rapid Review of the Literature on the Association between Nutrition and School Pupil Performance, pp 4-7. Wellington: Obesity Action Coalition

# FIVE MILLION FOR NUTRITION RESEARCH

**Ways to encourage people to make healthier food choices will be the subject of a five-year \$5 million research programme led by the National Institute for Health Innovation (NIHI) Nutrition Programme Leader, Associate Professor Cliona Ni Mhurchu.**

The programme, entitled 'Effective interventions and policies to improve population nutrition and health', has received funding from the Health Research Council (HRC) in its 2013 research programme funding round announced in June. It will be run in partnership with the University of Otago (Wellington), George Institute for Global Health (Sydney) and the University of Oxford (UK).

The programme will assess four methods of improving population diets, including:

- Simple front-of-pack nutrition labels
- Policies to make healthy foods cheaper and unhealthy foods more expensive
- Changing the make-up of food to reduce salt, saturated fat and sugar
- Restricting food marketing to children.

NIHI is currently seeking applications for a Research Fellow to assist in the development of a randomised controlled trial on front-of-pack labelling, you can [read more here](#).

Other relevant research also awarded HRC funding this year includes:

*Vaevae manava and food security in Tongan communities: A way forward* (Mrs Litiuingi Ahio - AUT University)

*Whanau Pakari: A multi-disciplinary intervention for children with weight issues* (Dr Yvonne Anderson - The University of Auckland)

*Kaupapa Māori evaluation of a health literacy-appropriate CVD intervention* (Ms Teah Carlson - Massey University)

*Literature review of nutritional issues amongst pregnant Pacific women in New Zealand from ages 15-40 years* (Ms Heimata Herman - The University of Auckland)

*Low-carbon routes to health equity: investigating effects of transport policies* (Dr James Hosking - The University of Auckland)

Congratulations to the successful applicants. ANA will look to keep you posted on the progress and outcomes of these research programmes and projects as they proceed. 🎉

## RESULTS: ANA NEWSLETTER, WEBSITE AND E-UPDATE REVIEW

Last month we asked for feedback on our website, newsletter and e-Updates. Several of the questions we asked matched those asked in our 2011 External Evaluation which allowed us to analyse your satisfaction with ANA services over time.

In total 78 people provided feedback on the survey. Most of you told us that you always read the ANA quarterly newsletter (72.7%) and e-Updates (77.5%). The website was less frequently accessed with the majority of respondents visiting [www.ana.org.nz](http://www.ana.org.nz) either monthly (30%) or once every 2-3 months (30%).

The vast majority of respondents told us they were either satisfied or highly satisfied with the ANA newsletter, website and e-Updates. ANA e-Updates generate the highest level of satisfaction. Satisfaction had improved on all services since 2011.

Results showed that the ANA newsletter, website and e-Updates service an important role in meeting the information needs of the sector. Of these services, e-Updates are the most valued.

Many of you found it hard to make suggestions for improvement of these services. Those who did give feedback for improvement generally asked for more information on case studies and successful programmes happening in other regions.

Thank you to those who took the time to complete the survey.

**Natalia Lukaszewicz** was the lucky winner of a year's subscription to Healthy Food Guide magazine. 🎉



# 72.7%

ALWAYS READ THE ANA QUARTERLY NEWSLETTER

# 30%

RESPONDENTS VISIT [WWW.ANA.ORG.NZ](http://WWW.ANA.ORG.NZ) MONTHLY





# In2it Street Games

**Superstar All Black Dan Carter started his career kicking a ball around the backyard. Sir Peter Blake grew up with the sea as his playground. And the great Sir Edmund Hillary first discovered mountains at age 16 and his life changed forever.**

And yet, despite what history shows us – that backyard after-school sport is the birth place of champions – too many kids spend their “free time” indoors and inactive, says former school teacher and In2it Trust General Manager Scott Mackenzie.

After-school care has become the norm for many Kiwi kids. There is no neighbourhood to roam, no parks to explore and little opportunity for the thrill of outdoor adventure or risk-taking.

Scott and his team of 35 are determined to bring active play back into the lives of young Aucklanders. Under the In2it Street Games banner, they bring an array of games and specialised equipment to Auckland parks and unused spaces every week, in a convoy of Ford vans, utes and trailers.

In2it Street Games began for Scott after three years of working on a project with similar goals for the North Shore City Council. He discovered “a lot of engagement type ideas that really do work for young people.”

When the North Shore Council ceased to exist, Scott decided to pick up the challenge and a charitable trust was formed in October 2010. “Between then and now, it has just exploded,” he says.

The trust aims to break down barriers that prevent kids from getting active and staying engaged in sport. These can include the cost of getting involved, difficulties accessing sport, and often adult decision-makers ruling out sport because of safety concerns for their children.

To counter these obstacles, In2it Street Games returns to the same locations each week, delivering a consistent service that kids, and parents, will know they can rely on. It provides the use of fun equipment for free, with an inflatable jousting arena, sumo wrestling rings, football pitches, pedal-powered cars, skates, a 50m waterslide and an innovative repertoire of street games.

The time is ripe to start using our environment in different ways, says Scott. There can still be an abundance of play opportunities in the future – providing we use spaces differently.

The concept of street games originated in New York in the 50s and 60s, when kids grew up with no green space and developed games using their familiar urban environment. Stickball, for example, relied on the nearby fire hydrant as first base, a parked car as second and the manhole at the end of the street to mark as a home run. The concept behind street games, says Scott, shows that “any space can be a play space”.

Around 150,000 people have taken part in 2,100 In2it Street Games sessions over the past three years. Scott is now aiming to reach more Auckland communities and kids, with the goal of providing 40 sessions of free play a week all over the city.

In Scott’s own words, “you can never underestimate the value of play”.

For more on the In2it Street Games and charitable trust contact Scott Mackenzie on [scott@in2it.org.nz](mailto:scott@in2it.org.nz).



**“You can never underestimate the value of play.”**

# 'FOOD LITERACY' NO SILVER BULLET IN TACKLING NUTRITIONAL CHALLENGES



***"Food literacy is the scaffolding that empowers individuals, households, communities or nations to protect diet quality through change and strengthen dietary resilience over time."***

'Food literacy' has become the new buzzword in health policy circles, says leading Australian academic and social nutritionist Associate Professor Danielle Gallegos.

More and more, it is seen as a silver bullet for complex problems such as obesity and poor nutrition, she told delegates at the ANA conference in Rotorua.

"Too often the term is used to mean individuals cooking food, preferably from scratch. The implication being if people knew how to cook, all would be fine. We would have no overweight people," she said.

"But we know from TV shows like MasterChef that just knowing how to cook does not necessarily make you svelte."

Discipline leader for nutrition and dietetics at Queensland University of Technology, Associate Professor Gallegos set out a fresh definition of food literacy, one that acknowledges the realities for some individuals in maintaining healthy nutrition when facing economic and dietary pressures.

"For governments and policymakers, the term 'food literacy' has become a convenient way of packaging a range of knowledge and skills that individuals can use to purportedly ensure diet quality," she told delegates.

But she said much of what individuals need to know and understand about food and nutrition is contextual. Sometimes ensuring what she called 'dietary resilience' involves individuals going to extremes to feed themselves.

She cited the example taken from a recent study of a young homeless woman living under a bridge in Queensland who routinely 'accessed' food for herself and her homeless friends. "She would go to a supermarket and steal barbecue chicken and bread, thereby creating a meal. Context really matters."


For Associate Professor Gallegos, a better definition of food literacy is 'the scaffolding that empowers individuals, households, communities or nations to protect diet quality through change and strengthen dietary resilience over time.'

"It is about having the knowledge, skills and behaviours needed to plan, manage, select, prepare and eat food to meet needs and determine intake."

She said an important function of her definition is acknowledging the breadth of sectors and settings with a vested interest in food literacy.

"What I am talking about is far more than nutritionists telling people how to cook food. Nutritionists need to focus on supporting as well as leading partnerships in the community. It's about empowering people to build a healthy relationship with food."

Based at the School of Exercise and Nutrition Sciences, Queensland University of Technology, Associate Professor Gallegos has many years of experience as a practicing public health nutritionist as well as significant experience as a research project manager.

She works with a diverse range of groups including Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse communities (in particular refugee families) and women. 

# NEED FOR PHYSICAL ACTIVITY TO SHED 'CINDERELLA' STATUS IN CHRONIC DISEASE PREVENTION

Physical activity is increasingly acknowledged as one of the keys to preventing chronic disease.

Yet compared to efforts to address risk factors like smoking, hypertension, poor diet, and obesity, its position remains low, says Australian physical activity and public health expert Professor Adrian Bauman.

Professor of Public Health at Sydney University, Professor Bauman told delegates at the ANA national nutrition and physical activity conference in Rotorua that despite physical inactivity posing a similar risk to these other factors, investments in promoting it have generally been lower, particularly from the health sector.

"Physical activity is often described as the 'Cinderella' of non-communicable disease prevention. The causes for this are partly historical in that clinicians and public health professionals previously did not recognise it as a substantial risk factor," Professor Bauman said.

"Put simply, we did not see lack of total physical activity as a serious concern. Burden of disease studies, however, estimate roughly equivalent population risks for low physical activity, smoking, hypertension, poor diet, obesity and, slightly less for alcohol use."

Professor Bauman suggested a reason for the lower investment in promotion might be that, unlike the other risk factors, the physical activity 'problem' has not been medicalised.

"There is no one drug to help fix the problem, no one business stands to make a profit out of it, and physical inactivity is not labelled as a disease," he said.

He says this may explain why the policy response to physical activity has been haphazard in many countries, with inconsistent efforts devoted to it as a leading risk factor for diseases like cardiovascular disease.



The relatively low status of physical activity came home to him in 2004 when providing expert assistance to the World Health Organization in developing policies on diet and physical activity.

"The panel consisted of eight nutritionists and me," he recalled.

Professor Bauman praises New Zealand's record, saying that high profile national activity campaigns like Push Play had helped make it a model throughout the world.

But he said in recent years the official focus for physical activity programmes had shifted from community programmes like these, to elite sports.

"Community wide approaches like Push Play are still the key. I really want to challenge your health sector to pick up the mantle of increasing activity levels for all New Zealanders," he said.

"And let's face it. New Zealand, like Australia, is a fabulous environment to get out and be active in." 🌿

*Professor Bauman is an epidemiologist, health promotion researcher, public health physician, and Director of the Prevention Research Collaboration (PRC), part of the School of Public Health, University of Sydney.*

## 7 great reasons to attend the Dietitians NZ 2013 conference



**Dietitians NZ**

Ngā Pukenga Kai Ora o Aotearoa



INCREASING THE VOICE  
IMPACTING THE FUTURE



DIETITIANS NEW ZEALAND  
ANNUAL CONFERENCE  
SEPTEMBER 1<sup>st</sup> - 4<sup>th</sup> 2013  
SKY CITY | AUCKLAND | NZ

1. The theme '**Increasing the voice, impacting the future**' was chosen by Dietitians, the nutrition experts of the country and the programme has many great speakers....
2. Hear Dr Rosalie Boyce speak about leadership and change management – she is internationally recognised for her expertise in management and organisation in allied health.
3. And Sylvia Escott-Stumps, the Past President of the Academy of Nutrition and Dietetics, speaks of what it takes to get the best out of your profession.
4. Listen to Emma Stirling, a dietitian, successful blogger, tweeter, writer and media expert on how to engage with an audience.
5. And Frances Guyett, the CEO of the Health Innovation Hub with 20 years international experience, who better to challenge our thinking in innovative ways to improve health and wellbeing?
6. As well as speakers on food intolerance, cultural competencies, nutrigenomics, dementia, food service, consumer behaviour, scientific updates, how to write for PEN, and much more.
7. It's being held in the heart of the very vibrant Auckland City.

Early bird registration closes on the 19th of July 2013.

For more information and to get registered [click here >](#)

# GROWING HEALTHY COMMUNITIES: A FOOD SECURITY TOOLKIT FOR LOCAL GOVERNMENT

At the recent ANA conference, Sarah Stevenson, Health Improvement Advisor from Toi Te Ora – Public Health Service (Toi Te Ora), presented the ‘Growing Healthy Communities – Food Security Toolkit for Local Government’. Toi Te Ora developed the toolkit after a literature review showed a need to present food security policies and strategies in a user friendly way for the local government to act upon.



The toolkit contains a collection of potential strategies, advocacy opportunities and policies targeting local government action to improve their community’s food security. The toolkit is divided into four main sections that represent the four spheres of influence to improve food security: Collaboration, Community Capacity, Supportive Environments and Advocacy.

Each sphere has an accompanying list of strategies with recommendations for local government to use. “The key to successful food security work is the consideration of all four spheres,” says Sarah.



The final two sections of the toolkit provide a visionary strategy and an appendix. The ‘looking forward’ visionary section looks at fast food outlet density and proximity. The appendix contains practical sample policies for use by councils and a ‘useful resources’ section which contains links to documents and websites that could assist councils to adopt the strategies in the toolkit, the community who may lead initiatives or link with council, as well as providing extra information and examples from other councils.

“The sample policies are ready to be used by any council. For example, the council just needs to insert their name and a few details and they will have a draft community gardens policy ready for consultation,” says Sarah.

It is envisaged that this toolkit be actively used by council planners and interested community organisations to advocate for and develop policies, strategies and plans that will ultimately empower their communities to have better access to affordable, healthy, safe and sustainable food sources. It also offers councils a range of solutions to support food security whilst staying within their restrictions (such as the Local Government Act). “The strategies in the toolkit have been tried and tested nationally or internationally.” says Sarah.

Councils can use some or all of the tools within this resource over time to help connect residents with healthy food, stimulate local economy and positive social outcomes. It is envisaged that this resource will assist planners and policy developers, by utilising the sample policies in the appendix and the evidence provided.

“It is by no means a resource that contains everything that a local government can do to improve access to reliable, healthy, sustainable and safe food sources for their communities, but provides a great way to start putting this on the council agenda” says Sarah.

The toolkit is currently being concept tested, which has so far been positively received. Release of the final toolkit via the Toi Te Ora website and in print is expected by July 2013.

“From small things, big things can grow!,” says Sarah. 🌱

For more information on the Food Security Toolkit for Local Government contact Sarah Stevenson on:  
[Sarah.Stevenson@bopdhb.govt.nz](mailto:Sarah.Stevenson@bopdhb.govt.nz)

## **Food subsidy programs and the health and nutritional status of disadvantaged families in high income countries: A systematic review**

Authors: Black AP et al

**Summary:** As a strategy to increase food security, food subsidy programmes have been in existence in both the United Kingdom and United States for many years. This review aimed to determine the impact of these programmes on the nutrition intake and health status of adults and children in high income countries. Fourteen studies met inclusion criteria for the review. Analysis showed suggestive evidence for food subsidy programmes in increasing the nutrient intake of female participants (by around 10-20%). However the review highlighted a lack of high quality evidence and there were questions around the ability of food subsidy programmes to improve the nutritional status of participants in the long term. The importance of conducting robust evaluation and economic analyses was emphasised as a key take home message for those developing and delivering food subsidy programmes.

### **Comment from Vicki Robinson, Public Health Dietitian, Regional Public Health, Wellington: :**

The findings of this review provide timely and encouraging evidence that food subsidy programmes may be a useful intervention to address food insecurity and nutrition related chronic diseases. We know that for many low income families food affordability is a major barrier to healthy food choice and that education has little impact on changing behaviours. Despite this current local and national obesity strategies remain largely focused on health education and messaging. If we are to seriously address obesity in low income communities it would seem sensible that a food subsidy scheme be considered as part of the range of strategies to address food affordability and healthy food access. This would complement current evidence suggesting the need to lower the cost of healthy food in combination with taxation of unhealthy foods to provide substantial change to food behaviours and health. 🍌

Reference: BMC Public Health 2012, 12:1099.

## **Acculturation and obesity among migrant populations in high income countries – A systematic review**

Authors: Delavari M et al

**Summary:** Research has shown that people who migrate from low/middle income to high income countries appear to be more susceptible to unhealthy weight gain than their local counterparts. This review aimed to further explore this association using a standardized scale for measuring acculturation. Nine studies met inclusion criteria for the review. Six studies showed a positive general (males and females) association between higher acculturation and body mass index (BMI). Three studies reported that for women higher acculturation was associated with lower BMI. The authors hypothesised that the western ideal of a slim female body may counteract the obesogenic food environment for some female migrants. While for men, the 'healthy migrant effect' appears to diminish with greater acculturation.

### **Comment from Dr Sherly Parackal, Research Fellow, University of Auckland:**

Delvari et al, clearly highlights the role of acculturation in the onset of overweight and obesity among migrant populations to Western countries. However, the studies reviewed largely focuses on adopting the culture (e.g. language, media etc.) of the host country and less emphasis was placed on adopting the dietary habits of the host country. Though there exist a relationship between "cultural" acculturation and dietary acculturation, and many studies use the former as a surrogate for the latter, they are not necessarily the same and their impact on obesity may not be of the same magnitude. Assessing dietary acculturation using a validated ethnic-specific scale is important for understanding the onset of overweight and obesity, especially for ethnic sub-groups such as the Pacific Islanders and South Asians, in the New Zealand context. Delvari et al also introduces the readers to a possible solution to the rising epidemic of obesity among migrant populations that is, embracing and maintaining the heritage culture of the country of origin. However, for such a strategy to be implemented as an effective health promotion tool, it should focus more on promoting the healthy dietary practices of migrant sub-groups that are being targeted. 🍌

Reference: BMC Public Health 2013, 13:458

## **What are the most effective, techniques in changing obese individuals' physical activity self-efficacy and behaviour: A systematic review and meta-analysis**

Authors: Olander EK et al

**Summary:** Self efficacy (the belief that one has the ability to successfully engage in a specific behaviour) has been identified as a key determinant in increasing physical activity. This review aimed to identify what behaviour change techniques increase self-efficacy and physical activity in obese adults. Fifty eight papers met inclusion criteria for the review. Analysis showed that while a number of behaviour change techniques were successful in increasing physical activity in obese individuals, their effects on self-efficacy were less visible. The authors hypothesised that mechanisms other than self-efficacy may be more important for increasing the physical activity of obese individuals compared with non-obese individuals.

### **Commentary from Dr Elaine Hargreaves, Senior Lecturer Exercise Psychology, School of Physical Education, University of Otago:**

This review found that strategies focusing on self-regulation of behaviour were most likely to increase physical activity (PA) confidence (self-efficacy) and PA behaviour. For example, planning when, where and how to be active, having activity reminders, time management, having friend/family support and tracking weight-loss success. Surprisingly, changes in confidence were not associated with changes in PA. However, it would be remiss to ignore confidence as an important motivational factor for PA. Most studies reviewed measured confidence to overcome PA barriers not confidence to perform PA related tasks. Strategies used within interventions designed to increase task confidence showed a strong positive relationship with PA, e.g., prompting practice, PA instruction. 🍌

Reference: International Journal of Behavioral Nutrition and Physical Activity, 10:29.

## Coming Events

### JULY

#### HEALTH PROMOTION FORUM SYMPOSIUM 2013 A GENERATION FROM NOW:

4-5 July 2013, *the Brentwood Hotel, Wellington*  
More information available [here](#)

#### ASIAN HEALTH PROMOTION WORKSHOP

17 July 2013  
*Western Springs Garden Community Hall, Auckland*  
More information available [here](#)

#### THE WHITE HOT BUZZ ON POTATOES

29 July 2013  
*Waipuna Hotel and Conference Centre, Auckland*  
More information available [here](#)

### AUGUST

#### WORLD BREASTFEEDING WEEK 2013

1-7 August 2013, *Global*  
More information available [here](#)

#### 27TH INTERNATIONAL SYMPOSIUM FOR PHYSICAL ACTIVITY AND FITNESS RESEARCH

29-31 August 2013, *Wintec City Campus, Hamilton*  
More information available [here](#)

### SEPTEMBER

#### DIETITIANS NZ CONFERENCE 2013

2-4 September 2013, *Sky City, Auckland*  
For more information visit the [Dietitians NZ website](#)

#### 20<sup>TH</sup> INTERNATIONAL CONGRESS OF NUTRITION

15-20 September 2013, *Granada Conference and Exhibition Centre, Granada, Spain*  
Click [here](#) for more information

#### NZ FOOD ADDICTION SYMPOSIUM

6 September 2013, *University of Otago – Christchurch*  
Click [here](#) for more information

#### PHA ANNUAL CONFERENCE

17-19 September 2013, *Devon Hotel, New Plymouth*  
Click [here](#) for more information

#### AUSTRALIAN AND NEW ZEALAND OBESITY SOCIETY ANNUAL SOCIETY MEETING

17-19 October 2013, *The Sebel, Melbourne*  
Visit the [ANZOS website](#) for further information

#### 7th ASIA OCEANIA CONFERENCE OF OBESITY

October 31st – November 2nd 2013, *West Java, Indonesia*  
View the [AOCO website](#) for more information

### NOVEMBER

#### 2013 AICR ANNUAL RESEARCH CONFERENCE ON FOOD, NUTRITION, PHYSICAL ACTIVITY AND CANCER

7-8 November 2013  
*Hyatt Regency Bethesda, Maryland, USA*  
More information is available [here](#)

#### NZ RECREATION ASSOCIATION ANNUAL

**CONFERENCE:** 20-22 November 2013, *Rotorua*  
Click [here](#) for more information



Are you worried public health may be falling off the political agenda? This year's Public Health Association Conference is the ideal time to share your innovations, your struggles, and your vision for the future of public health in Aotearoa/New Zealand.

The 2013 Conference: Partnership or Collaboration; is there a difference?, will be held 17-19 September in New Plymouth, Taranaki.

This is New Zealand's premiere public health event of the year and you don't want to miss it!

A number of high-profile speakers have already been confirmed, including:

- Dame Anne Salmond (Distinguished Professor in Māori Studies and Anthropology and 2013 New Zealander of the Year)
- Metiria Turei (Green Party Co-leader and Spokesperson on Social Equity, Māori Affairs and Education)
- Prof Jane Kelsey (Professor of Law, University of Auckland)
- Moana Jackson (Māori lawyer specialising in Treaty of Waitangi and constitutional issues)
- Dame Susan Devoy (Race Relations Commissioner)
- Prof Damon Selesa (Associate Professor of Pacific Studies, University of Auckland)
- Dr Anwar Ghani ((Senior Scientist, AgResearch; President of the Federation of Islamic Associations of New Zealand)
- Dr Mihi Ratima (Director, Taumata Associates)
- Elsie Ho (Director, Population Mental Health, School of Population Health; Director, Centre for Asian and Ethnic Minority Health Research).

The Conference will feature the usual high standard and wide variety of presentations, workshops and panel discussions around collaboration/partnership and other important public health themes.

Registrations are open until 15 August, but significant cost savings are available via Very early bird and Early bird registrations.



Find out more and register at <http://conference.pha.org.nz>

And don't forget to follow us on Facebook:

[www.facebook.com/phanewzealand](http://www.facebook.com/phanewzealand)

Want to stay up to date with coming events and what's new? Sign up for our fortnightly e-Updates at [www.ana.org.nz](http://www.ana.org.nz).