

Evidence & Action

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NUTRITION ACTION

Ngā Takawaenga Hāpai Kai Hauora

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In this issue...

- 2 New standard for regulating nutrition content and health claims
- 3 When is a food not a food?
- 4 Good things take time and commitment
- 5 What's new in Taranaki
- 6 Research for one and all in communities
- 7 New from the journals
- 8 Coming events
What's New

ANA 2013 AND BEYOND



If you always do what you always did, you will always get what you always got.

The ANA Board recently embraced this notion when they undertook quite a different strategic planning process. They were coached through two full days of contemplating a possible future 18 years from now, then considered what ANA could be providing in that world, what were the threats and opportunities, and who would fund their existence. The health climate is changing and ANA needs be sure to continue to exist regardless. A new business plan is now in place which considers our “multi-mix techno-savvy” future.

A review of membership and services will be investigated, including the possibility for expanding membership; technology enabled networking and new or expanded up skilling and advocacy services. Members are currently 11 organisations, the Cancer Society, Dietitians New Zealand, Diabetes New Zealand, Heart Foundation, HETTANZ, New Zealand Nutrition Foundation, New Zealand Recreation Association, PIFNAG, Stroke Foundation, Toi Tangata, and The Asian Network Inc (The Ministry of Health has an observer status). These organisations are represented on the ANA Strategic Council, but there are a lot of individuals who want to belong to ANA.

The nutrition and physical activity sector is becoming more diverse and with it the need for professional development. With this in mind, ANA will be commissioning research to better understand the nutrition and physical activity environment within PHOs and DHBs to better understand their professional development needs

and barriers, where the gaps are and to gauge the extent to which professional development issues and opportunities identified are shared by the wider nutrition and physical activity workforce.

Planning for the future won't be detracting from continuing with all the effective work of the past. ANA's vision is for “a nation where opportunities to eat healthy and be active are equal for all.” This won't change and ANA will continue to provide leadership by linking people to research, resources and knowledge through their events, publications, webinars and website.

Offering my time on the Board enables me to support an environment for healthy eating and physical activity in a new and challenging way. While I am currently working in private practice, I have worked in public health nutrition for many years. A recent visit by a public health specialist reminded me yet again why it is so important that we look to change our current food environment. “It's unfortunate that we lay so many problems at the feet of a given individual and the people who are least empowered to do anything about it, of course, are the ones having to deal with the greatest burdens”.

Being on the ANA Board (and Strategic Council representing Dietitians New Zealand) means I won't be doing things as I have always done. I will be doing things differently by being involved in the governance of a truly professional organisation working proactively, creatively, and energetically to create a more supportive environment for New Zealanders to make healthy lifestyle choices.

Liz Cutler – Dietitian
NuDe Food Consultants,
Timaru
lcutter@ihug.co.nz





NEW STANDARD FOR REGULATING NUTRITION CONTENT AND HEALTH CLAIMS

In January this year, a new standard for nutrition content claims, health claims and endorsements on food labels and in advertising became law.

The new Standard 1.2.7 – Nutrition, Health and Related Claims, is contained in the Australia New Zealand Food Standards Code (the Code). Development of Standard 1.2.7 commenced in 2003 in response to a policy guideline prepared by the then Australian and New Zealand Food Regulation Ministerial Council. The new Standard is intended to:

- allow substantiated health claims to be provided on labels or in advertising thereby providing information for consumers
- reduce the potential for consumers to be misled from claims
- support industry innovation
- provide consistency with overseas standards, where appropriate.

Previously, food companies used requirements for certain nutrition content claims that were provided in various standards in the Code or guidance from the Australian industry managed Code of Practice on Nutrient Claims in Food Labels and in Advertisements (CoPoNC). The existing Standard 1.1A.2 – Transitional Standard – Health Claims prohibited high level health claims (see Table 1 for definitions), except for one relating to folate intake and reducing the risk of neural tube defects, and was ambiguous with regard to general level health claims.

Over ten years, Food Standards Australia New Zealand (FSANZ) conducted extensive consultation with industry, consumers, health professionals and government stakeholders to inform the development of Standard 1.2.7. Responding to diverse stakeholder views was challenging, however the new Standard aims to strike a balance for the needs of all stakeholders.

Table 1 shows the key definitions from Standard 1.2.7 for nutrition content claims, health claims and endorsements.

The food industry has until January 2016 to meet the requirements of the new Standard. Many of the criteria for nutrition content claims that were in CoPoNC are included in Standard 1.2.7 with some amendments. Food companies wanting to make general level health claims will be able to base their claims on one of 200 pre-approved food-health relationships in the Standard or self-substantiate a food-health relationship by preparing a systematic review in accordance with requirements set out in the Standard. High level health claims must be based on one of 13 food-health relationships that have been pre-approved by FSANZ to date.

Some food-health relationships derived from health claims approved in the European Union, Canada and the

USA have been considered for inclusion in the Standard, others are to be considered in the transition period.

Standard 1.2.7 provides a regulatory framework for health claims that are supported by robust substantiation. This gives stakeholders confidence that health claims are well supported by scientific evidence, and it helps consumers make informed food choices. It also provides new opportunities for food companies to make evidence-based health claims. Health claims are only permitted on foods that meet the nutrient profiling scoring criterion, thereby preventing health claims on food higher in saturated fat, sugar or salt.

The new Standard also provides greater certainty for enforcement agencies in Australia and New Zealand and a more level playing field for industry, compared with the old regulatory regime, as requirements are clearly set out in the Standard.

Visit the FSANZ website for further information on:

Standard 1.2.7 www.foodstandards.gov.au/consumer/labelling/nutrition/Pages/default.aspx

Lodging Enquiries

www.foodstandards.gov.au/Pages/contact.aspx

An online calculator for determining a food nutrient profiling score www.foodstandards.gov.au/industry/labelling/pages/nutrientprofilingcalculator/Defaulters

Information about FSANZ and the Code

www.foodstandards.gov.au/Pages/default.aspx

Diane Bourn

Senior Research Manager

Food Standards Australia New Zealand

diane.bourn@foodstandards.gov.au

KEY POINTS

- A new Standard 1.2.7 – Nutrition, Health and Related Claims became law in January 2013. Industry has three years to comply with the requirements of the new Standard.
- Standard 1.2.7 includes requirements for making nutrition content claims, health claims and endorsements on food labels and in advertising, for both New Zealand and Australia.
- Stakeholders can have confidence that health claims are well supported by scientific evidence.
- Health claims are only permitted for foods that meet specific eligibility criteria, including the nutrient profiling scoring criterion, thereby preventing health claims on food higher in saturated fat, sugar or salt.
- The new Standard provides greater certainty for enforcement and a level playing field for industry.

NEW STANDARDS FOR REGULATING NUTRITION CONTENT AND HEALTH CLAIMS

Table One (cont): Definition of nutrition content claim, health claim and endorsement in Standard 1.2.7 – Nutrition, Health and Related Claims

Claim type in Standard 1.2.7			
Nutrition content claim	General level health claim	High level health claim	Endorsement
<p>Claim about the presence or absence of certain nutrients or substances in food (as listed in the Standard) or about glycaemic index or glycaemic load.</p> <p>For example: low in fat or good source of calcium</p>	<p>Claim about a nutrient or substance in food and its effect on health function.</p> <p>For example: calcium for bones and teeth.</p> <p>These claims do not refer to a serious disease or to a biomarker of a serious disease.</p>	<p>Claim about a nutrient or substance in food and its relationship to a serious disease or to a biomarker of a serious disease.</p> <p>For example: diets high in calcium and vitamin D may reduce the risk of osteoporosis.</p> <p>Phytosterols may reduce blood cholesterol.</p>	<p>An endorsement is a nutrition content claim or health claim that is made with the permission of an endorsing body.</p> <p>An endorsing body is a not-for-profit entity which has a nutrition- or health-related purpose or function that permits a supplier to make an endorsement.</p> <p>Endorsements that are nutrition content claims or health claims are permitted provided the endorsing body meets requirements set out in the Standard.</p>

WHEN IS A FOOD NOT A FOOD?



The conundrum that is the title of this article has exercised my brain for some time. It relates to how we approach alcohol harm reduction and nutrition.

Let me try to explain. The alcohol we consume, ethyl alcohol, comes in branded bottles to be enjoyed as a beverage. In that sense it has all the hallmarks of a food. It also has calories, though these are empty of nutrients. I suspect for these reasons, alcoholic beverages were included in the 1981 Food Act and the more recent regulation by Food Standards Australia New Zealand (FSANZ). However here is the twist. Once the active chemical compounds hit the brain, like Jekyll and Hyde, its identity as a psycho-active depressant drug is revealed.

“All psychoactive drugs act on the central nervous system (CNS) to change how people feel, perceive and behave.... which includes alcohol!”.

The feel good factor gained from light drinking poses no threat to the average

healthy adult drinker but when the liver is unable to keep pace with the blood alcohol concentration, a state of ‘intoxication’ or drug overdose occurs and at the extreme end this can result in unconsciousness and death.

An analysis rating the harm from the top 20 drugs of misuse including heroin, cocaine and tobacco, ranked alcohol 4th. However, when the analysis included harm to others, alcohol topped the chartⁱ. So it is a food that can harm the consumer and other people.

According to the World Health Organization, alcohol is a causal factor in 60 types of diseases, and a component cause in 200 othersⁱⁱ. As a psychoactive drug, alcohol is addictive, is a leading cause of injury and violence, is a group 1 carcinogen, mutates DNA and is teratogenic during prenatal development. Alcohol acts as a diuretic and depletes the body of important vitamins, including folic acid. So alcohol is generally counterproductive to good nutritional status and poses a significant risk to human health especially during pregnancy.

Little of this information is consistently shared with consumers. In the Food Standards Code, alcohol is exempt from displaying nutrition information or health warnings and in trade circles such measures can be seen as being anti-trade.

Alcohol is included in the National Drug Policy, but is not covered by the Misuse of Drugs Act, (1975) both of which are under review. The pending review of the National Drug Policy presents us with an opportunity to influence policy that could strengthen our common goals.

So whatever you perceive alcohol to be, as a ‘food’ it is relevant to the promotion of healthy eating and as a ‘drug’ that can harm consumers and others, it is relevant to everyone!

Christine Rogan
Health Promotion Advisor
Alcohol Healthwatch
www.ahw.org.nz
christine@ahw.org.nz

Christine also coordinates the Fetal Alcohol Network NZ (www.fan.org.nz) and related projects.

ⁱ Law Commission (2011) Controlling and Regulating Drugs: A Review of the Misuse of Drugs Act 1975. Report 122. Wellington.
ⁱⁱ Nutt et al (2010) Drug harms in the UK: a multi criteria decision analysis. *Lancet*; 376: 1558–65.
ⁱⁱⁱ WHO (2011) Global Status report on alcohol and health. World Health Organisation, Geneva.

GOOD THINGS TAKE TIME AND COMMITMENT



That's the take away lesson from the group whose vision in late 2005 was to create an 11km off-road walking and cycling facility in Mawhera/Greymouth to promote active transport and link people to places they want to be.

The formation of the West Coastal Pathway (the Pathway) was in response to a local policeman identifying the need to have a safer commuter route for cyclists and walkers. The main thoroughfare, a state highway, was becoming busier with a growing number of heavy vehicles. This, along with previous pedestrian and cycling 'incidents' and a lack of off-road facilities, had led to a decline in walking and cycling and a growing perception that it was unsafe to do so.

Within a short time the initial group (policeman, Sports Trust rep, local Public Health worker and a member of the WCDHB Planning and Funding team) had identified the spectacular Coastal area as a possible route. They promoted the idea and canvassed support from the community and organisations including the Grey District Council, DOC, Tourism and Business representatives and set up the West Coastal Pathway group (WCP). The expectation was that we would be able to make a start on the Pathway within 18 months!

After becoming incorporated and achieving charitable status the WCP succeeded in gaining funding for a Scoping and Design study. This showed the project exceeded the (then) NZTA funding criteria for a sealed active transport facility. Unfortunately a subsequent change in the Government Transport Policy refocused NZTA Funding towards roading infrastructure which meant the WCP had to recommit to finding funding through other sources.

To keep the vision alive the WCP ran a competition for a logo, submitted to the District and Regional Council's Plans and the Regional Transport Strategy and Transport Programme and fundraising activities. We talked it up wherever we could; encouraging community members to show their support for the pathway. We

brought in experts from other areas to tell their stories about how such facilities benefit communities.

The call for applications to the Ministry of Tourism Cycleway project in 2010 resulted in the Grey and Westland District Councils forming a 4-day cross-district project from Greymouth to Ross (the Westland Wilderness Trail) with the Pathway identified as the first section of the project. While the application was successful, the WCP remained a key driver of their section.

Construction of the Pathway eventually started in 2011 with an 800 metre section enough to stimulate more community support. As construction progressed more and more people got out and used the Pathway, bike sales and interest increased, even among people who had not initially been in favour of the project.

The WCP have run community planting and clean-up days which have been hugely supported. A partnership with the local High School's Air New Zealand's Kidz Restore New Zealand project has involved students from local schools planting natives to protect the coastal environs the Pathway winds through.

Apart from the high number of daily users, the Sports Trust have run two Fun Walk and Run events along the Pathway. These events have been well supported with a large number of families, friends and the more competitive turning up to participate.

The Pathway is now nearing completion with the final section due to be finished by the end of 2013. The work the WCP has put in to making the pathway become a reality, even in the face of many barriers and the number of hours put in by the members has shown commitment to a vision the result of which is now being enjoyed by the local community. And it's only taken eight years!

Rosie McGrath

Community & Public Health
Greymouth
Rosie.McGrath@cdhb.health.nz

WHAT'S NEW IN TARANAKI?

UPDATING OF 'SNACK FACTS' – BITE SIZED BITS ABOUT SNACKS

Since 2001, Snack Facts has been one of the most popular pamphlets in the Taranaki Public Health Unit Resources Room with around 18,000 copies distributed.

Parents and caregivers are the key audience for Snack Facts, which highlights the fat and sugar contents of popular healthy and less healthy snack foods and drinks. The resource is light on words and utilises visual examples of the fat and sugar content of snacks and drinks. This has also proved very popular and easy to use for children.

In 2007, the first version was updated with the latest snack foods and a revamp of the graphics. The 'Mission-On' strategy was hot and health promoters could see the synergies between Snack Facts and the "new" Food and Beverage Classification System.

By mid-2012, version two was looking dated. As part of the team's Communication Plan and in response to community identifying the need for increased te reo resources, the Public Health Unit began work on reviewing and producing a version of Snack Facts in te reo. New Plymouth kura kaupapa Māori, Te Pi'ipi'inga Kakano Mai i Rangiatea was approached to assist in the translation as it had signalled an interest in resources for whānau and is a Health Promoting School. Te Pi'ipi'inga enlisted the support of teachers and parents, some of whom work for the local Māori language trust, Te Reo O Taranaki. We were fortunate that these experts were not only able to assist with the translation, but also ensure it was using Taranaki-specific language. This also meets the core business of Te Reo O Taranaki which is to ensure the on-going use of Taranaki language and dialect.

The resource is near completion and looking great. It has been a very positive experience to collaborate with Te Pi'ipi'inga, a Kura Waiora, and Te Reo O Taranaki on this project. We know that Snack Facts will remain a very popular resource, and are excited to be able to offer the translated te reo Māori version – Timonga Kai - to Taranaki Kura Kaupapa Māori, Kohanga Reo and whānau.

GREEN FEET LEAD TO HEALTHIER FOOD CHOICES

The Green Feet project is a collaborative project between the Taranaki DHB (TDHB) Public Health Unit and local food retailer 4 Square 45, and is currently running within the small coastal community of Opunake. The project is similar to the previous TDHB campaign 'Pink Feet' which encouraged children and parents to follow pink feet to healthy lunch box choices. The Green Feet project runs on a similar concept however leads customers to healthy food choices to make healthy, budget friendly meals. The recipes are available free within the store and are also available online.

TDHB Health Promoters also work alongside local schools to teach students basic label reading, food groups, knowing

your way around the supermarket and easy recipes they can cook at home.

The project has been running since February 2013 and the first phase of the project evaluated well especially with parents of young children. Health promoter Hinenui Bryant states, "Its important to involve children in the grocery shopping and preparing healthy food. It's a skill they can take with them later on in life". Store owner Marlese Butland agrees and adds "Kids love being in the kitchen and up-skilling them can hopefully give parents a hand".

Te Kura Kaupapa Māori O Tamarongo, a Kura Waiora have been running regular healthy cooking classes with TDHB health promoters. Principal, Nanci-Lee Katene notes how the children are finding it easier around the kitchen "The children are experimenting with different foods and especially vegetables which is exciting. It has also shown them that they can help out in the kitchen and prepare healthy meals".

The Green Feet project currently runs four x 1 month promotions every year in sync with seasonal food and produce. The second 'winter' phase of the project was recently completed and is currently being evaluated.

Hinenui Bryant

Health Promoter

Taranaki DHB

Hinenui.bryant@tdhb.org.nz

06 757 7799



Tamariki preparing bread cases as part of Green Feet Project.

RESEARCH FOR ONE AND ALL IN COMMUNITIES



Finding out what works is too important to leave solely to the experts. Research is something that is crucial to the work most of us do in communities.

People working in communities often run surveys or conduct interviews as they collect information about local priorities, or get feedback on an event or programme.

Other times we are invited to contribute to a research project being run by a distant institute or academy.

Or a clause in a contract drives us to show evidence of our organisation's impact. This can entail getting someone in to ask hard questions then issue a report.

It was in response to these and other similar situations that Community Research was formed in 2008. The organisation provides both practical and moral support to people to undertake and find good research.

After wide consultation, Community Research adopted a Code of Practice that sets out standards for community-driven research. There is an emphasis on ethical approaches. Tikanga Māori principles stress Manaakitanga, Rangatiratanga, Whanaunatanga and Kotahitanga.

In the Code, good research has four characteristics: communities participate on their own terms; people are left stronger after any research project is finished; it achieves social justice; and researchers discharge their moral responsibilities. The full code is freely available on the Community Research website [here](#).

Other core ways Community Research supports community-driven research include:

- Listing quality community-based research - easy to find, free and fast to download
- Offering a directory of skilled researchers from throughout New Zealand who work with communities
- Creating opportunities for people to learn about and discuss the latest research, including Te Anga Mua Seminar, New Emerging Researchers Awards, a bi-monthly e-newsletter and social media
- Curating or hosting special collections of themed research, including a new mini-collection on Collective Impact.

Creating ways for people to connect at all stages of the research process – before, during and after – is as important as discussing results. One way this is supported is through the Kuhu Mai programme, which provides Māori researchers opportunities to learn about research and gain confidence.

“As we know, research happens daily – we are all involved in research of some form or other – if research is about finding out stuff – then we all do that in our own ways,” explains Tangata Whenua caucus member, Centre co-chair Katariana Pipi.

Helping people where they are at in their research journey is something Community Research is committed to. Working with Te Puni Kōkiri, Community Research created and launched the Whānau Ora Research Website last November.

This website gathers and shares research about Whānau Ora, communities and whānau, offers a gathering place for researchers, iwi and community organisations, and advocates for good practice research methods. Guides about doing research sit alongside new research.

There is no shortage of things to consider when you start research. Fortunately, you are not alone. Anyone with an interest in community-based research is welcome to be part of our growing network.

Stephen Blyth,
Communications & Fundraising Manager
Community Research
communications@communityresearch.org.nz
021 0325177
www.communityresearch.org.nz



Providing additional money to food-insecure households and its effect on food expenditure: a randomized controlled trial *Authors: Smith C et al*

Summary: The term food security means ready availability of nutritionally adequate and safe food and the assured ability to acquire personally acceptable foods in a socially acceptable way. In New Zealand, seven percent of households have low food security and a further 34% are moderately food secure. Moreover, Māori and low income households have higher rates of food insecurity. Changing the price of foods, for example reducing the price of fruit and vegetables, is one way that could improve food security. Another way could be to provide low food secure households with more money to buy food.

In this study 214 low income, food insecure households in Dunedin were randomised to receive either: (1) weekly supermarket vouchers, the amount determined by the composition of the household (average value = \$17 per week); or (2) no vouchers. Researchers collected till receipts for all household food purchases for four weeks prior to the intervention, and for the proceeding four-week intervention phase. Households that received the vouchers (n=81) spent \$15.20 more per week on food than households that did not receive the vouchers (n=70). However, there was no significant difference in household purchases of fruit and vegetables, which was the main study outcome. Additional money provided to households in the intervention group appeared to be spread over a range of food groups. Although none of the increases were statistically significant, the greatest increases in spending over the four weeks were for: non-alcoholic beverages (\$1.26 per week); other bread (\$1.16 per week); and ready to eat food (\$1.14 per week). Researchers concluded that providing supermarket vouchers to food insecure households can increase overall household expenditure on food.

Commentary from Dr Helen Eyles, Research Fellow, The National Institute for Health Innovation:

Identifying ways to help improve food security is important and could help reduce health inequalities. The impact of providing food insecure households with weekly supermarket vouchers (for four weeks) was explored by researchers in this novel study. The main outcome was household purchases of fruits and vegetables. Vouchers could be spent on anything at the supermarket and researchers found that most of this additional money was spent on food (\$15.20 of \$17.00 provided on average).

This indicates that households that received vouchers would likely have been more food secure during the intervention phase. However, the impact on food security was not reported. Unfortunately, households receiving the vouchers did not report purchasing more fruit and vegetables. Further, most of the additional money appeared to be spent on packaged foods and beverages, which are not necessarily healthy. Therefore, findings suggest that targeted strategies, such as fruit and vegetable vouchers which encourage households to purchase healthier food items, may be a more useful strategy than general food vouchers. Effective, targeted strategies would encourage households to buy more healthy food, rather than just more food in general. Longer term studies on strategies to improve food security and inclusion of more Māori and Pacific participants could be useful next-steps.

Playground designs to increase physical activity levels during school recess: A systematic review

Authors: Escalante Y et al

Summary: This review aimed to examine the interventions used during school recess to increase physical activity in preschool and school aged children. A systematic search

of seven databases found eight studies which matched the reviews inclusion criteria. The authors reported that playground markings combined with physical structures have the potential to increase physical activity of school aged children in the short to medium term.

Commentary by Dr Scott Duncan, Associate Director of the Human Potential Centre at AUT University:

At first glance, the findings of this review appear to support the use of playground markings in conjunction with physical structures in schools, but not the use of playground markings (in isolation), game equipment, or a combination of the two. However, these findings must be interpreted with caution given that only three of the eight studies reviewed were randomised controlled trials. Also, it is difficult to pinpoint which specific elements (or combinations of elements) within the broader intervention group's increased physical activity. In my opinion, the most striking finding is the lack of high quality research in the area of play space modification, especially with regard to contemporary approaches that emphasise imaginative play, natural environments, and managed risk-taking

Dog ownership and physical activity: a review of the evidence. *Authors: Christian HE et al*

Summary: The authors of this review aimed to review studies which explored physical activity in dog owners versus non dog owners. A database search returned 29 studies for inclusion in the review. Analysis showed dog owners engaged in more walking and physical activity than non dog owners. However most studies were cross-sectional and the authors concluded that more longitudinal and intervention studies were required to provide stronger evidence of a relationship between dog ownership and physical activity.

Commentary by Professor Grant Schofield, Director, The Human Potential Centre at AUT University:

I've had three family dogs – all border collies. I wanted the smartest, most active dog because my view was that they would need exercise and that would force me and the family to do more exercise. So is that likely to work, or is the dog more trouble than he's worth and you just spend more money and can't holiday when and where you like?

Well the original big dog in the research into dogs and physical activity was Prof Adrian Bauman and his dog Schroeder (a Jack Russell). Schroeder is the first dog I know to be a published author on a research paper.

Anyway, Adrian is back with a team reviewing the benefits of dog ownership on physical activity in the latest issue of the Journal of Physical Activity and Health.

There are now 29 studies looking at this, including one by me almost 10 years ago. I showed that dog ownership wasn't enough; you needed to have at least a middle to big sized dog!

The results of their review? "Approximately 60% of dog owners walked their dog, with a median duration and frequency of 160 minutes/week and 4 walks/week." Dog owners on average are slightly more active than non-dog owners, but the effects are small. We don't know if giving someone a dog helps them be more active. In other words, we need dog intervention research!

Bottom line: Is it worth having a dog? Probably there are numerous benefits including some extra activity. Are there hassles, damn straight there are. Mine crapped in the kitchen overnight and I was the one who got in trouble for it, and I even cleaned it up!

Coming Events

OCTOBER

Australian and New Zealand Obesity Society Annual Scientific Meeting:

17-19 October 2013, Melbourne, visit the ANZOS website for further information [here](#)

7th Asian Oceania Conference on Obesity (AOCO): 31 October to 2 November 2013, Bandung, Indonesia. Follow this link for further information [here](#)

NOVEMBER

2013 AICR Annual Research Conference on Food, Nutrition, Physical Activity and Cancer:

7-8 November 2013, Maryland, USA. For more information visit the AICR website [here](#)

NZ Recreation Association Annual Conference:

20-22 November 2013, Rotorua. Visit the NZRA website for further details [here](#)

DECEMBER

Harvest to Health: Nutrition Societies of Australia and New Zealand Conference:

4-6 December 2013, Brisbane. Follow this link for further information [here](#)

2013 ANA Asian Forum:

5 December 2013, Waipuna Conference Centre, Auckland. Visit the ANA website for further information [here](#)

FEBRUARY 2014

2014 ANA Regional Forums:

February to June 2014, various locations. Visit the ANA website for further information [here](#)

Symposium on Sugar Sweetened Beverages, Sugar and Health:

19-20 February 2014, The University of Auckland, Auckland. Follow this link for further information [here](#)

MARCH 2014

12th International Congress on Obesity:

17-20 March 2014, Kuala Lumpur, Malaysia. For more information click [here](#)

Eating Disorders and Obesity Conference:

31 March to 1 April 2014, Surfers Paradise. Follow this link for more details [here](#)

OCTOBER 2014

Connecting Communities, Science and Policy:

6-8 October 2014, Aotea Centre, Auckland. Read more [here](#)

What's New

New website provides facts on fluoride

The Ministry of Health has developed a new website which provides the facts on community water fluoridation. The website is supported by the New Zealand Dental Association, New Zealand Medical Association, district health boards and many more including ANA. Key messages from the website include:

- Numerous studies have shown that children and adults living in areas with community water fluoridation have significantly less tooth decay than those living in non-fluoridated areas.
- Overwhelming evidence from decades of research into community water fluoridation is that it is safe at recommended levels.
- Community water fluoridation provides benefits to everyone. About half of New Zealand adults avoid going to the dentist because of cost, and over half of New Zealand children don't brush their teeth twice a day with recommended strength fluoride toothpaste. Even people who do brush their teeth regularly and visit the dentist get additional benefits from fluoridated water.
- It is cost-effective. The cost of fluoridation is approximately 50 cents per person per year. The average cost of a single-surface filling is approximately \$130.

Visit www.fluoridefacts.govt.nz for more information.

Appetite for Destruction Launched

Dubbed "The most controversial book on food you will ever read", *Appetite for Destruction* by Gareth Morgan and Geoff Simmons is now available in stores and online at Gareth's World (www.garethsworld.com/food/).

The book explores a variety of topics including:

- How a silent epidemic of diabetes is sweeping the nation – are you at risk?
- Fake food is addictive and is killing us – learn how to spot it.
- The truth about what you should eat to live longer.
- Are you killing your kids because you're conned by marketing?
- What fad diets actually work?

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.