



# Evidence & Action

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## BACKING EACH OTHER TO SUCCEED



One of the best things about being part of the Agencies for Nutrition Action network is the opportunity to transfer knowledge between the health and recreation sectors. Sometimes a

practice that is commonplace in one sector is little known or utilised in another.

For the uninitiated, the New Zealand Recreation Association (NZRA) aims to lead and develop capability in the recreation and sport sector. This involves raising central and local government awareness of the benefits of active recreation, including the health benefits, and informing recreation sector organisations about innovations that will help them achieve more for their customers.

Many recreation and sports organisations have a keen interest in maximising the health benefits of their programmes. Not only does this improve the quality of the recreation experience, but it can also increase participation by allowing these organisations to engage with communities and individuals whose primary interest in recreation is physical and mental health.

Likewise, many health sector organisations are looking for opportunities to promote healthy living through nutrition and fitness programmes. There is particular interest in programmes or activities targeting young people, those who may find it difficult to participate in physical activity due to health issues and groups that traditionally have lower levels of participation, such as Asian, Pacific Island and Māori communities.

There are already some great initiatives in place around the country. The Waikato District Health Board funds Project Energize to improve the physical health of school

children. The programme aims to reduce obesity and cardiovascular risk factors and to increase regular physical activity and improve nutrition. Other programmes around the country include local fitness initiatives such as the Pacific Health Service Hutt Valley's Pasifika Choice and Sport Southland's Fit 4 Life.

These are the types of initiatives that can both improve the health of New Zealanders and increase participation in sport and recreation. They demonstrate the benefits that can be gained when organisations in the health and recreation sectors collaborate.

As the go-to organisation for the recreation sector and a member of Agencies for Nutrition Action, NZRA is ideally placed to bring these two sectors together. NZRA's National Conference in November attracts some of the country's most passionate and forward-thinking experts, making it an ideal forum to share ideas and develop new partnerships.

This year's event will feature an impressive line-up of presentations and keynote speakers, including former Olympic medallist Rob Waddell, who led the New Zealand team into the 2014 Commonwealth Games in Glasgow, and Dr Robert Manning, the Steven Rubenstein Professor of Environment and Natural Resources at the University of Vermont, USA.

I'm excited about the opportunities this event will offer and I look forward to hearing your ideas and exploring possibilities for new and exciting initiatives that deliver for our communities.

**Andrew Leslie**  
**Chief Executive**  
**New Zealand Recreation Association**  
[Andrew@nzrecreation.org.nz](mailto:Andrew@nzrecreation.org.nz)  
[www.nzrecreation.org.nz](http://www.nzrecreation.org.nz)



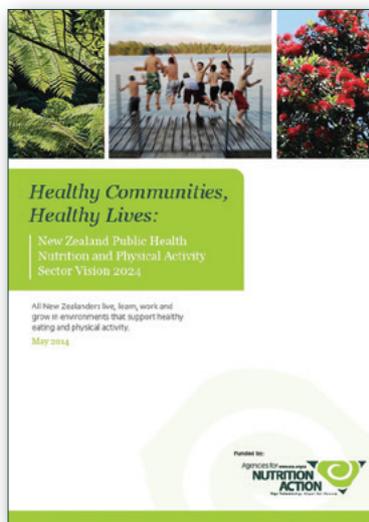
# Vision 2024



*E kore e taea e te whenu kotahi ki te raranga i te whāriki*

*A valued mat cannot be woven from one strand - the tapestry of our sustenance and wellbeing cannot be woven by one strand alone.*

Agencies for Nutrition Action (ANA) recently launched its sector-wide vision which requires all of us working in public health nutrition and physical activity to reflect on what we have been doing and why we have been doing it that way. The vision allows for new narrative and new dialogue that connects us all to new thinking within the public health system; thinking that embraces the complexity of the issues we are dealing with everyday.



Historically, approaches to public health nutrition and physical activity have been based on a deficit model. Problems are identified and then resources are made available to fix these problems. Deficit models are inclined to define people and communities in negative terms. They have a tendency to set parameters that need to be met and if not, you are officially 'unwell'. Often suggested behaviours are impracticable, unaffordable and unimaginable. They fail to account for context such as history, culture, economics, capacity and psychology.

A vision with a values based approach means that there is more of a focus on strengthening and nurturing relationships within and across sectors for collective impact and change, a focus on adaptive leadership styles that are ok with developmental exploration and uncertainty.

The ideal foundation from which to launch wellbeing based initiatives are in environments where there are positive relationships and social harmony. Happy homes,

enjoyable workplaces, safe communities are all based on healthy positive relationships. Strengthening whānau and communities has to be a major focus in public health nutrition and physical activity going forward. Strong whānau and communities can identify issues for themselves and be empowered to develop their own solutions alongside systems that support and enhance whānau and community strengths. When relationships are strong within whānau and communities, there is a sense of responsibility to one another giving health initiatives including health policies more persuasive powers.

True wellbeing is a holistic fabric comprising of many entwining interrelated strands - whenu tangata - *human strands*. By valuing the tapu nature of a person and their mauri you are recognising their many strands including the physical, physiological, emotional, social and spiritual strands. No one aspect sits alone as they are all connected in some way and therefore a focus on one will impact on another. No one is more important than another, and where one strand is weak, another may be propped up by a strand that is strong.

Therefore under this model, happiness is preventative to heart disease. Fitness is conducive to mental health. Strong family and social links supports positive emotions. Belief and meaning can be a conduit to healthy lifestyles.

There is a belief within te iwi Māori that within each person there is the capacity for growth and development and that everyone is born with particular talents. Recognising the mana of an individual is recognising their talent and their strengths. When abilities are recognised, there is a need to provide the appropriate stimulus within all the systems we operate to activate undeveloped positive qualities.

**Leonie Matoe**  
**Kaiwhakahaere Matua**  
**Toi Tangata**  
leonie@toitangata.co.nz

To download the ANA vision and to view the webinar launch of the vision [click here](#)

# Seven Priority Actions to Tackle Childhood Obesity

**The New Zealand Government has been urged by a national expert panel to implement seven priority actions to tackle childhood obesity following a recent review which identified big gaps in best practice healthy food policies.**

About two-thirds of New Zealand adults and one-third of children are overweight or obese, with no evidence of the plateaus in childhood obesity seen in several other OECD countries. Dietary risk factors and excess energy intake account for 11.4% of health loss in New Zealand and have overtaken tobacco as the leading risk factor to health. It has been shown that modest improvements in diet could avoid approximately 1,300 deaths per year in New Zealand if adopted by a large proportion of the population.

## Benchmarking Food Environments

**The Healthy Food Environment Policy Index** is a systematic study that was recently applied to New Zealand. Food-EPI aims to increase accountability of governments for their actions to reduce childhood obesity through comparing government actions to international best practice. A panel of 52 New Zealand-based public health experts performed a detailed evidence-based assessment of the extent of the implementation of 42 key policy actions (e.g. food labelling, food promotion, food prices) and infrastructure support actions (e.g. leadership, funding and resources, health-in-all-policies).

## Results

The results revealed that the New Zealand Government is performing at the level of best practice in regards to preventing unhealthy foods carrying health claims, providing ingredient lists and nutrition information panels on packaged foods, transparency in policy development processes, providing access to information for the public and monitoring prevalence of non-communicable diseases (NCDs) and their risk factors.

However, across the different areas, major 'implementation gaps' were identified. There is no comprehensive NCD action plan and restrictions on unhealthy food marketing to children, fiscal policies, food retail policies and protection of food environments within trade and investment agreements are virtually non-existent. However, some further progress in some

areas is forthcoming since the New Zealand Government very recently announced the implementation of the Health Star Rating front-of-pack labelling system and extra funding for a systems-based approach to obesity prevention.

## Recommendations

The national expert panel identified seven key actions to reduce childhood obesity for immediate implementation by the New Zealand government (Figure 1). It has been shown that many of those are likely to be very effective and cost-effective at reducing obesity. It was recently estimated that a 20% tax on carbonated drinks in New Zealand would avert or postpone 67 deaths (0.2% of all yearly deaths in New Zealand) from diet-related NCDs, and result in \$40 million per year in revenue, which could be spent on population nutrition promotion, as done in Mexico, Hungary and French Polynesia. In some areas, such as food marketing, government regulation is overdue, since previous research in New Zealand as well as internationally, has shown that self-regulation by the advertising industry does not reduce children's levels of exposure to unhealthy food marketing. A wide range of countries have already adopted regulatory measures to reduce exposure of children to unhealthy food marketing through different types of media.

The priority actions shown in Figure 1 align well with policy options proposed for member states in the global NCD action plan that New Zealand adopted. The seven proposed priorities are feasible, achievable and internationally widely accepted and implemented. Recommendations also align with the Healthy Communities, Healthy Lives: New Zealand Public Health Nutrition and Physical Activity Sector Vision 2024 recently launched by Agencies for Nutrition Action.

The 2014 scorecard will be updated in 2017, when the national expert panel will repeat its assessment of New Zealand healthy food policies against international best practice.

**Stefanie Vandevijvere**  
**Research fellow in food policy**  
**University of Auckland**  
 s.vandevijvere@auckland.ac.nz



Figure 1. Top priority actions for implementation by the New Zealand Government as identified by the expert panel

# WHANAU PAKARI HEALTHY LIFESTYLE PROGRAMME



**Whanau Pakari evolved out of a need to address the public health crisis of child and adolescent obesity in the Taranaki region. In real terms, there are estimated to be more than 2,500 children identified as obese in Taranaki, many with a range of complicated health issues, both physical and psychological, with expected progression into adulthood unless addressed.**

In 2008, the need for a service to support children and adolescents with weight issues in Taranaki was highlighted. As part of that review, an audit of Sport Taranaki's Green Prescription (GRx) Active Families programme in 2009 showed that whilst excellent work was being done to assist families in making healthy lifestyle changes, it was not reaching those most in need, especially Māori within the community who are over-represented in statistics regarding childhood obesity.

Through the vision shown by the Planning and Funding Unit at Taranaki District Health Board (TDHB) and Sport Taranaki, a collaboration was formed and Whanau Pakari, a multi-disciplinary intervention service was created. Whanau Pakari means "healthy self-assured whānau that are fully active". It has built on the GRx Active Families model and incorporates medical and wider assessment in its framework.

## **Its unique aspects are that:**

- it is community/whānau-based across the region, with assessments being undertaken in the home, therefore "de-medicalising" weight issues.
- it targets Māori, although is open to all.
- it assesses a whānau and individual's "readiness" to make healthy lifestyle change, ensuring the best utilisation of resource.
- in order to ensure that future health funding is spent wisely, it incorporates a clinical trial to ascertain whether the intervention leads to persistent healthy lifestyle change. The service itself is funded by TDHB and Sport Taranaki currently, but the trial aspect is funded through research grants.

Whanau Pakari provides a 12-month programme with weekly activity sessions during term time. These involve psychology sessions, nutrition sessions and physical activity sessions and are whānau-focused. Currently we are also undertaking a further 12-months of follow-up to ascertain whether the healthy lifestyle changes are persistent.

## **Since its launch in 2012, Whanau Pakari has:**

- received over 350 referrals to date for children and adolescents (it is important to note that TDHB were previously unaware of many of these individuals).
- undertaken over 240 baseline assessments for children and adolescents and continued to see the majority 6-monthly. Many of these children have significant obesity-related health complications, such as high blood pressure, type 2 diabetes, obstructive sleep apnoea, raised lipids, fatty liver and psychological concerns.
- led to a change in clinical practice for many health professionals in the region, who are now more aware of child and adolescent obesity and have a service to refer to.
- maintained a consistently high participation rate for Māori of 45%, compared with the prior GRx Active Families model (39%).
- included 200 participants into the randomised clinical trial embedded within the service.
- independently secured \$365,000 to date in grant funding for the research.

Whanau Pakari has already had clear impacts in Taranaki. It has raised the public awareness of child and adolescent obesity. One example is that the "B4 Schools check" referrals of children 4-5 years of age across Taranaki for those identified as "extremely obese" has risen from 33% (Jan-July 2012) to 67% (Jan - July 2013). We have linked extensively across the community and continue to do so.

Overall, it is hoped that this service and the associated research will assist in reducing inequalities in access to services for childhood obesity not only in Taranaki, but throughout Aotearoa. Whanau Pakari will assist in determining the direction of future obesity intervention services by answering whether multi-disciplinary intervention programmes lead to long-term sustainable healthy lifestyle changes in the New Zealand population.

We are grateful for the support of our research funders; the Health Research Council of New Zealand, Taranaki Medical Foundation and the Royal Australasian College of Physicians.

## **Whanau Pakari team**

whanaupakari@tdhb.org.nz  
0508 739 432  
027 910 7253

# KI O RAHI PONEKE DEVELOPMENT PROJECT



Absolutely Positively  
Wellington City Council  
Me Heke Ki Poneke

**Ki o Rahi is a game of skill, strategy, whanaungatanga - team work, tikanga - conduct, purpose, motive, pūrākau and whakapapa - history. Ki o Rahi involves strategic thinking and skills which are transferable to a range of sports and applicable to many life skills.**

The game is played between two teams 'team kioma' and 'team taniwha' on a circular field and is a game for all ages and abilities. Traditionally played with a flax 'ki', but more usually now with a small, softer ball, 'team kioma' aims to score points by touching the ball onto outlying posts and then returning it in hand, rugby style, over a central try line. Meanwhile, 'team taniwha' aims to score points by throwing the ball and hitting the tupu (central target). Each area in the circular area relates to a part of the legend of Ki o Rahi. It can be played full contact, touch or 'flag' style. It is an entertaining game whether a player or spectator, with a small playing area meaning lots of action!

The game of Ki o Rahi has been thriving in the Wellington region since 2009. The momentum began when local sports trust, Sport Wellington, invited Dr Ihirangi Heke, a leading Māori health and physical activity practitioner, to run a Taonga tākaro (traditional Māori games) workshop for community and recreation organisations. Through this initial workshop a connection evolved between Rangatahi Tu Rangatira (R2R), a national provider contracted to deliver Taonga tākaro using Ki o Rahi as the flagship, Sport Wellington and Wellington City Council. Together these organisations have since provided opportunities for young people and whānau to 'have a go' at Ki o Rahi. Staff from each organisation have trained to teach and deliver Ki o Rahi and have provided a number of community Ki o Rahi events, school and community based training sessions across the region. From these successful initiatives there was a strong interest for the game of Ki o Rahi to grow across Wellington.

In 2013, a successful application led by Wellington City Council in partnership with Regional Public Health, Te Kura Kaupapa Māori o Ngā Mokopuna and Sport Wellington was made to Sport New Zealand's Active Communities fund for a 3-year Ki o Rahi Poneke development project. The vision for Ki o Rahi Poneke is to grow the knowledge and interest of Ki o Rahi in Wellington and to engage and empower communities with low participation in sport and recreation through Ki o Rahi. The project aims to connect with organisations already working with whānau and individuals in areas of high deprivation and where engagement in sport and recreation is low.



Taniwha going for a hit



Praxis youth workers and Eastern Suburbs Youth Trust

## Some key achievements from the programme so far include:

- an increase in the confidence to teach, play and referee the game of Ki o Rahi empowering individuals to recognise and grow their leadership skills.
- strong relationships and connections with a number of community organisations including schools, youth trusts and local council's city housing complexes.
- whānau participating in Ki o Rahi events after being inactive for many years and finding a sport that they enjoy and can participate in, whatever their fitness level.
- an increase in kupu Māori me ona tikanga through the planning, teaching and delivery of Ki o Rahi.

Feedback from a recent event held at Te Rauparaha Arena, Porirua with Te Kohanga Reo Kaiaka. Participants ranged from 10 years to 50 years.

*"When can we play again?"*

*"Loved it.....awesome"*

*"Mum I didn't know you could run!!!"*

*"Nan, you are ruthless, no one wanted to 'rip your tag'"*

*"Can we have a whānau challenge???"*

*"Rawe (awesome).... didn't think I could do this for 10 minutes, but half a day later and I'm still going"*

To find out more about Ki o Rahi [click here](#) or contact:

**Marina Kirikiri**  
Ki o Rahi Poneke Development  
Project Co-ordinator  
marina.j.kirikiri@gmail.com

**Daphne Pilaar**  
Customer and Communication  
Project Specialist  
Wellington City Council  
Daphne.Pilaar@wcc.govt.nz

## Funding Information Service (FIS) is an independent resourcing and funding hub for everyone!

FIS is a proud 24-year old, sustainable and independent social enterprise set up by funders to provide a hub of resourcing information and tools for communities all over New Zealand. FIS is New Zealand's most knowledgeable and experienced organisation that manages funding opportunities for a wide range of community development designed projects that are available for individuals, voluntary organisations, clubs and groups.

Available on the **FIS website** are two products, namely **FundView** and **BreakOut** which are the two most widely used of the FIS tools. The FIS website also provides community training tools which support people to be able to use the Funding Information Service required.

**FundView** is New Zealand's primary source of resourcing information and includes funding opportunities provided by government, local authorities, statutory and philanthropic trusts, gaming trusts and service organisations. With information on over 1,200 grants, FundView is the 'go to' place to seek assistance with administration costs, salaries, building redevelopment, volunteer expenses, equipment, furniture and more. This is ideally suited to community, voluntary organisations or clubs.

The **Newman's Own Foundation** is one example that invites grant applications from New Zealand charities with projects that address nutrition issues. In their recent funding round this foundation was looking for New Zealand charities that required up to US\$25,000 to fund nutrition specific projects.

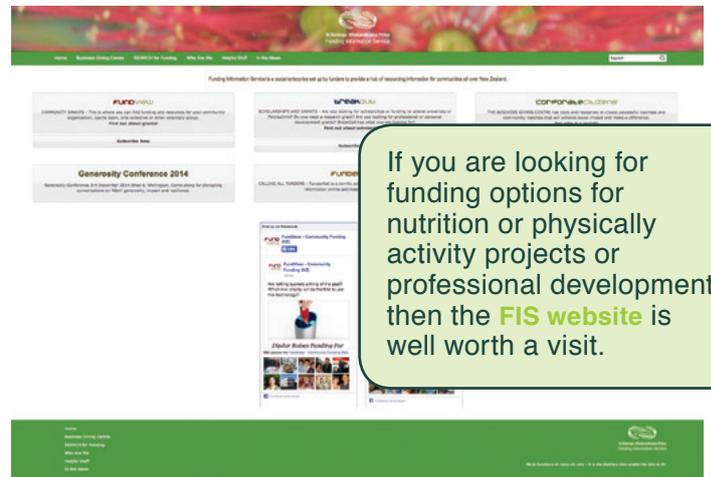
**Breakout** lists over 4,000 scholarships and grants for individuals seeking funding for primary, secondary, university and polytechnic study, research, fellowships, professional and personal development and people looking for a career change.

The **Douglas Taylor Sport and Exercise Science Postgraduate Scholarship** for example is open to students who enrol at the Waikato Institute of Technology in their first year of study in one of the following programmes:

- Bachelor of Sport and Exercise Science (Honours)
- Postgraduate Certificate in Sport and Exercise Science
- Postgraduate Diploma in Sport and Exercise Science
- Master of Science (Sport and Exercise Science)

Through Breakout there are a number of other health scholarships available and in the 2014 year thus far, 32 grants have shared a total of \$2,054,088. One of the scholarships still available is the **Douglas Goodfellow Diploma Scholarship in Medical and Health Sciences** which closes on 1 November 2015. This scholarship invites applications from diploma students seeking financial support who are enrolled in the Faculty of Medicine and Health Sciences at the University of Auckland and where the completion of their full time studies is at risk.

BreakOut and FundView have easy to use search tools and are accessed by hundreds of people around the country. If you wish to search the databases from your own office you will need to pay for an online subscription. However, the Department of Internal Affairs (DIA) and most councils in New Zealand pay to have free public access sites which are available in DIA offices and community spaces like libraries, community centres and citizens' advice bureaux. **You can find your nearest free access to FundView and BreakOut via a public locations map here.**



**Ata Te Kanawa**  
Communications and Sales Advisor  
Funding Information Service  
ata@fis.org.nz

**The upcoming generosity conference titled 'Impact Resilience' will be hosted by Funding Information Service. This conference will be taking place from 3-5 December in Wellington.**

Earlybird registrations close 31 October 2014. **More information can be found here.**

## **New walking and cycling routes and increased physical activity: one- and 2-year findings from the UK iConnect study**

*Authors: Goodman, Sahlqvist & Ogilvie*

**Summary:** Do high-quality, traffic-free routes for walking and cycling increase levels of physical activity among those who live nearby? To answer this question, the authors surveyed 1,796 adults of three UK municipalities in which new routes for walking and cycling were constructed. Living nearer to the new routes was associated with increased levels of physical activity at the 2-year follow-up (12.5 minutes/week of total physical activity per km nearer to the routes), but not at 1 year. The effects were larger among study participants from households without a car. It is concluded that better walking and cycling facilities promote physical activity amongst those with ready access to the facilities. 🌱

### **Commentary from Professor Alistair Woodward, Epidemiology and Biostatistics, School of Population Health, University of Auckland:**

We know that cities and towns with safe, attractive routes for walking and cycling tend to have more people walking and cycling than areas without such facilities. But there are few intervention studies that show a change in active transport following changes in the physical environment. The study reported here builds on the UK Connect2 initiative which involved building or improving walking and cycling routes at 79 sites. Three sites were chosen for the present evaluation. The study was population-based, collected information from the same individuals before and after the intervention, and it included data on total physical activity. It should be noted also that the outcome measures were self-report (and unblinded) and the response rate was low (about 8% at 1 year). The interventions were on a modest scale (two traffic-free bridges and a riverside dual use board walk). It is puzzling that the increase in walking and cycling and physical activity generally was observed at 2-year follow-up but not earlier. However the association of greater activity with proximity to the facilities is robust and cannot be explained by the many potentially confounding factors that were included in the analysis.

Here is evidence that environmental modifications can encourage and enable people to be more physically active. There are no signs of a compensating decline in other kinds of exercise to balance increased walking and cycling. The effects are most marked for those with ready access to improved facilities. 🌱

Reference: American Journal of Public Health 2014, 104(9), e38-e46

## **Effects of an intervention aimed at reducing the intake of sugar-sweetened beverages in primary school children: a controlled trial**

*Authors: van de Gaar, Jansen, van Grieken, Boorsboom, Kremers & Raat*

**Summary:** There is an increasing number of interventions happening nationally and internationally to reduce the consumption of sugar-sweetened beverages (SSB) to

improve health outcomes. This controlled trial took place in four primary schools in the Netherlands and included over 1,200 children aged between 6-12 years from socially deprived neighbourhoods. Intervention schools adopted a 'water campaign' developed by the local government using health promotion tools combined with social marketing and controlled schools continued with their usual health promotion programme. 🌱

### **Commentary by Elaine Rush, Professor of Nutrition, AUT University:**

A sugary drop in the bucket of needed interventions. The aim of this study of a Dutch school intervention was to evaluate the effectiveness of a community and school-based water campaign to reduce children's consumption of sugar-sweetened beverages (SSB). Before and after the intervention, in control and intervention schools, average consumption of SSB was about 750 mL/day and parents and observation reported more than half of children brought SSB to school every day. While the report is of a positive effect (200 mL reduction) the question that arises is why was the effect so small? The number of children who stopped bringing SSB to school is not reported. Working with communities is important but like seat belts and helmets why didn't the schools ban the consumption of sugary drinks, which promote obesity and tooth decay, at the same time as promoting water? 🌱

Reference: International Journal of Behavioural Nutrition and Physical Activity 2014, 11:98

## **Associations between sedentary behaviour and physical activity in children and adolescents: a meta-analysis**

*Authors: Pearson, Braithwaite, Biddle, van Sluijs & Atkin*

**Summary:** Sedentary behaviour has been defined as 'sitting and lying during waking hours when there is very low energy expenditure' and too much of it is shown to substantially increase the risk of chronic disease regardless of habitual physical activity levels. This meta-analysis aimed to assess the associations between sedentary behaviour and physical activity in children and adolescents.

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

This meta-analysis combined data from a number of observational studies to conclude that young people who are physically active tend to have relatively low levels of sedentary behaviour, but that the relationship is weak. This provides the strongest level of evidence to date that these two behaviours are functionally distinct; one does not necessarily 'replace' the other. The implication for health promotion practice is that we cannot expect a physical activity programme to substantially reduce sedentary behaviour in this age group. To reduce the serious and independent health risks associated with sedentary behaviour we must specifically target excessive sitting. 🌱

Reference: Obesity Reviews 2014, 15, 666-675

## Coming Events

### OCTOBER 2014

**New Zealand Population Health Congress, Connecting Communities**, Science and Policy: 6-8 October, 2014, *Aotea Centre, Auckland*.

[Read more here](#)

**Be Active 2014 Conference**: 15-18 October, 2014, *Canberra*. [Follow this link for more details here](#)

**International Congress on Children's Physical Activity and Sport**: 17-18 October, 2014, *Liege, Belgium*.

[Read more here](#)

**Walk21 XV International Conference on Walking and Liveable Communities**: 21-23 October, 2014, *Sydney*.

[More information available here](#)

**2 Walk and Cycle Conference**: 29-31 October, 2014, *Nelson*. [Follow this link for more details here](#)

### NOVEMBER 2014

**FAO/WHO Second International Conference on Nutrition**: 19-21 November, 2014, *Rome, Italy*.

[Read more here](#)

**New Zealand Recreation Association National Conference**: 26-28 November, 2014, *Christchurch*.

[Follow this link for further details here](#)

### FEBRUARY 2015

**14th World Congress on Public Health**: 11-15 February, 2015, *Kolkata, India*. [More information available here](#)

### MAY 2015

**ANA 6th National Nutrition and Physical Activity Conference**: 6-7 May, 2015, *Auckland*. [Keep an eye on the ANA website for further information](#)

### JULY 2015

**1st International Conference on Transport and Health**: 6-8 July, 2015, *London, England*.

[Read more here](#)

## ANA National Conference



**6th National Nutrition and Physical Activity Conference**  
6-7 May 2015, Rendezvous Grand Hotel, Auckland, New Zealand

Thank you to the 197 people who responded to our conference feedback survey that we ran in August. Congratulations to Briar Bennett from the Diabetes Projects Trust who was the lucky winner of our free conference registration. The ideas and suggestions we received have been incredibly helpful in our conference planning and have genuinely helped to shape our conference theme and content.

The conference theme for 2015 is:  
Connect Grow Thrive - E Hono E Tipu E Rea

Our vision is for all New Zealanders to live, learn, work and grow in environments that support healthy eating and physical activity.

**Healthy living is everyone's business: health promoters, researchers, educators, exercise and health professionals, policy makers, the food industry...everyone TOGETHER!**

- E Hono - Connecting:** the workforce, programmes, sectors, people, systems, settings...
- E Tipu - Growing:** evidence, knowledge, opportunities, networks, new thinking...
- E Rea - Thriving:** people, families, whānau, communities, organisations...

Join us to explore new frameworks, opportunities and insights. We have a bright and thriving sector that can embrace change, be inspired and make a difference.

[Keep an eye on our website](#) and e-Updates as we will be announcing keynote and invited speakers soon.

**In the meantime here are some key dates you need to know:**

- **Abstract submissions open:** Monday 29 September
- **Registrations open:** Monday 20 October
- **Abstract submissions close:** Friday 28 November
- **Notification of abstract acceptance:** Wednesday 17 December

**For conference queries please contact Diana Pedlow on 04 499 6360 or [diana@ana.org.nz](mailto:diana@ana.org.nz).**

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)