

# WORKING TOGETHER

7<sup>TH</sup> ACTIVITY & NUTRITION  
AOTEAROA CONFERENCE  
30 – 31 MAY 2017



# INSPIRING CHANGE

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WELLINGTON  
NEW ZEALAND



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BE INSPIRED,  
EMBRACE  
CHANGE  
AND MAKE A  
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Subject to change

## Day 1: Tuesday 30<sup>th</sup> May 2017



Energiser



Lightning Presentation

7:30 - 8:30	<b>Registration</b>   Oceania Room
8:30 - 8:50	<b>Mihi whakatau</b>
8:50 - 9:00	<b>Opening words from ANA Chairperson: Mafi Funaki-Tahifote</b>
9:00 - 9:05	<b>Housekeeping – MC: Leonie Matoe</b> (Te Kaahui O Rauru)
9:10 - 9:30	<b>Opening speaker: Hayden McRobbie</b> (Raising Health Kids Target Champion, Ministry of Health)



ENERGISER

9:40 - 10:30	<b>Keynote speaker:</b> <i>Professor Boyd Swinburn</i> (The University of Auckland) <b>Systems Approaches to Obesity Prevention:</b> What does this actually mean?
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10:30 - 11:00	<b>Morning tea</b>   Oceania Room
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11:00 - 12:30	<b>Concurrent presentations</b>
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	<b>Healthy Schools</b> Oceania Room	<b>Food Security</b> Rangimarie Room 1	<b>Healthy Communities</b> Rangimarie Room 2	<b>Healthy Whānau</b> Angus Room
11:00 - 11:20	<b>The Healthy Homework Study:</b> Effects of a compulsory homework programme on physical activity in children <i>Scott Duncan</i>	<b>Wellington Fruit and Vegetable Co-operative:</b> Developing a community food security model <i>Jessica Jones &amp; Emmeline Haymes</i>	<b>Choice as Sizzle:</b> A better way to host those sausage sizzle fundraisers <i>Jared Cappie &amp; Stella O'Connor</i>	<b>Heru Hapai:</b> Rapu Ora, Whai Ora <i>Antony Thompson</i>
11:20 - 11:40	<b>A Pathway to Hauora through the revival of Taonga Takaro</b> (Māori traditional games) <i>Pania Miller &amp; Jamie Procter</i>	<b>Breastfeeding Friendly Pharmacies:</b> Health-promoting settings with potential <i>Sophie Carty</i>	<b>Rethinking and Replacing Sugar Sweetened Beverages:</b> An innovative tool to reinstate water in children's environments <i>Anna Ferguson</i>	<b>Making the Healthy Choice the Easy Choice for Pacific Families and Churches:</b> Insights, learnings and challenges <i>Candice Apelu</i>



ENERGISER

11:50 - 12:10	<b>'It's Part of What We Do Now':</b> Integrating health and education in early childhood centres <i>Leanne Young</i>	<b>10,000 Fruit Trees Can't be Wrong</b> <i>Shane Ngatai</i>	<b>Go the H2O:</b> Changing the obesogenic environment by creating a movement around water <i>Ana So'otaga</i>	<b>When Culture Speaks:</b> Immigrant Indian families' participation in sport and physical activity <i>Siona Fernandes</i>
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## Day 1: Tuesday 30<sup>th</sup> May 2017



Energisiser



Lightning Presentation

12:10 - 12:30	 <b>Effects of Childhood Obesity on Learning, and the Role of the School Food Environment</b> <i>Sian Bolton</i>  <b>Life Skills for the Future:</b> Year 7 & 8 cooking curriculum <i>Pip Duncan</i>  <b>Ranui Power Pack:</b> A pilot project <i>Kerry Allan</i>	<b>Ka Pai Kai:</b> A model for community food security <i>Zaynel Sushil</i>	 <b>Shake, bang and hang:</b> Sports clubs and hot chips on the health agenda <i>Kerry Allan</i>  <b>Utilisation of an Online Website to Enhance Collaboration Between Health Care Practitioners and Exercise Professionals</b> <i>Karen Munday</i>  <b>Empower:</b> A community led response to child obesity <i>Linda Taylor</i>	<b>Taking Leadership and Creating Change:</b> Changing the food environment in Auckland Council <i>Anna-Jane Jacob</i>	
12:30 - 1:30	<b>Lunch/Poster Presentations</b>   Oceania Room				
1:30 - 2:30	<b>Concurrent workshops</b> (60mins)				
	<b>About Town</b>	<b>Oceania Room</b>	<b>Rangimarie Room 1</b>	<b>Rangimarie Room 2</b>	<b>Angus Room</b>
	<b>Wellington Cycle Infrastructure E-Bike Tour</b> (pre-booked) <i>Lead by Claire Pascoe</i> Meet at the registration desk at 1:10pm	<b>Linking Indigenous Approaches and Systems Thinking for Obesity</b> <i>Professor Boyd Swinburn &amp; Albie Stewart</i>	<b>Simplifying Workplace Wellbeing</b> <i>Alice Walker &amp; Julie-Anne Garnons-Williams</i>	<b>Co-design:</b> Learning and Growing Through Creative Exploration of Māori Co-design <i>Crystal Pekepo &amp; Rangimarie Mules</i>	<b>Physical Literacy:</b> Kiwi style <i>Jo Colin &amp; Karen Laurie</i>
2:30 - 3:00	<b>Afternoon tea</b>   Oceania Room				
3:00 - 3:45	<b>Guest speaker:</b> <i>Professor Jim Mann</i> (University of Otago) <b>What Constitutes Evidence For Making Nutrition Recommendations?</b>				
 <b>ENERGISR</b>					
3:55 - 4:55	<b>Guest speakers:</b> <i>Claire Pascoe</i> (New Zealand Transport Agency) & <i>Sarah Ulmer</i> (Te Awa River Trail) <b>The New Zealand Journey to Becoming Bike-Friendly:</b> What we've learnt from a refreshed focus on getting more Kiwis on bikes				
5:00	<b>Karakia whakamutanga</b>				
5:15 - 6:30	<b>Social function</b>   Oceania Room				



7:00am	Registration desk opens			
7:15 - 8:15	<b>Conference Breakfast – Te Parakuihi o te Hui</b>   Rangimarie Room 1 & 2 <b>Guest speaker:</b> <i>Carolyn Lister</i> (Plant and Food Research New Zealand) <b>Science to Support Nutrition and Health Messages</b>			
8:30 - 8:40	<b>Opening karakia</b> <b>Working Together: Inspiring Change ANA</b>			
8:40 - 9:30	<b>Keynote speaker:</b> <i>Professor Fiona Bull</i> (World Health Organization) <b>Partnerships for a more active world – how getting more people active is a win for global and local health</b>			
 <b>ENERGISER</b>				
9:30 - 11:00	<b>Cultural Panel:</b> <i>Chaired by Leonie Matoe</i> <b>Cultural Knowledge in Public Health Nutrition &amp; Physical Activity</b>			
10:30 - 11:00	<b>Morning tea</b>   Oceania Room			
11:00 - 12:30	<b>Concurrent presentations</b>			
	<b>Healthy Kids</b> Oceania Room	<b>Healthy Environments</b> Rangimarie Room 1	<b>Knowledge to Action</b> Rangimarie Room 2	<b>Healthy Communities</b> Angus Room
11:00 - 11:20	<b>Raising Healthy Kids:</b> A health target to help tackle childhood obesity <i>Hayden McRobbie</i>	<b>Development of the National Healthy Food and Drink Policy for District Health Boards and Organisations</b> <i>Julie Carter</i>	<b>How do Kiwi Families Engage with Food?</b> Translating key insights into action <i>Rebecca Bell</i>	<b>Rugby Fans in Training:</b> A healthy lifestyle programme for overweight men <i>Elaine Hargreaves</i>
11:20 - 11:40	<b>Kids' Choice:</b> Menu endorsement programme for healthy children's meals in NZ food services <i>Asher Regan</i>	<b>Inspiring Change Within a Culture of Food Abundance</b> <i>Mafi Funaki-Tahifote</i>	<b>Move More, Sit Less, Sleep Well:</b> It's child's play! <i>Martin Dutton</i>	<b>WellSouth's Everyday Food Retail Network Pilot Project:</b> Marketing the national eating guidelines <i>Sophie Carty</i>
 <b>ENERGISER</b>				
11:50 - 12:10	<b>Dirt is Good:</b> How mountain biking is changing the world, one ride at a time <i>Ashley Peters</i>	<b>Carrying too Much Weight:</b> Obesity - how do we talk about it? <i>Rose Black, Teresa Binoka &amp; Kerri Huaka</i>	<b>A Call to Action from the NZ Country Card Global Observatory for Physical Activity</b> <i>Dr. Harriette Carr</i>	<b>Healthy Start Workforce Project:</b> Supporting health practitioners as agents of change <i>Mary Cavanagh</i>

## Day 2: Wednesday 31<sup>st</sup> May 2017



Energiser



Lightning Presentation

12:10 - 12:30	 <b>Who is Meeting Lifestyle Guidelines?</b> Clustering of (un)healthy behaviours and weight status in Dunedin adolescents <i>Sandra Mandic</i>  <b>Collaborative Approach to Improve Under 5's Nutrition</b> <i>Nicky Williams</i>  <b>Saturated with Junk:</b> The extent of junk food marketing in children's everyday lives <i>Louise Signal</i>	 <b>Urban Design for Health and Well-being:</b> What does an anti-obesogenic environment look like? <i>Gayle Souter-Brown</i>  <b>How Obesogenic is my City?</b> Key results from the 2017 Healthy Auckland Together Monitoring Report <i>Dr. Nick Eichler</i>  <b>Changing our Food Environment:</b> One small step at a time <i>Jane Wyllie &amp; Arna McLeod</i>	<b>Nutrition in the Media:</b> The good, the bad and the weird <i>Niki Bezzant</i>	<b>Shift your Body, Shift your Mind:</b> Improving the wellbeing of young women in Wellington <i>Katie Adams</i>
12:30 - 1:30	<b>Lunch/Poster Presentations</b>   Oceania Room			
1:30 - 2:30	<b>Concurrent workshops</b> (60mins)			
	<b>Oceania Room</b>	<b>Rangimarie Room 1</b>	<b>Rangimarie Room 2</b>	<b>Angus Room</b>
	<i>Professor Fiona Bull</i>	<b>How We Eat:</b> Translating evidence into new population-level advice on eating behaviours in New Zealand <i>Sarah Gerritsen &amp; Dr. Harriette Carr</i>	<b>Wai Ariki:</b> Water is life - protect, uplift and sustain indigenous connections to water <i>Darrio Penetito-Hemara &amp; Callie Corrigan</i>	<b>Collaboration for Collective Impact</b> <i>Vikki Ham &amp; Kerry Allan</i>
2:30 - 3:00	<b>Afternoon tea</b>   Oceania Room			
3:00 - 3:30	<b>Ministry of Health update</b>			
 <b>ENERGISER</b>				
3:30 - 4:30	<b>Beehive Live:</b> Not another boring political chat show <i>Facilitated by Nicola Pauling</i>			
4:30 - 4:45	<b>Closing speaker:</b> <i>Niki Bezzant</i> <b>Can We Really Make a Difference?</b>			
4:45 - 4:55	<b>Karakia whakamutunga</b>			





## OUR MISSION

Toi Tangata is a Māori agency which develops, delivers and champions kaupapa Māori based approaches to health, movement, and nutrition. We exist to contribute positively to the continuation of whakapapa. Our mission is to connect all communities to kaupapa oranga Māori.

*Tama Tu, Tama Ora.*

NAU MAI, HAERE MAI  
VISIT OUR STALL



# TOI TANGATA®

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## WARM PACIFIC GREETINGS, KIA ORA AND WELCOME



**On behalf of Activity and Nutrition Aotearoa, it is with pleasure and humility that I welcome you to our 7th Activity and Nutrition Aotearoa Conference:**

 **WORKING TOGETHER**  **INSPIRING CHANGE** 

*Ma panga, ma where, ka ora ai te iwi: When everyone works together, we inspire wellbeing for the people.*

Our theme this year reminds us of the essence, power and magnitude that will spring forth as a result of all of us working together. **WORKING TOGETHER** will bring about an energy and power that will **INSPIRE CHANGE**: a change that can transform where we live, work, learn and grow into environments that support healthy eating and physical activity.

**I am confident you will agree with me that health promoters, researchers, educators, health professionals, exercise and recreation practitioners, policy makers and the food industry, all have the power to INSPIRE CHANGE. Working together we will achieve a much greater transformation for all New Zealanders. It is of particular importance for our growing population, our children - our future. Sadly, many of whom are starting life already overweight or obese.**

The conference is an opportune time for us to explore changing approaches together - to create healthy environments, new research, networking opportunities and insights. We have a thriving sector that can embrace change, be inspired and make a difference for a brighter future for our families, communities and country.

We extend a warm welcome to our international presenter, Professor Fiona Bull from Australia and keynote speaker Professor Boyd Swinburn, as well as special guest speakers Professor Jim Mann, Claire Pascoe, Sarah Ulmer, Albie Stewart, Carolyn Lister and Niki Bezzant.

We thank **5+ A Day, the National Heart Foundation of New Zealand, Toi Tangata, Beef & Lamb New Zealand, Garden to Table, the Health Promotion Agency (HPA), [vegetable.co.nz](http://vegetable.co.nz) and the Ministry of Health**, who enable this conference to continue as an accessible, high quality professional development opportunity, for the nutrition and physical activity sector.

I would like to take this opportunity to say thank you to our public health nutrition and physical activity sector for their feedback on the issues they would most like to see addressed at this event and which have informed our conference programme.

I am looking forward to reconnecting with you all, connecting with new people, new ideas and sharing together the many ways we can serve and make a difference to improve nutrition and physical activity of all New Zealanders.

**Mafi Funaki-Tahifote**

Chairperson

**Activity and Nutrition Aotearoa**

# GENERAL INFORMATION – NGĀ WHAKAMĀRAMA WHĀNUI

## The registration desk

The ANA registration desk is situated in the Oceania Room, level 3 Te Papa. The desk will be open at the following times:

<b>Tuesday 30 May</b>	<b>7.30am – 5.00pm</b>
<b>Wednesday 31 May</b>	<b>7.00am – 4.30pm</b>

## Conference rooms

Plenary sessions:	<b>Oceania Room, level 3</b>
Concurrent sessions:	<b>Oceania, Rangimarie 1 &amp; 2, and Angus Rooms located in the Te Huinga Centre, level 3</b>
Trade exhibition and catering:	<b>Oceania Room, level 3</b>

## Wifi Access

To access, connect to “Te Papa Events” on your device, a Te Papa internet page will pop up when you open your browser, simply type in the access code of “events” and accept the terms and conditions.

*TE PAPA DISCLAIMER: Guests understand and acknowledge that we exercise no control over the nature, content or reliability of the information and/or data passing through our network.*

## Name badges

All delegates, invited guests and trade representatives are asked to wear their name badges at all times during the ANA conference sessions.

## Cell phones and pagers

Please silence all pagers and cell phones during sessions. All electronic device chargers must be tagged and tested.

## Messages:

Messages will be held at the registration desk.

## Car parking:

Car parking is available at Te Papa. The GST inclusive rates are:  
\$10.00 from 6am to 6pm with an evening special of \$6.00 from 5pm to 2am the next day. Day hourly parking rate is \$4.00 and night hourly is \$2.00 from 5pm to 2am the next day.  
Please take your ticket to the conference registration desk to have it validated before you head to the pay station on departure.

## Smoking:

Te Papa is a smoke free venue. If you wish to smoke, please smoke offsite.

## **Lost property**

Lost property will be held at the registration desk. If you lose something or find something, please go to the registration desk.

## **Fire evacuation and earthquake procedures**

Should the venue need to evacuate due to fire, please follow the instructions of the venue staff.

## **Conference information**

For any general enquiries, please see the staff at the registration desk.

## **Dress code**

Tidy casual for all sessions.

This conference is hosted by Activity and Nutrition Aotearoa with support from Convention Management New Zealand (CMNZL).

Please note: photos will be taken during the conference and you may appear in related publications and promotions after the event. If you do not wish to be in a photo please inform the conference desk.



## CONFERENCE EVENTS – NGĀ TAKUNETANGA O TE HUI

### Welcome function

**Tuesday 30th May**

5:15pm – 6:30pm

**Oceania Room**

This reception provides a wonderful opportunity to network and a chance to catch up with colleagues and friends in a relaxed setting. The function will include pre-dinner drinks and nibbles. Be entertained by the Barbershop Quartet Fourtissibros from Tawa College.

### Lunch meetings

**Green Prescription Get Together**

**Tuesday 30th May**

1:00pm - 1:30pm

**Angus Room**

An opportunity for Green Prescription and Active Families managers/advisors to come together and discuss current processes, successes and topical issues. This meeting will be led by Diana O'Neill.

**Student Network Forum**

**Tuesday 30th May**

1:00pm - 1:30pm

**Rangimarie Room 2**

An opportunity for students attending ANA conference to mingle, discuss their research and studies, and network with other students. This meeting will be led by Cervantee Wild.

**Nutrition and Physical Activity in Early Childhood Settings**

**Wednesday 31st May**

1:00pm - 1:30pm

**Angus Room**

This meeting will be led by Sarah Gerritsen.

### Breakfast session

**5+ A Day Breakfast session**

**Wednesday 31st May**

7:15am – 8:15am

**Rangimarie Rooms 1 & 2**

## **Not another boring political chat show**



**Wednesday 31st May**

3:30pm - 4:30pm

**Oceania Room**

We all know the impact of political decisions on health outcomes and ANA welcomes the opportunity in this election year to hear from politicians on what they will do in the coming three years to improve public health nutrition and physical activity for all New Zealanders.

Nicola Pauling will facilitate this one hour session which won't be your usual boring political chat show.

# Warm Pacific Greetings



Pacific Heartbeat invites you to a workforce nutrition course:

## **‘Pacific nutrition and cultural engagement’**

You will learn:

- nutrition and health from a Pacific perspective
- the role of food in Pacific cultures
- impact of food choices on Pacific health
- practical steps to improving Pacific health
- healthy conversations the Pacific way

**When:** Wednesday 20th September, 2017

**Where:** Heart Foundation  
9 Kalmia Street, Ellerslie, Auckland

**Time:** 9:00am - 4:00pm

**Register:** by 4th September, 2017

**Cost:** \$50 per person

To register your interest\* and for more information,  
go to: [www.heartfoundation.org.nz/work](http://www.heartfoundation.org.nz/work)

\*selection criteria applies





### **Leonie Matoe**

*(Ngaa Rauru, Ngaa Ruahine)*

Leonie is a long time health and well-being advocate who has worked in the public health nutrition and physical activity sector for over twelve years. Leonie held both health promotion and management roles with Te Hotu Manawa Māori Trust before leading the Trust through significant change in 2013 to create Toi Tangata, a new agency dedicated to designing Māori nutrition and physical activity solutions.

In November 2016 Leonie ventured home to take on a new role as business development manager with her iwi Ngaa Rauru Kaitiaki in South Taranaki. Leonie brings with her a wealth of experience and insight into the types of issues that we will be exploring together at the ANA Conference, her passion and enthusiasm for innovation in public health combined with her public speaking (and singing!) skills are a welcome support to working together and inspiring change at the 7th ANA conference in 2017.

## OPENING SPEAKER



### **Professor Hayden McRobbie**

Hayden McRobbie is a professor of public health interventions at Barts and The London School of Medicine and Dentistry, Queen Mary University of London (UK) and a director of the Dragon Institute for Innovation (NZ).

After completing his medical degree he went on to study in London and gained a PhD in medical psychology. He now has over 16 years' experience in the provision of behaviour change interventions in the fields of smoking cessation and weight management.

Hayden has also played a key role in the implementation of the tobacco health target in New Zealand and is now involved in the implementation of the raising healthy kids health target.



### **Professor Boyd Swinburn**

*The University of Auckland*

Boyd Swinburn is the professor of population nutrition and global health at the University of Auckland and Alfred Deakin professor and co-director of the World Health Organization (WHO) Collaborating Centre for Obesity Prevention at Deakin University in Melbourne. He is also co-chair of World Obesity policy & prevention steering group (formerly the International Obesity Task Force).

He trained as an endocrinologist and has conducted research in metabolic, clinical and public health aspects of obesity. His major research interests are centred on community and policy actions to prevent childhood and adolescent obesity, and reduce, what he has coined, 'obesogenic' environments. He is currently leading an initiative ([www.informas.org](http://www.informas.org)) to monitor and benchmark food environments internationally. He has over 350 publications related to obesity, led two Lancet series on obesity and he co-chairs the Lancet commission on obesity. He has been an advisor on many government committees, WHO consultations, and large scientific studies internationally.

### **Systems Approaches to Obesity Prevention: What does this actually mean?**

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'Wicked problems', like obesity, can be thought of as unwanted, emergent properties of complex adaptive systems. Systems govern our food and activity environments, which in turn heavily influence our behaviours. Therefore, it seems sensible to use a systems lens when trying to understand the nature of the problem and its potential solutions. There are system-orientated theories, analytical tools, and structured processes which may be applied to obesity. There are several strengths of systems approaches and these may help to overcome the major implementation challenges we face in obesity prevention.

The first strength of a systems approach is engagement. Participatory methods can be highly engaging as participants learn about and share their mental models of a problem. Group Model Building guides participants through a process of making explicit, then converging their ideas about what is driving obesity in their communities.

The second strength is that it shows a truer picture of what is creating the obesity problem and why. Understanding reinforcing and balancing loops, non-linear relationships, delays, emergence, and so on shows how multiple dynamic, inter-related subsystems serve to create a stable whole system which is resistant to change.

The third strength is that the different levels of intervention become more obvious and this should lead to actions which are more sustainable and systems-orienting. Finally, systems science tools such as social network analyses, causal loop diagrams, systems dynamic models, and agent-based models can become valuable tools for formative, process and early impact evaluation as well as prediction.

The problems in taking a systems approach are the complexity of the systems maps and the difficulty of communicating these to others. In addition, there is a risk of talking systems but largely doing standard interventions which mainly attempt to increase or decrease the elements of systems without paying sufficient attention to the interrelationships and the rules and goals of the system.





### **Professor Fiona Bull**

*World Health Organization*

Dr. Fiona Bull is the programme manager of the Surveillance and Population-based Prevention (SPP) Unit in the Department of Prevention of Noncommunicable Diseases (NCD) at the World Health Organization (WHO) in Geneva Switzerland. She commenced this position in January 2017. The focus of the unit is on the development and dissemination of evidence based guidance and providing technical support to countries on the implementation of population-based approaches to healthy eating, physical activity and the prevention of obesity. In addition, SPP provides guidance, tools and technical support for national and global monitoring and surveillance of NCD risk factors and global progress towards to the WHO 2025 NCD targets.

Dr. Bull joined WHO from The University of Western Australia where she held the positions of professor of public health and director of the Centre for Built Environment and Health (CBEH) for the past seven years. Leading a team of multidisciplinary scientists, the centres work focussed on establishing and communicating the evidence on the impact of the built environment on health, with a focus on active living and healthy eating as key strategies for the prevention of noncommunicable disease. Dr. Bull has over 20 years of research and policy experience from Australia, the UK and from working at CDC in the USA and has co-authored over 180 scientific publications. A driving interest is in helping bridge the knowledge practice gap and she has been involved in the development of national, regional and global health policy as well as extensive contributions to training and capacity building with multiple audiences on public health and the effectiveness of policy interventions. In 2014 Dr. Bull was awarded a Member of the British Empire (MBE) for her services to public health.

### **Partnerships for a more active world – how getting more people active is a win for global and local health**

Walking is one of the best buys in public health and as such is one of the best ways we can promote physical activity, improve community health and wellbeing and prevent many the leading causes of illness and disability. Globally, 1 in 4 adults and 4 out of 5 adolescents are not active enough. In 2004 the World Health Organization launched the 1st Global Strategy on Diet and Physical Activity yet, over a decade later, many conclude progress has been too little and too slow.

This presentation will outline the work of WHO in developing new physical activity guidelines, a new Global Action Plan and toolkits to help policy makers and practitioners. Drawing on work in Australia, Europe and elsewhere the challenges and successes in promoting physical activity will be shared to stimulate discussion on progress and practice in New Zealand.





### **Professor Jim Mann**

*University of Otago*

Jim Mann has been professor in Human Nutrition and Medicine at the University of Otago and consultant physician (Endocrinology) in Dunedin Hospital for the past 29 years.

He is a member of the Heart Foundation's board, director of the World Health Organization Collaborating Centre for Human Nutrition, the Edgar Diabetes and Obesity Research Centre at the University of Otago, the 'Healthier Lives'

National Science Challenge and the New Zealand-China Non Communicable Diseases Research Collaboration Centre. He is principal investigator for the Riddet Institute, a national Centre of Research Excellence at Massey University

He has been author and co-author of over 300 publications and has written and edited textbooks and popular books.

### **What Constitutes Evidence for Making Nutrition Recommendations?**

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Evidence-based medicine requires that treatment recommendations are based on randomised controlled trials (RCTs) or preferably meta-analyses of a number of trials which demonstrate improved clinical outcomes and better still, prolonged life expectancy. Nutritional recommendations cannot be totally dependent on RCTs. It is difficult if not sometimes impossible to ensure compliance with dietary advice in large numbers of people for long enough to be able to demonstrate an effect on clinically meaningful outcomes. Furthermore nutritional factors may influence disease outcomes long before dietary interventions are attempted. Thus the role of food and nutrients as a cause of disease and dietary modification as means of treating or reducing disease risk must be based on the totality of available evidence: epidemiological studies (trends in dietary habits and disease rates over time, cross-sectional comparisons, cohort studies), RCTs where they are available and mechanistic studies (the effect of dietary factors on biomarkers for disease, gene-nutrient interaction). Thus evidence-based nutrition tends to be an even more complex discipline than evidence-based medicine. However while inevitably some uncertainties remain, the implementation of this approach provides overall support for current dietary guidelines.

## GUEST SPEAKERS – NGĀ KŌTUKU RERENGA TAHI



### Claire Pascoe and Sarah Ulmer

*New Zealand Transport Agency and Te Awa River Trail*

Claire Pascoe is a cycling delivery manager at the New Zealand Transport Agency, responsible for the culture change elements of the national cycling programme. In her previous position, as senior cycling advisor, she played a lead role in the Urban Cycleways Programme development and delivery. Claire has been immersed

in the world of cycling for over eight years in a variety of roles, including local government transport planning, community advocacy and programme development, cycle skills training and now as a cycling delivery manager. Her master's research focussed on the effectiveness of individualised transport planning in promoting transport behaviour change and she has since developed a number of programmes that have successfully encouraged more people to take up cycling.

Sarah Ulmer was the first New Zealander to win an Olympic cycling gold. She won a gold medal and set world records at the 2004 Summer Olympics in Athens. Sarah won the Halberg Award after Athens and was twice awarded the Lonsdale Cup. She is also a trustee for the Te Awa River Trail.

### **The New Zealand Journey to Becoming Bike-Friendly: What we've learnt from a refreshed focus on getting more Kiwis on bikes**

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**In this session, be updated on the urban cycleways programme and national cycling programme strategy. Learn more about:**

- \* National learnings about delivering cycling programmes in NZ communities
- \* Partnerships for success – national perspective
- \* Some bright spot case studies: Whanganui, Whangarei and Gisborne

**Sarah Ulmer will give an update on the Te Awa project. Learn more about:**

- \* Community vision and outcomes so far
- \* Partnerships for success- community perspective
- \* What is working and not working in getting communities active





### Carolyn Lister

Carolyn Lister has a strong interest in communicating science to the community and is an active member of the New Zealand Fruit and Vegetable Alliance and the New Zealand Guild of Food Writers. She has contributed to several books and appeared in a number of episodes of the TV series 'What's Really in Our Food'. She enjoys transferring science knowledge to the wider community by various means including interactive websites (e.g. [www.veggycation.com.au](http://www.veggycation.com.au)) and hands on sessions with local primary school students.

## Science to Support Nutrition and Health Messages

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Consumers are bombarded with information about the nutrient composition and health benefits of food. They are advised to eat certain foods while not eating other foods, but how much of this information is based on sound science? There are several areas where The New Zealand Institute for Plant & Food Research Limited (PFR) plays an important role in delivering robust information.

### The following areas will be discussed in this presentation:

- 1 **Food composition:** PFR is responsible for the New Zealand Food Composition Database in partnership with the New Zealand Ministry of Health. This comprises high quality data, gathered by robust methodology, using accredited laboratories. Currently data is downloadable from [www.foodcomposition.co.nz](http://www.foodcomposition.co.nz) as The Concise New Zealand Food Composition Tables and FOODfiles. We recognise that to offer full value and application, the comprehensive food composition data need to be easier to access and answer users' questions. We are currently developing a series of tailored web interfaces that will meet the specific needs of different user groups.
- 2 **Supporting health claims:** Foods being marketed with health claims need to comply with strict legislative requirements. Ideally the same principles of science robustness and evidence-based should apply to any messages consumers receive about the health benefits of food. Our science utilises a multi-disciplinary approach to understand the beneficial physiological effects of foods and their metabolites on human health. Health areas of focus for PFR include gut health, weight management, physical performance, inflammation and immune function. We are developing The Food-Health Relationship Database as a key tool for scientists that support the food and public health sectors.
- 3 **Education:** Transferring science knowledge to the wider community is an important role for PFR. We have co-developed the interactive website, [www.veggycation.com.au](http://www.veggycation.com.au), aimed at upskilling the horticulture industry on legislation around health claims as well as providing the public with information on the health benefits of vegetables. We hope to extend such platforms to other foods as well.

It is important that consumers' base food choices on sound science that is communicated in meaningful ways, and PFR has a critical role to play in this process.

## CULTURAL PANEL DISCUSSION

### Cultural Knowledge in Public Health Nutrition & Physical Activity

**Leonie Matoe** - *Chair*

**Mafi Funaki -Tahifote** - *Pacific Heart Beat Operations Manager, Heart Foundation*

**Vishal Rishi** - *Director, The Asian Network Inc.*

**Lily Xu** - *Community Health Promoter, The Asian Network Inc. (TANI)*

**Te Miri Rangī** - *Founder/writer of Whakapapa Fridays*

Public health nutrition and physical activity approaches have been active in our schools, workplaces and communities for a long time, however it is only relatively recently that the value of culture and cultural knowledge systems have been acknowledged as an important feature of public health approaches.

This panel draws on the experience of Māori, Pacific and Asian health practitioners, researchers and advocates, who understand the innate value of their worldview and produce evidence for it or who use their culture as a basis for encouraging good nutrition and regular physical activity in their communities.

It is anticipated that the panel will discuss and demonstrate how a focus on culture can provide a strong foundation for various health initiatives to succeed and contribute to building cultural and public health capacity within communities throughout Aotearoa.

The intention of this panel is to explore the significance of various customs, traditions and related strategies as a vehicle for change, increasing capacity and community knowledge development along the way.





### Dr. Harriette Carr

Harriette is deputy director of Public Health at the Ministry of Health. She is a public health medicine specialist who has spent much of her career working on nutrition, physical activity and obesity issues. Key areas of work have included measurement of physical activity, overseeing evaluation of nutrition and physical activity programmes, providing physical activity, nutrition, sleep and obesity policy advice and guidance, and working with other agencies to effect change.

### Working together to inspire change – a Ministry of Health perspective

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- ✱ **Over 80 percent of Māori and Pacific people rated their health in the 2015/16 New Zealand Health Survey as excellent, very good or good.**
- ✱ **Three-quarters of Pacific children and 80 percent of Māori children had breakfast at home every day.**
- ✱ **Almost 9 in 10 children aged 2-14 years were not obese<sup>1</sup>.**

Sometimes, in health we focus on the negative statistics and stories, but there are also a lot of positives to celebrate and share. This presentation will highlight some of the positive actions underway, including progress on implementing the Childhood Obesity Plan that was launched in 2015, updated physical activity advice, and new work in the nutrition space. It will also cover some practical examples of how we are putting the advice into action through working together.

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*“Coming together is a beginning; keeping together is progress; working together is success.”*

Henry Ford

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1. Ministry of Health 2016. Annual Update of Key Results 2015/16: New Zealand Health Survey.



### **Niki Bezzant**

Niki Bezzant is a writer, speaker, editor and commentator. She is passionate about food, healthy eating and food culture, marketing and policy.

As founding editor (now editor-at-large) of Healthy Food Guide magazine, a columnist for the Herald on Sunday and a frequent contributor to broadcast media, she has extensive knowledge of modern media and consumer attitudes to healthy eating. Niki has been involved in the food media for nearly 20 years.

She founded the website for Cuisine magazine and was that title's first web editor. She is currently president of Foodwriters New Zealand and a proud ambassador for the Garden to Table programme which helps kids learn how to grow, cook and share food.

She is a member of the Council of Directors for the True Health Initiative, a global coalition of health professionals dedicated to sharing a science-based message of what we know for sure about lifestyle and health.

### **Can We really Make A Difference**

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### **The Healthy Homework Study:** Effects of a compulsory homework programme on physical activity in children

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**Scott Duncan<sup>1</sup>, Julia McPhee<sup>1</sup>, Caryn Zinn<sup>1</sup>, Kim Meredith-Jones<sup>2</sup>, Rachael Taylor<sup>2</sup>, Claire McLachlan<sup>3</sup>, Grant Schofield<sup>1</sup>**

*<sup>1</sup>Human Potential Centre, Auckland University of Technology, <sup>2</sup>Edgar National Centre for Diabetes and Obesity Research, University of Otago, <sup>3</sup>Te Hononga, School of Curriculum and Pedagogy, University of Waikato*

**Purpose:** Most physical activity interventions in children focus on the school setting; however, evidence suggests that children are less active when at home. The primary aim of this cluster randomised controlled trial was to investigate the effects of a compulsory, health-related homework programme on physical activity in primary-aged children.

**Methods:** A total of 675 children aged 7-10 years from 16 New Zealand primary schools participated in the Healthy Homework study. Schools were randomised into intervention and control groups (1:1 allocation). Intervention schools implemented an 8-week applied homework module and in-class teaching unit designed to increase physical activity and improve dietary patterns. The practical tasks and learning opportunities related to physical activity were organised into weekly topics, including walking, screen time, sports, games, fitness, dance, and the outdoors. Physical activity was measured using two sealed pedometers that were switched at the start and end of the school day: one pedometer remained at school to assess school-based activity while the other was taken home to assess home-based activity. Measurements were taken at baseline, immediately post-intervention, and 6-months post-intervention.

**Results:** At baseline, the sample averaged 5,090 steps/day at home, 5,410 steps/day at school on weekdays, and 7,440 steps/day on weekends, with boys significantly more active than girls. Significant intervention effects were observed for weekday physical activity at home (800-1,000 steps/day), weekday physical activity at school (400-500 steps/day), and weekend physical activity (2,200-2,300 steps/day). All intervention effects were independent of age and sex.

**Conclusions:** Compulsory physical activity homework resulted in substantial and persistent increases in children's physical activity outside of school, particularly on weekends (30% increase on average). These novel findings support the integration of home-focused strategies for improving health behaviours into primary education curricula.

**Category:** Original research

**Presentation type:** Oral 15 minutes

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## A Pathway to Hauora Through the Revival of Taonga Takaro (Māori Traditional Games)

**Pania Millar<sup>1</sup>, Jamie Procter<sup>2</sup>, Lee-Arna Nepia<sup>3</sup>, Tuhi Smith<sup>4</sup>**

<sup>1</sup>Whanganui District Health Board Public Health Centre, Whanganui, <sup>2</sup>Te Oranganui Trust Healthy Families Whanganui, Ruapehu, Rangitikei Whanganui, <sup>4</sup>Te Kura O Kokohuia, Whanganui

Māori families supported to achieve their maximum health and wellbeing<sup>1</sup>. Thoughts, feeling and behaviour are vital to health in te ao Māori (the world view) and whānau are a pivotal part and are recognised as the foundation of Māori society. As a principal source of strength, support, security and identity, whānau plays a central role in the wellbeing of Māori individually and collectively<sup>2</sup>. The vision of Te Kura o Kokohuia identified that Nga Taonga Takaro (traditional Māori games) supported their efforts to enhance physical activity in the kura/school utilising a culturally appropriate resource. We would like to present how local and national collaboration can result in successful outcomes, which can lead to positive changes within schools and the community.

Nga Taonga Takaro is a project focusing on revival of Māori traditional games to increase knowledge and skills within schools and community. Working in collaboration with key stakeholders to plan and implement wānanga in the Whanganui DHB region to encourage a sustainable model.

Thus far four professional development wānanga have been facilitated by both local and national (Rangatahi Tuu Rangatira) providers, utilising a number of different settings, such as both rural and urban kura, marae and Iwi.

**Results:** Approximately 104 people have attended the wānanga from throughout the Whanganui rohe from a wide range of sectors including education, health and social services.

**A number of kura/schools, Iwi and services are currently integrating nga kemu into their settings or example:**

- ✱ Nga Waiariki Ngati Apa Maripi Tuatini Rangatahi Wānanga
- ✱ Te Kura o Kokohuia, Te Wai nui A Rua, Cullinane College, TKKM o Te Atihaunui a Paparangi, TKKM o Tupoho
- ✱ Department of Corrections
- ✱ WDHb Public Health Centre
- ✱ Te Oranganui
- ✱ Ki Tai

Participants reported positive change from attending the workshops and have identified opportunities to embed this within their kura/school or respective organisation within the Whanganui rohe. This work has resulted in additional wānanga and community discussions across all sectors, for example Department of Corrections, kura/schools, Iwi events and community organisations.

**Category:** Programme

**Presentation type:** Oral 15 minutes

**Email:** pania.millar@wdhb.org.nz

**References:** 1. He Korowai Oranga: Māori Health Strategy; Wellington Ministry of Health; 2002 (Available from: <http://www.health.govt.nz/publication/he-korowai-oranga-maori-health-strategy>, accessed 24 November 2016).  
2. Durie M. Whaiaora Māori Health Development, Second Edition; 1998.

## **‘It’s Part of What We Do Now’: Integrating health and education in early childhood centres**

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**Leanne Young<sup>1</sup>, Annette Dickinson<sup>1</sup>, Madeleine Kirk<sup>2</sup>, Stephanie McLennan<sup>2</sup>, Elaine Rush<sup>1</sup>**

*<sup>1</sup> Auckland University of Technology, Auckland, <sup>2</sup> Sport Waikato, Hamilton*

Despite increasing early childhood education participation rates, very little is known about how evidence-based health interventions can be translated into an early childhood centre (ECC) environment that promotes good nutrition and regular physical activity and ultimately contribute to improved health outcomes for children. There is also a gap in knowledge about how to promote health and prevent obesity across the diverse range of early childhood education options available in New Zealand especially those located in areas of high need.

Under 5 Energize (U5E) (funded by the Ministry of Health) reached 93% of targeted centres (30% of the Waikato region’s enrolled children) and the equity, ethnicity and type of centres participating matched Ministry of Health contract goals of intervening for priority groups. Interviewed centre staff became involved in Under 5 Energize (2013) because the programme ‘fitted’ centre philosophies, policies and practices, offered health benefits for children and was a positive reason to connect with their communities. Programme staff’s (Energizers) ‘way of working’ with centres appeared to enhance programme engagement.

By 2015, U5E appeared embedded in participating centres planning and curriculum with centre staff describing it as ‘part of what we do now’. Centre staff indicated that U5E assisted centres achieve child development goals through fundamental movement skill training stating ‘this is what we are here for’, was aligned with Te Whāriki and ‘set a standard’. Between 2013 and 2015 the frequency of consumption of everyday foods increased and ‘occasional’ foods and beverages including sweetened drinks, potato chips and muesli bars decreased. Healthy Heart Awards increased from 8 to 43 and around one third of centres strengthened nutrition and physical activity policies. These findings extend the current body of literature and inform providers of how an innovative programme can translate evidence into practice. Overall, U5E was a catalyst for improving the food and physical activity environment in ECC because it aligned with child development and early education goals. In the absence of governmental review of food and physical activity practices in ECCs, U5E provided a standard, tools, endorsement and support that suited ECC needs.

**Category:** Original research

**Presentation type:** Oral 15 minutes

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## Effects of Childhood Obesity on Learning, and the Role of the School Food Environment

**Sian Bolton<sup>1</sup>**

<sup>1</sup>Heart Foundation

Obesity can affect not only a child's health and quality of life but also educational attainment.<sup>1</sup> Rising obesity rates, poverty-related food issues, links between nutrition and learning, and a growing recognition that nutrition is critical to the healthy development of young students are all contributing to a greater awareness of the need to improve the school food environment.<sup>2</sup>

In 2016 the Heart Foundation commissioned a summary of evidence focusing on obesity, learning outcomes and the school food environment. The review has shown that changing the school environment results in both increased consumption of healthy foods, and lowered BMI. And that there is evidence to show that if the school is to positively influence learning outcomes, the whole school food environment needs to change rather than just the school canteen.

The Heart Foundation has been working in schools for 27 years and has modified its offers over the years to best support the changing environment. Working with predominantly decile 1-4, to support them in creating healthier environments for students. A whole school approach is taken, to help schools identify areas for improvement around nutrition and to ensure the food environment experienced at school aligns with the healthy eating messages learned by students as part of the curriculum.

Fuelled4life, is a tool to make providing healthier food easier in schools. Fuelled4life provides a range of specific resources and support specific for school canteens/tuck shops or lunch order systems. 2017 also brings further changes with the retirement of the traditional product registration scheme and the opportunity to increase the support to school canteens and lunch order systems.

When making changes, evidence shows we need the involvement of all school stakeholders<sup>3</sup>. Classroom nutrition and cooking programmes, and food provision in the wider school environment need to be mutually supportive<sup>4</sup>. Parental and family engagement in school food programmes increases the likelihood that healthy initiatives will be transferred to the home and demonstrated in healthier food choices and parental role-modelling.<sup>5</sup>

**Funding sources:** Fuelled4life is funded by the Ministry of Health.

**Category:** Programme

**Presentation type:** Lightning talk 5 minutes

**Email:** [sianb@heartfoundation.org.nz](mailto:sianb@heartfoundation.org.nz)

**References:** 1. World Health Organization. Ending Childhood Obesity. Geneva: WHO 2016.

2. Stuber, N. Nutrition and students' academic performance. Saint Paul Minnesota: Wilder Research; 2014.

3. Vine MM, Elliott SJ. Examining local-level factors shaping school nutrition policy implementation in Ontario, Canada. Public health nutrition. 2014 Jun 1;17(06):1290-8.

4. Drummond C, Sheppard L. Examining primary and secondary school canteens and their place within the school system: a South Australian study. Health education research. 2011 Aug 1;26(4):739-49.

5. Pettigrew S, Donovan RJ, Jalleh G, Pescud M. Predictors of positive outcomes of a school food provision policy in Australia. Health promotion international. 2013 Jan 7;das075.

## Life Skills for the Future: Year 7 & 8 cooking curriculum

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**Pip Duncan<sup>1</sup>, Dave Monro<sup>2</sup>, Andrea Bidois<sup>2</sup>**

<sup>1</sup>*Vegetables.co.nz*, <sup>2</sup>*Heart Foundation of New Zealand*

Developing the life skills to prepare healthy meals empowers our children to be able to access and enjoy a nutritious diet within their own budgetary, cultural, social and time constraints over a lifetime. The school curriculum is the most appropriate place to teach and develop cooking literacy skills as it reaches all children and provides cross curricular learning<sup>1</sup>. The curriculum states; 'it is expected all children will have had the opportunity to learn practical cooking skills by the end of year 8'. The current education curriculum provides for this to occur, but does it?

Massey University dietetic students undertook a 5-week research project to better understand what skills are being taught in years 7 and 8 in 120 schools. The students were supported by both Vegetables.co.nz and the Heart Foundation. A survey was conducted targeting food technology and food economic teachers who teach Year 7 & 8 students in intermediate or composite schools throughout New Zealand. Information was collected from face-to-face interviews (Auckland only), phone interviews and an online survey.

There was a high degree of inconsistency between what is taught how it is taught and how long is devoted to it. There is a wide disparity in what is taught between schools and that there is a general move towards a food technology focus 'brief, design, produce and evaluate' model. Only 85% are taught theory based nutrition education and there is no consistency in messaging around nutrition, health and budgeting. While 52% of dishes cooked were main meals baking also contributes a significant proportion (27%).

This research has provided a good initial snapshot into school based cooking classes in New Zealand. Next steps include enhancing and supporting what is already being taught under the existing framework and providing consistent tools and resources for food technology and food economic teachers. With children developing this important life skills it could play an important part in addressing New Zealand's obesity issue.

**Category:** Research

**Presentation type:** Lightning talk 5 minutes

**Email:** pip@foodadvisory.co.nz

**Reference:** 1. Gorton, D. Cooking literacy; The role of the school curriculum. 2016.  
(Available from: <http://www.vegetables.co.nz/assets/Uploads/Cooking-Literacy.pdf>)

## Ranui Power Pack: A pilot project

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### **Kerry Allan**<sup>1</sup>

<sup>1</sup>Healthy Families Waitakere, Auckland

It has been identified that primary school children eat approximately one-third of their daily intakes at school<sup>1</sup>, hence the nutrition value of the foods and beverages consumed can be an important contributor to the development of obesity.

A social innovation 'lab' was identified as a potential method to better understand the food system in Waitakere, the needs of people, and to trial new sustainable approaches to create health promoting food environments. The lab process includes a series of design thinking and co-design workshops with people and groups living and working in Waitakere, particularly in Ranui.

The 'discovery' phase of the process included a series of focus groups and interviews conducted with people who work, learn, live and play in Ranui. A popular topic was around improving accessibility and affordability to healthier food choices. Based on this, the Ranui Kai Lab group identified an opportunity to work with primary schools to design and develop a 'prototype' which resulted in a healthy snack pack at the right price. The snack pack will be tested and trialled locally in Ranui in the school, dairy, cafe and supermarket settings.

Resilio Studio, a design practice, community members who live, work and have an interest in Ranui, Ranui Primary School and Sport Waitakere are in partnership to trial the healthy snack packs as the 'Ranui Kai Lab'.

Bringing local people who are already active in the Ranui community to be part of the Ranui Kai Lab is working well to engage community and develop meaningful relationships. Evaluation and feedback are continuous through the lab process between lab team members. Multiple measures will be put in place when rolling out the healthy snack pack prototype which involve pre and post sales feedback from students, teachers and parents, number of sales from food outlets and social media engagement.

**Category:** Programme

**Presentation type:** Lightning talk 5 minutes

**Email:** [kerry.allan@sportwaitakere.co.nz](mailto:kerry.allan@sportwaitakere.co.nz)

**References:** 1. Bathgate K & Begley A. 'It's very hard to find what to put in the kid's lunch': What Perth parents think about food for school lunch boxes. *Nutrition & Dietetics* 2011; 68: 21-26.

## Wellington Fruit and Vegetable Co-operative: Developing a community food security model

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**Emmeline Haymes<sup>1</sup>, Jessica Jones<sup>1</sup>**

*<sup>1</sup>Regional Public Health*

Accessibility and affordability are key barriers to consumption of fresh fruit and vegetables, especially for those in low-socioeconomic communities. Using a 'by communities for communities' model, learned from our Christchurch colleagues the Wellington Fruit and Vegetable Co-operative aims to provide accessible and affordable fresh produce to communities most in need of secure, healthy food sources around Wellington.

Members of the Fruit and Vegetable Co-ops order and pay (\$10-12) a week in advance for their order which consists of a bag of fruit and a bag of vegetables. There is no minimum or maximum amount of orders required to be part of the co-op. Seasonal fruits and vegetables are bought in bulk from a grower's co-op at market prices and transported to packing hubs in communities around the Wellington area, where individual orders are packed and collected by co-op members. Hubs operate out of existing community facilities such as local churches and are run on a largely voluntary basis.

There are currently seven packing hubs across the Wellington region, with 22 associated pick up points serving communities in Upper Hutt, Lower Hutt, Porirua, Titahi Bay, Tawa and Miramar-Strathmore. Collectively members buy over 5,000kg of fruit and vegetables every week. The estimated retail value of each individual order is between \$20 and \$40 (season dependent).

We are now working with our colleagues in Christchurch and Auckland to refine our model in terms of social and financial sustainability with the view to developing a stand-alone entity to support the community co-ops into the foreseeable future.

**Category:** Programme

**Presentation type:** Oral 15 minutes

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## Breastfeeding Friendly Pharmacies: Health-promoting settings with potential

**Paula Randall<sup>1</sup>, Sophie Carty<sup>1</sup>**

<sup>1</sup>WellSouth Primary Health Network, Dunedin.

Pharmacists are often the most accessible medication expert for breastfeeding women<sup>1</sup> and it is known that they are frequently asked for breastfeeding related advice due to their highly visible role in the community.<sup>2</sup> Unfortunately, many women cease breastfeeding unnecessarily due to fear of harm from drugs being excreted into breastmilk, and pharmacists may contribute to the misconception about this risk.<sup>2-4</sup> Unnecessary cessation of breastfeeding not only deprives a child of the best conditions for health and nutrition, but may negatively affect the psychological wellbeing of the mother.<sup>4</sup>

This oral presentation describes the development of WellSouth Primary Health Network's Breastfeeding Friendly Pharmacy project, a settings-based approach to cultivating pharmacies as a community environment supportive of breastfeeding. This approach accords with the complexity of promoting breastfeeding practices, as it shifts the gaze away from the individual to the need for intervention into social and organisational systems if sustainable health-promoting change in the community is to occur.<sup>5-7</sup>

Sixty-two pharmacists representing 67 pharmacies across Otago and Southland participated in an online survey about current breastfeeding related practices. Five focus groups were subsequently held with ten survey participants as well as three pharmacy staff who had not completed the original survey. These initial scoping exercises indicated considerable appreciation of the role pharmacists and pharmacies can play in the protection, promotion and support of breastfeeding. Further, 80% of survey participants supported their workplace engaging with a formal 'breastfeeding friendly' accreditation process.

Based on this initial stakeholder consultation, a formal accreditation process was developed with four key pillars: guiding policies, clear signage, professional development opportunities and community engagement. To harness pharmacy/pharmacist buy-in, WellSouth worked alongside the Pharmaceutical Society of New Zealand to arrange the delivery of an accredited webinar, 'Medications in Breastfeeding'. The Breastfeeding Friendly Pharmacy project was launched alongside promotion of this webinar, whose completion fulfils a core aspect of the accreditation process.

The programme is currently being rolled out across the region, with high levels of engagement. In this presentation we will cover what obstacles have arisen regarding pharmacy engagement, how these have been overcome and what the future holds.

**Category:** Programme

**Presentation type:** Oral 15 minutes

**Email:** [sophie.carty@wellsouth.org.nz](mailto:sophie.carty@wellsouth.org.nz)

- References:**
1. Ronai C, Taylor JS, Dugan E, Feller E. The identifying and counseling of breastfeeding women by pharmacists. *Breastfeed Med*. 2009; 4(2): 91-95.
  2. Edwards A. Pharmacists as an Underutilized Resource for Improving Community-Level Support of Breastfeeding. *Journal of Human Lactation*. 2014; 30(1): 14-19.
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  6. St Leger L. Health-promoting settings: From Ottawa to Jakarta. *Health Promotion International* 1997; 12: 99-101.
  7. Baum F. *The New Public Health*. Second edition. Oxford: Oxford University Press; 2002.

## 10,000 Fruit Trees Can't Be Wrong

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### **Shane Ngatai<sup>1</sup>**

*<sup>1</sup>Rhode Street School, Hamilton*

Two years ago Rhode Street School in Hamilton, New Zealand, took up the opportunity to support 86-year-old, Avis Leeson and her vision to create sustainable orchards in every school in the Waikato. To date they have distributed over 1,500 apple, pear, plum and nectarine trees to over 200 ECE's, primary, intermediate, secondary and marae from Otara to Taumarunui. They plan to gift another 8,500 over the next three to five years.

Shane Ngatai, the principal and proud of it, will present a dynamic and informative Q&A for those interested in duplicating, supporting and learning from their kai sustainable journey.

Our philosophy is simple: A hand-up not a hand-out; teaching our children how to create a sustainable and authentic learning context around food security, biodiversity and community partnerships.

Rhode Street School is a Green/Gold Enviroschool and values the student voice to guide and lead their local curriculum, creating multiple and diverse opportunities for every student, teacher and whānau to make a real difference to our environment.

**Category:** Programme

**Presentation type:** Oral 15 minutes

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## Ka Pai Kai: A model for community food security

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### Zaynel Sushil<sup>1</sup>

<sup>1</sup>Waikato District Health Board, Hamilton City

A critical public health question is how best to implement systemic change at a community level that supports the reduction and prevention of obesity. In NZ there is growing concern over food swamps defined as areas with an over-abundance of energy dense, nutrient poor ready to eat foods, a phenomenon which is linked to food insecurity and obesity.

This presentation will explore the development of Ka Pai Kai, a community intervention situated in the South Waikato town of Tokoroa. Ka Pai Kai is a whole of community approach (WCA) which commenced with a healthy school lunch programme. WCA is based on systems science which considers the whole community and the interactions within it. WCA can catalyse systems oriented actions through participatory processes and create deeper understanding of how best to implement actions and measure proximal impacts. Ka Pai Kai aims to improve community food security through increasing the accessibility, availability and affordability of healthy school lunches.

An environmental scan of Tokoroa was completed using spatial analysis on a geographic information system to measure food retail accessibility and availability supplemented with interviews with key stakeholders. In order to identify how the community can work together to improve local food security a WCA workshop was facilitated, resulting in a local food network being established with a multi-component action plan which included; food waste, food policy, food education and indigenous food networks. The lunch programme was transformed into a community social enterprise and since its inception in March 2015, a total of seven schools and three early childhood centres have enrolled into the programme.

We propose an adaptive community model for 'how' communities can work together to revitalise their local food system. To support public health units and agencies to examine their local food environments and facilitate cross setting workshops to address food related issues a blueprint has been developed. Another WCA workshop is planned for 2017 to evaluate the Ka Pai Kai Model for Community Food Security.

**Category:** Programme

**Presentation type:** Oral presentation

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**Bibliography:** 1. Sushil, Z. Ka Pai Kai: A Model for Community Food Security. Waikato District Health Board.2015.

## Choice as Sizzle: A better way to host those sausage sizzle fundraisers

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**Jared Cappie<sup>1</sup>, Stella O'Connor<sup>1</sup>**

<sup>1</sup>Healthy Families Invercargill

Overseas trips, team kits, school sandpits – the simple banger, be it ever so humble, plays a huge role in our community. But what if we could make it healthier? What if we could use the ubiquitous Saturday morning sausage sizzle as a conversation starter with workplaces and schools and community groups about creating a healthier environment where we live, learn, work and play?

The Choice As Sizzle is a Healthy Families Invercargill initiative to achieve healthy, sustainable change. We have a simple message – switch the bread, ditch the spread, swap the sauce and add some veg. Change from white bread to wholegrain, don't use margarine or butter, use a lighter sauce and throw in some onions or coleslaw or spinach. Through Healthy Families Invercargill trials, we've found that most people barely notice the difference, and that many embrace it. We've also found that you can make these changes with little, if any, impact on profit. One of our trials even sold more sausages than the same event 12 months before.

Healthy Families Invercargill isn't promoting the sale of processed meat, which is why you won't see a sausage on the front cover of our information leaflet. Choice As Sizzle is an icebreaker. We can start other discussions, like encouraging businesses to sell bottled water instead of fizzy drink, or even supporting them to take up a workplace wellness programme.

We worked with the Invercargill City Council, Health Promotion Agency, Heart Foundation, WellSouth, Sport Southland, Southern District Health Board, Cancer Society and Fire Service - building relationships which will have ongoing benefits. Our vision is that Choice As Sizzle will be adopted across big chain retailers in Invercargill, as part of school fundraisers and by community groups.

From there, we hope the initiative will be picked up by big chains and used across the country, and that other communities will be encouraged to use it as well.

**Category:** Programme

**Presentation type:** Oral 15 minutes

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## Rethinking and Replacing Sugar Sweetened Beverages: An innovative tool to reinstate water in children's environments

**Anna Ferguson<sup>1,2</sup>, Moira Smith<sup>1,3</sup>, Tess Clarke<sup>1,4</sup>**

<sup>1</sup>Healthy Futures Charitable Trust, <sup>2</sup>University of Otago, Dunedin, <sup>3</sup>University of Otago, Wellington, <sup>4</sup>Capital and Coast DHB

Enabling people to achieve their maximum health potential, and ensuring health equity, are core principals of the Ottawa Charter for health promotion. Achieving those goals requires a supportive environment, access to information, strengthened community action and opportunities for making healthy choices.

Sugar sweetened beverages (SSB) are associated with a number of chronic conditions, including overweight and obesity, diabetes and dental caries. They are relatively cheap, readily available and ubiquitously marketed. Consequently, they are highly desirable to children and consumed by them, often in excess of nutrition guidelines, and are often the dominant choice in their environment. To improve children's health, the WHO Commission report on Ending Childhood Obesity recommended the implementation of programmes to reduce children's consumption of SSBs and encourage the consumption of healthy beverages particularly in settings frequently accessed by children.

To assist communities to switch from sugary drinks to water, Healthy Futures, a Wellington-based charitable trust, has developed a simple 'water kit' tool that is freely available to communities to use. The 'water kit' presents water in an attractive way and as an accepted alternative to SSBs. It enables and empowers communities by assisting their efforts to create a supportive and consistent water-only environment for children and families. Further, by including an educational component demonstrating the sugar content of a range of SSBs, people are assisted in developing skills such as label reading and their awareness of the health implications of consuming SSBs is raised.

This presentation describes the 'water kit' and profiles it in action at schools, sport clubs and community events. The highlights and lowlights of health promotion when the status quo of sugary drinks is challenged are shared and the success of the 'water kit' in enabling supportive water-only environments for Wellington children and their families are highlighted.

**Category:** Programme

**Presentation type:** Oral 15 minutes

**Email:** [anna@healthyfutures.org.nz](mailto:anna@healthyfutures.org.nz)



## Go the H2O: Changing the obesogenic environment by creating a movement around water

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### **Ana So'otaga<sup>1</sup>**

<sup>1</sup>Settings Coordinator, Healthy Families Lower Hutt.

The 'Go the H2O' initiative is not so much a programme, but more about creating a movement for settings to become water promoting environments. Healthy Families Lower Hutt are driving a culture shift to one that promotes water as the drink of choice in Lower Hutt settings and conversely helps to reduce the consumption of sweet drinks and potentially obesity and related preventable chronic disease.

**Concept development:** Data highlights the problems associated with regular consumption of sweet drinks. When gathering local insights, the message was to focus on celebrating the vitality of water... and sometimes it requires leaving the health message out of the room.

**Formative and process evaluation activities:** Co-design and reflective developmental evaluation methodology. A 12-month local evaluation plan is also in place.

### **Partners in planning, delivery design and evaluation:**

- \* Hutt City Council and Upper Hutt City Council leaders
- \* Toi Tangata, local iwi champions / leaders from Te Runanganui o Te Atiawa
- \* Healthy Futures Trust, Regional Public Health, Ministry of Education, Healthy Futures Trust, Bee Healthy Regional Dental
- \* Sport Wellington, Total Touch, Lower Hutt Primary Schools Sport Assc, Cricket Wellington, Capital Zone Basketball, Wellington Rugby League
- \* Massey University (Evaluation)

**Settings:** Council facilities and public spaces, marae, places of worship, events, schools, workplaces, and sports settings.

### **Successes:**

- \* Working with local government – 'Drink water, live well'
- \* Go the H2O in sport – 'Drink water, play well'
- \* Working with Māori leaders and champions
- \* Public services walking the talk – 'Drink water, work well'
- \* Intersectoral work on water in school's toolkit – 'Drink water, learn well'.

**Category:** Programme

**Presentation type:** Oral 15 minutes

**Email:** [ana.sootaga@huttcity.govt.nz](mailto:ana.sootaga@huttcity.govt.nz)

## “Shake, Bang and Hang”: Sports clubs and hot chips on the health agenda

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### **Kerry Allan**<sup>1</sup>

<sup>1</sup>Healthy Families Waitakere, Auckland

Hot chips, oozing with fat, salt and tomato sauce at sports clubs seems to be a Kiwi tradition, similar to rugby, BBQs and beer. Selling hot chips is a fundraising item and clubs are reluctant to take hot chips off the menu. Being a bestselling item, the crowd obviously want to buy them. So what is the role of health promotion in this area?

Healthy Families Waitakere has been working alongside sports groups, take-away outlets catering companies and food suppliers in our community to look at ways we can improve the nutritional value in hot chips. Alongside the Chip Group organisation we are working with the community to assist clubs/outlets to make changes that do not compromise the quality and taste of their chips but create healthier options.

Changes in the temperature, type of oil, and ways of cooking can reduce the fat content from as high as 22% down to less than 9%. According to customer feedback it also creates ‘a much better tasting chip’.

Supporting the clubs to become healthier organisations is part of the kaupapa of our work. The Chip Group workshops provide a draw card for organisations and give Healthy Families Waitakere an opportunity to also promote smoke free, alcohol related harm reduction and physical activity messages, discuss changes to the Food Act 2014 etc., which gives additional benefits to the attending organisations – creating healthier environments as well as community responsibility.

We create a network of opportunities that offer sustainable health changes in our community; working together to inspire change where we play.

**Category:** Programme

**Presentation type:** Lightning talk 5 minutes

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## Utilisation of an Online Website to Enhance Collaboration between Health Care Practitioners and Exercise Professionals

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**Karen Munday<sup>1</sup>**

<sup>1</sup>Eastern Institute of Technology, Napier.

Fitness Buddies is a newly developed New Zealand-based website with three main components, all designed to encourage increased levels of physical activity. One objective of the site is to provide an easily accessible register of health and fitness professionals where they can detail their qualifications, professional registrations and areas of expertise.

General practitioners (GPs) and practice nurses are in an ideal position to provide health and fitness advice to patients, however, few have the time or expertise to adequately support their patients to reach their fitness goals. Whilst Green Prescription has been shown to be highly beneficial for those who are referred to the programme and successfully complete it<sup>1</sup>, not all patients are referred or are interested in joining it. As a result, there is a cohort of patients who could benefit from specialised health and fitness advice and support but are not receiving it.

Inter-disciplinary collaboration between the medical and fitness professionals is an important aspect of health promotion and public health. There is an acknowledgement of the need for closer collaboration between general practices and exercise professionals<sup>2</sup>. However, there are numerous barriers that have been identified as impeding collaboration including a lack of communication and poor feedback mechanisms<sup>3</sup>.

Fitness Buddies aims to complement the Green Prescription programme through providing a comprehensive, searchable database enabling GPs and practice nurses to identify suitably qualified exercise professionals in their local area, to whom they can refer their patients. As well as registering their qualifications on the Fitness Buddies site, exercise professionals can state whether they have expertise of working with specific population groups, such as Māori and Pacific Islanders or the elderly. It also offers a channel of communication between the medical practices and fitness professionals.

An assessment of the utilisation of the Fitness Buddies site by medical practices is ongoing and in early 2017 a survey will be undertaken to obtain feedback from health care professionals about ways the site could be improved to allow enhanced collaboration. The presentation will present an overview of the Fitness Buddy initiative plus findings from the health care professional survey.

Speaker sponsored by The Heart Foundation

**Category:** Programme

**Presentation type:** Lightning talk 5 minutes

**Email:** kmunday@eit.ac.nz

- References:**
1. Hamlin MJ, Yule E, Elliot CA, Stoner L, Kathiravel Y. Long-term effectiveness of the New Zealand Green Prescription primary health care exercise initiative. *Public Health*. 2016 Nov 30;140:102-8.
  2. Leemrijse CJ, De Bakker DH, Ooms L, Veenhof C. Collaboration of general practitioners and exercise providers in promotion of physical activity a written survey among general practitioners. *BMC family practice*. 2015 Aug 6;16(1):96.
  3. Leenaars KE, Smit E, Wagemakers A, Molleman GR, Koelen MA. Facilitators and barriers in the collaboration between the primary care and the sport sector in order to promote physical activity: a systematic literature review. *Preventive medicine*. 2015 Dec 31;81:460-78.

## Empower: A community led response to child obesity

John O'Connell<sup>1</sup>, Linda Taylor<sup>2</sup>

<sup>1</sup>Life Education Trust, <sup>2</sup>Garden to Table Trust

Life Education and Garden to Table have developed Empower - a comprehensive and sustainable programme to tackle the biggest epidemic to threaten NZ children this century – obesity.

Empower is a collaborative food literacy programme combining Life Education's expertise in nutrition education with Garden to Table's hands-on learning where children learn how to grow, harvest, prepare and share fresh, seasonal food. The resulting programme is delivered in primary schools and provides knowledge, skills and the desire within the individual to effect behavioural change. In a health education sector rife with duplication, Empower is an imaginative, practical and multi-faceted programme.

Children take part in Life Education's food and nutrition and body systems strand where they learn how to make healthy choices, increase their understanding of food and the processes and needs of their body if they are to be healthy. Schools then move to the dynamic Garden to Table programme where children spend time in a productive vegetable garden and home-style kitchen every week, learning skills that will last them a lifetime. This reinforces prior learning, exposes children to a range of fresh produce and allows children to experience the fun of growing and cooking their own vegetables and fruits. A suite of online resources supports schools as they move through the programme and ensures ongoing curriculum integration. 32,000 children and 170 schools will take part in Empower during an initial two-year period.

The programme embraces best-practice in health and education by working within the internationally accepted three pillars of harm minimisation model to reduce demand for obesogenic foods. It fulfils recommendation 5 of the WHO's Report of the Commission on Ending Childhood Obesity and is aligned with modern pedagogy through an enquiry-based learning model, consistent with the NZ Curriculum. A cross-sector advisory group advises on programme development and contributes to establishment of both quantitative and qualitative methodologies to monitor and report on participant outcomes.

Supported by funds from The Warehouse Group, Empower is an exciting example of a collective impact collaboration focused on delivering community-wide progress on a complex, systemic social issue.

**Category:** Programme

**Presentation type:** Lightning talk 5 minutes

**Email:** john.oconnell@lifeeducation.org.nz

- Bibliography:**
1. Clark R, Waters E, Armstrong R, Conning R, Allender S, Swinburn B. Evidence and obesity prevention: developing evidence summaries to support decision making. *Evidence & Policy: A Journal of Research, Debate and Practice*. 2013 Nov 26;9(4):547-56.
  2. Clarke B, Swinburn B, Sacks G. The application of theories of the policy process to obesity prevention: a systematic review and meta-synthesis. *BMC Public Health*. 2016 Oct 13;16(1):1084.
  3. World Health Organization. Report of the Commission on Ending Childhood Obesity. Geneva: WHO Document Production Services; 2016.

## Heru Hapai: Rapu Ora, Whai Ora

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**Antony Thompson<sup>1</sup>, Janell Dymus<sup>1</sup>**

*<sup>1</sup>Te Rūnanga o Ngāti Whātua: Māori Public Health*

The objective of this kaupapa is that whānau are able to champion self-wellbeing.

Through this project, we worked alongside whānau, hapu and iwi to construct and support a cultural-shift around physical activity and nutrition. The focus of this is informed by the Atua Matua framework<sup>1</sup>.

The Atua Matua Māori Health Framework was initially developed as an attempt to provide a set of environmentally based Māori concepts that could help Māori move from the current deficit mainstream model of health to a Māori ancestral framework. Through this kaupapa, whānau are able to use physical activity and nutrition as a mechanism of connection to the knowings of te ao Māori, with physical activity being but a medium of connection.

The focal point for 'Rapu Ora, Whai Ora' kaupapa will be about changing the perceptions of whānau around engagement in physical activity and nutrition. Through this kaupapa we attempted to assist whānau in recognising their historical connection to the environment, especially as a form that has sustained Māori for centuries. This would mean putting environmental knowledge before that of the individual with health and physical activity becoming incidental outcomes of environmental knowledge.

'Rapu Ora, Whai Ora' is about providing whānau with a space to connect to their present day whakapapa (whānau, hapu, iwi) and using the strength of these eco-systems to provide an opportunity for whānau in the community of Te Awaroa (Helensville) to recognise their ancestral whakapapa (maunga to tipuna). Support from iwi in this case Te Rūnanga o Ngāti Whātua ensures tikanga, matauranga, kaitiakitanga, manaakitanga and ahi-kaa are maintained.

**Category:** Programme

**Presentation type:** Oral 15 Minutes

**Email:** antony.thompson@tehaoranga.co.nz

**References:** 1. Heke Ihirangi. Introducing the Atua Matua Māori Health Framework. Toi Tangata. (Available from: [http://toitangata.co.nz/uploads/files/Dr\\_Ihi\\_Heke\\_Atua\\_Matua\\_Framework.pdf](http://toitangata.co.nz/uploads/files/Dr_Ihi_Heke_Atua_Matua_Framework.pdf), accessed 5 April 2016).



## Making the Healthy Choice the Easy Choice for Pacific Families and Churches: Insights learnings and challenges

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### **Candice Apelu<sup>1</sup>**

*<sup>1</sup> Pacific Health Service Hutt Valley, Lower Hutt*

The Pasifika Choice Project focused on working with Pacific families, churches and other community settings like after school/holiday programmes and sports settings in the Hutt Valley to promote healthy lifestyle changes at a family and church level. It was driven from a research/evidence base that understands traditional Pacific attitudes to food and physical activity and the present realities of Pacific families. As well as an incremental behavioral change approach whereby the role of parents in driving changes at a family level was emphasised and encouraged.

The Family Action for Obesity Prevention in Pacific Children Project's overall goal is "To reduce the incidence of obesity and other related chronic conditions in Pacific children through health literate and well informed families and supporting communities"

With the purpose of: "Improving the quality of life for Pacific families and their children living in the Hutt Valley by focusing on promoting healthy lifestyles, increasing knowledge on good health and health care and the need for early intervention for health problems".

Project activities included running exercise and nutrition sessions for families at church settings, putting young people from selected churches on an exercise leadership course so that they can run activities back in their communities. Staff from the holiday/after school care program were put on 2-day Pacific nutrition course.

The project was funded under the Pacific Innovations Fund through the Ministry of Health and was delivered by Pacific Health Service Hutt Valley in partnership with various organizations. In the 3 years, it has successfully empowered families with the project featured on TVNZ One News and TVNZ Breakfast Show. Independent evaluation has shown families making changes with increased consumption of vegetables and fruit, increased knowledge of food label reading and exercising together as a family. Churches that the project worked with have declared themselves fizz free with one of the church's being a vegetable and fruit co-op. The holiday/after school care program also is a fizz free setting. One of the biggest successes is its annual family touch tournament which is a fizz free event and this year attracted a record 42 Pacific family teams with Touch Wellington also going pro water with all its regional tournament modules.

Learnings and insights gathered in the last 3 years will help inform health promotion programmes that aim to target Pacific families and churches. This video showcases the project [https://drive.google.com/file/d/0BzP6\\_8cL0T8jc2laIhMZWd4eDg/view](https://drive.google.com/file/d/0BzP6_8cL0T8jc2laIhMZWd4eDg/view)

**Category:** Programme

**Presentation type:** Oral 15 minutes

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## When Culture Speaks: Immigrant Indian families' participation in sport and physical activity

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**Siona Fernandes<sup>1</sup>, Ericka Hinckson<sup>1</sup>, Lesley Ferkins<sup>1</sup>**

<sup>1</sup>Auckland University of Technology, Auckland

Most international research has investigated western communities when developing recommendations to positively benefit the parent-child experience in sport. These recommendations may be of limited value when developing and implementing interventions for increasing participation rates for non-western communities in sport and physical activity (PA).

Among South Asians, cultural features pose a challenge to behaviour change, particularly for South Asian immigrants who anchor to their cultural beliefs and practices when immersed in a (western) society with different beliefs and practices. With cultural influences largely unexplored, achieving success in implementing plans, policies and interventions remains a challenge.

In New Zealand, the social promotion of involvement among diverse communities in sport and PA is growing in importance. This is made evident with organizational development plans and interventions reflecting goals to increase Māori and Samoan participation. However, immigration in NZ has led to the Indian population becoming the most rapidly growing ethnic minority community. This necessitates the development of opportunities (e.g., facilities, programmes, initiatives) adhering to the principles of partnership, participation, and protection that socially encourage and include Indian participation in NZ's PA cultures. This in turn requires identifying what cultural values, practices and lifestyle factors prevail that impact their participation in PA and sport.

Our research adopts a 'seek to understand' approach in exploring what values/attitudes impact immigrant Indian families' involvement in sport and PA in NZ. This is the first ongoing study to consider Indian immigrant involvement in NZ sport and PA settings as we unravel what influences the decision in relation to their participation in NZ's PA cultures. Further, exploring the impact of immigration (NZ culture) on their physical lifestyle behaviours and practices. The research outcomes will be recommendations on how challenges be dissolved or dealt with. This will enable policy makers, community organisations and healthcare providers to make informed decisions in developing culturally appropriate services for successful behaviour modification at community levels.

As is a vital step in the planning of successful outcomes, it is imperative that cultural values and belief systems be well understood and reflected when implementing systems that engage Indian communities in NZ.

Speaker sponsored by The Asian Health Network Incorporated (TANI)

**Category:** Original research

**Presentation type:** Oral 15 minutes

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## **Taking Leadership and Creating Change: Changing the food environment in Auckland Council**

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### **Anna-Jane Jacob<sup>1</sup>**

<sup>1</sup>*Auckland Council, Auckland, NZ*

A bold move to change the obesogenic environment in order to tackle obesity, saw Auckland Council remove 340 kilograms a year of refined sugar (equivalent to 85,000 sugar cubes) from vending machines in 2016. Instead, sugar sweetened beverages (SSBs) were replaced with healthier alternatives in all vending machines in the 21 council run leisure centres across Auckland. The leadership and commitment demonstrated by Auckland Council has created a template for how similar change can be implemented across other organisations which has generated interest both nationally and internationally.

The move to replace SSBs with healthier alternatives within leisure centre environments was a direct commitment to Healthy Families Manukau, Manurewa-Papakura, which Auckland Council is a partner in delivering. Auckland Council will talk about the challenges, opportunities and learnings from changing the food environment within council run leisure centres and the flow on effect it has had on changing the broader council system. Through the talk we will be exploring the question of: "What does catalytic leadership look like in action and what is your next courageous move?"

**Category:** Programme

**Presentation type:** Oral 15 minutes

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### Wellington Cycle Infrastructure E-Bike Tour

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**Claire Pascoe**<sup>1</sup>

<sup>1</sup>*New Zealand Transport Agency*

Take an e-bike tour of Wellington City cycling infrastructure- see the good, the bad and the ugly.

**The workshop includes:**

- \* Introduction to fit-for-purpose cycling facilities, and what works for different types of users.
- \* Get a feel for how an e-bike changes the city riding experience and opens new audiences
- \* Potentially sponsored by Mercury Energy, and with support from Switched on e-bikes.

**Category:** Review

**Presentation type:** Interactive workshop 60mins

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## Linking Indigenous Approaches and Systems Thinking for Obesity Prevention

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**Albie Stewart<sup>1</sup>, Boyd Swinburn<sup>2</sup>**

*<sup>1</sup>Healthy Families East Cape, Te Whare Hauora o Te Aitanga a Hauiti, East Cape, <sup>2</sup>School of Population Health, University of Auckland, Auckland*

A Māori worldview systems approach to health and well-being is based on concepts and patterns, structure and activities, informed by indigenous knowledge and has great potential to be applied to obesity prevention. This approach is being trialled in the Healthy Families East Cape initiative using the Atua Matua framework which intimately links Māori to their local environment and whakapapa. Concurrently, systems thinking and systems tools are also being applied to obesity prevention in an effort to embrace and understand the complexity of the systems which are creating obesity and to find ways to re-orient those systems to create healthier environments and behavioural patterns.

The question that this workshop will explore is how systems thinking might be usefully applied to add value to the indigenous approaches – do the systems tools and concepts help to better explain, communicate and define these culturally-centred, strengths-based approaches, and can they add value in creating and evaluating actions which resonate with Māori as they seek better ways forward to prevent obesity in their communities.

**Category:** Review

**Presentation type:** Interactive Workshop 60mins

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## Simplifying Workplace Wellbeing

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**Alice Walker<sup>1</sup>, Julie Anne Garnons-Williams<sup>2</sup>, Alice Tither<sup>3</sup>**

*<sup>1</sup>Toi Te Ora - Public Health Service, Bay of Plenty, <sup>2</sup>Health Promotion Agency, Wellington, <sup>3</sup>Auckland Region Public Health Service, Auckland*

Achieving workplace wellbeing will be easier in 2017 with the launch of Good4Work, a free simple online tool, which aims to help New Zealand workplaces make simple tangible changes to support the wellbeing of their staff.

An average adult will spend approximately 50% of their waking hours at work, and the culture and environment of the workplace can have a substantial impact on their wellbeing. A healthy workplace is beneficial for both staff and the organisation by improving productivity and staff retention, decreasing absenteeism, improving corporate image, and supporting health and safety<sup>1</sup>.

Good4Work will join the existing WorkWell<sup>1</sup> and Wellplace.nz<sup>2</sup> initiatives as the 'go-to' places for workplace wellbeing. WorkWell is a comprehensive workplace wellbeing programme for large workplaces with advisor support and accreditation. Wellplace.nz is an online gateway that links to practical information which is tailored to the workplace setting, including ideas and resources from Health Promotion Agency and other credible sources.

The tool has been specifically designed for small to medium sized businesses but can be used by any size and is suitable for any type of workplace. It is perfect for those with little or no experience in workplace wellbeing and who want to work at their own pace. It is designed to support the efforts of Healthy Families New Zealand teams and other public health professionals to influence the workplace setting, but does not require the provision of ongoing support.

A collaborative approach was taken in the development of Good4Work between Toi Te Ora – Public Health Service, Health Promotion Agency, Auckland Regional Public Health Service, Healthy Families New Zealand and the business sector. It draws on the most up-to-date knowledge and experience of workplace wellbeing in New Zealand and incorporates the World Health Organization's<sup>3</sup> best practice recommendations for a healthy workplace. Business involvement in the development of the tool and user testing was carried out to ensure the design and language was appropriate for the audience.

This interactive session will introduce the suite of tools available for workplaces, provide you with ideas and tips, and help you develop a plan to engage in the workplace setting more effectively.

**Category:** Review

**Presentation type:** Interactive Workshop 60mins

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**Reference:**

1. Toi Te Ora – Public Health Service. WorkWell; 2015 (available from [www.workwell.health.nz](http://www.workwell.health.nz), accessed 15 November, 2016)
2. Health Promotion Agency. Wellplace.nz; 2015 (available from [www.wellplace.nz](http://www.wellplace.nz), accessed 15 November, 2016)
3. World Health Organisation. Healthy Workplaces: a model for action; 2015 (available from [http://www.who.int/occupational\\_health/publications/healthy\\_workplaces\\_model.pdf](http://www.who.int/occupational_health/publications/healthy_workplaces_model.pdf), accessed 21 November, 2016)

## Co-design: Learning and Growing Through Creative Exploration of Māori Co-design

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### **Crystal Pekepo<sup>1</sup>, Rangimarie Mules<sup>1</sup>**

*<sup>1</sup>Toi Tangata*

In this workshop we look at the development and exploration of Mahi Auaha (Co-design) from a Māori lens. We share the lessons learnt on their application within this research project and extend our collective understanding of the contribution that mātauranga Māori can make to contemporary nutrition and physical activity movements.

We will take participants through the Mahi Auaha design process and stimulate the creative platforms that are possible through co-design approaches. For example, the navigation of one's hauora journey is never a one size fits all approach. Mahi Auaha enables health providers and community champions to gain a better understanding around community health needs and solutions through including the end user. The general outcome being an equal and reciprocal relationship between professionals and the core economy (family, neighbourhood and community), in effect, shifting the balance of power, responsibility and resources to a more mutually beneficial situation.<sup>1</sup>

Participants will be involved in a practical and creative process called Te Hekenga which is a model that was used in the OR@-OL@ (a Māori and Pacifica mHealth approach) research as a navigational co-design approach alongside two communities, Waiwhetū and Ngāti Whatua. Workshop participants will learn about the use of metaphoric concepts within mātauranga Māori (manākitanga, kaitiakitanga and whakapapa), and the opportunity these alternative lens present to multidimensional health platforms in future. In this workshop we will present and share our learning journey on the overlapping of conceptual values and modern health interfaces.

**Category:** Original research

**Presentation type:** Interactive workshop 60 minutes

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**Reference:** 1. Sanders EB, Stappers PJ. Co-creation and the new landscapes of design. Co-design. 2008 Mar 1;4(1):5-18.



## Physical Literacy: 'Kiwi style'

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**Jo Colin<sup>1</sup>, Karen Laurie<sup>1</sup>**

<sup>1</sup> Sport New Zealand

The concept of physical literacy is an excellent fit with Sport New Zealand's vision of 'enriching lives and inspiring a nation through physical activity and sport'.

New Zealand has a proud history of being an active nation, which stems from generations of Kiwis enjoying a wonderful, playful upbringing. But we know that things are changing and we can't assume we will always be active. Young people have increasingly sedentary lifestyles. Urbanisation and other societal trends are changing the way Kiwis are choosing to take part in physical activity. Technology is changing the way people interact with each other and people are fitting sport into increasingly busy lives. These are challenges for everyone in the sports and active recreation sector, and we have to work hard if we want to ensure New Zealanders remain physically active.

Now more than ever, we need to be conscious of the needs of the participant and creating the opportunities and experiences that will help create a lifelong love of sport and recreation. We are planning to meet those needs through supporting and promoting a physical literacy, which is now the cornerstone of our approach to delivering community sport and active recreation for New Zealanders

We can't expect people to get the most out of their sport and recreation experiences if we aren't considering their physical, social and emotional, cognitive and spiritual needs.

While taking a physical literacy approach, is relatively new to us and to our partners in the sector, the underlying concepts are not entirely new to us. Māori models of wellbeing such as Te Whare Tapa Whā within our health sector; and Hauora, which underpins our national physical education curriculum, take this approach and therefore enable us to explore ways of working that helps to draws links and clarify roles and responsibilities.

This sort of holistic approach to delivering sport and recreation is nice in theory, but how do we put it into practice?

**Category:** Review

**Presentation type:** Interactive Workshop 60 mins

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### Raising Healthy Kids: A health target to help tackle childhood obesity

**Hayden McRobbie<sup>1,2</sup>, Karen Evison<sup>1</sup>, Leonie McCormack<sup>1</sup>, Dr. Harriette Carr<sup>1</sup>, Pat Tuohy<sup>1</sup>**

<sup>1</sup>Ministry of Health, Wellington, <sup>2</sup>Wolfson Institute of Preventive Medicine, Queen Mary, University of London

A healthy body weight is important for good health and mental wellbeing, but some, 13,000 (7.3%) children under the age of five in New Zealand are obese, with higher rates among Māori and Pacific children<sup>1</sup>.

Parents and caregivers want the best for their children, but sometimes making healthy lifestyle changes is difficult. A brief intervention from a healthcare professional (HCP) offering assistance can trigger behaviour change<sup>2,3</sup>. However, raising the issue of childhood obesity with parents and caregivers can be difficult and there may be a sense that there is little, in the way of help, to offer. Whilst there are no 'silver bullets' there are steps that HCPs can take.

In this area a long-term approach is necessary, with the goal of helping children grow into a healthy weight. This requires a comprehensive approach that involves whānau and combines healthy eating, increased physical activity and less sedentary activity, the right amount of sleep and some behavioural strategies to help cement these changes. New tools and guidelines have been published that will assist HCPs in helping whānau<sup>4</sup>.

In July 2016 a new health target was introduced, 'By December 2017, 95% of obese children identified in the Before School Check programme will be offered a referral to a HCP for clinical assessment and family based nutrition, activity and lifestyle interventions'. The health target is just one part of the wider childhood obesity plan that includes actions on healthy food policies, working with the food industry, schools and local government. The target alone is not expected to decrease the rates of childhood obesity. However, it helps put kids and their whānau in touch with HCPs who can check for any clinical risk associated with obesity, encourage families to take action and importantly monitor the child's growth. The national achievement in the first quarter was 49%. Although a good start further effort is required to ensure that we help these kids grow into healthy adults.

This presentation provides an overview of what HCPs can do and discusses some of the barriers and facilitators to best practice management of childhood obesity.

**Category:** Viewpoint

**Presentation type:** Oral 15 minutes

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- References:**
1. Ministry of Health. Tier 1 statistics 2015/16: New Zealand Health Survey [Internet]. Wellington, N.Z.: Ministry of Health; [cited 2016 Nov 20]. (Available from: <http://www.health.govt.nz/publication/tier-1-statistics-2015-16-new-zealand-health-survey>)
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  4. Ministry of Health. Weight Management in 2–5 Year Olds [Internet]. Ministry of Health NZ. [cited 2016 Nov 20]. (Available from: <http://www.health.govt.nz/publication/weight-management-2-5-year-olds>).

## Kids' Choice: Menu endorsement programme for healthy children's meals in NZ food services

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**Asher Regan<sup>1</sup>, Andrea Bidois<sup>1</sup>**

<sup>1</sup>Heart Foundation of New Zealand

Currently one in three NZ children are overweight or obese<sup>1</sup>. This can lead to the development of many health problems later in life<sup>2</sup>. Despite there being many factors that contribute to childhood obesity, eating out frequently has been identified as an important factor<sup>3</sup>.

According to the 2014 Hospitality Report<sup>4</sup>, New Zealanders are dining out more frequently than ever before. Cafes, restaurants, bars, pubs and taverns are contributing 66% of the market share. These types of establishments commonly cater for families and therefore often include children's menus as part of their food and beverage offering.

The Restaurant Association of NZ reported findings from a survey examining the national dining habits, which indicated that nearly 75% of approximately 1000 respondents supported healthier options for children<sup>5</sup>. This is a growing trend internationally with 'healthy kid's meals' being identified as the fourth most recognised food trend within the US, with children's nutrition being seventh<sup>4</sup> and indeed through anecdotal evidence there is a great deal of room for improvement in children's menus throughout NZ.

Kids' Choice is based on a multi-faceted approach, which began with the development of food based guidelines underpinned by nutrient criteria to define healthy children's meals. Food services then sign up to a menu signposting programme that promotes the healthier food choices that have met the food based guidelines. Evaluation of the programme will be ongoing with initial baseline data collected early 2016.

Chefs and food preparers are supported with resources that assist and encourage changes to their children's menus. Meals signposted with Kids' Choice symbol provide customers with the confidence that the healthy children's meals meet the Heart Foundation's strict criteria. The symbol is easily recognisable and helps both food service and customer identify the healthier meal options for children.

The programme benefits both customers and food services and is likely to drive greater consumer demand for healthier choices.

To date (8/11/16) 21 food services have approved Kids' Choice menus. A further 12 food services are currently in the process of menu development and signoff.

**Category:** Programme

**Presentation type:** Oral 15 minutes

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- References:**
1. Ministry of Health. New Zealand Health Survey: Annual update of key findings 2012/13. Wellington: Ministry of Health; 2013.
  2. Freedman DS, Dietz WH, Srinivasan SR, Berenson GS. The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa Heart Study. *Pediatrics*. 1999 Jun 1;103(6):1175-82.
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  5. Restaurant Association of New Zealand; Kiwi diners still favour quality over quantity. 2013. (Available from: [http://www.restaurantnz.co.nz/Story?Action=View&Story\\_id=1629](http://www.restaurantnz.co.nz/Story?Action=View&Story_id=1629)).

## **Dirt is Good:** How mountain biking is changing the world one ride at a time

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### **Ashley Peters<sup>1</sup>**

*<sup>1</sup>WORD - youth mountain bike adventures, Wellington*

Intrinsically loving being active is becoming a greater challenge in the world today, more so with children. One thing we do know is that we participate (and continue to participate) in activities that we enjoy. If this activity also happens to be good for our body and mind, then we are on the way to minimising obesity and depression and maximising self-confidence and healthy choices in young people.

WORD (Wellington Off-Road Riding Department) is a registered non-profit organisation set out to do just that: develop confident, happy, healthy, adventurous and respectful young people. Using mountain biking as the vehicle for change, WORD was founded in 2013 with the mission to build confidence, encourage new friendships, and foster a lifelong love of mountain biking. We run after school programmes, holiday camps and events for kids age 7-17 years old in the Wellington region. Currently there are 175 kids that choose mountain biking as their after school activity and ride with WORD each week.

The WORD team consists of a coordinator, 13 assistant instructors (14-16 year olds buddied with an experienced instructor) and 28 instructors. The instructor team is proud to have a 50/50 split with women and men. Mountain biking is an activity for everyone, regardless of gender, and by having role models of both genders we can display a positive example. Although the participants of WORD are 30% girls and 70% boys, we believe we are on the right track to gender equality.

WORD works alongside various cycling clubs in Wellington to run a kids racing component within the existing MTB event calendar. This connectivity to the greater MTB community enables kids of WORD to easily transition to mountain biking as an adult.

The kids of WORD come because they love to ride bikes, not because they want to be healthy. Little do they know...each ride is one step closer to a lifelong love of being active.

**Category:** Programme

**Presentation type:** Oral 15 minutes

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## Who is Meeting Lifestyle Guidelines? Clustering of (un)healthy behaviours and weight status in Dunedin adolescents

**Sandra Mandic<sup>1</sup>, Enrique García Bengoechea<sup>2</sup>, Kirsten Coppel<sup>3</sup>, John C. Spence<sup>4</sup>**

<sup>1</sup>Active Living Laboratory, School of Physical Education, Sport and Exercise Sciences, University of Otago, Dunedin,

<sup>2</sup>Victoria University, Melbourne, Australia, <sup>3</sup>Department of Medicine, Dunedin School of Medicine, University of Otago, Dunedin, <sup>4</sup>Faculty of Physical Education and Recreation, University of Alberta, Edmonton, Canada

Unhealthy patterns of behaviour that unfold over a lifetime often begin during childhood and adolescence<sup>1</sup>. Identifying complex and multifactorial lifestyle behaviour patterns in a local context can provide valuable information for informing multiple health behaviour change interventions for at risk groups. This study examined clustering of physical activity, screen time, fruit and vegetable (F&V) intake and weight status data in Dunedin adolescents<sup>2</sup>.

Dunedin adolescents (n=1,300; 12 schools; 49.0% boys; age: 15.3±1.4 years) completed an online questionnaire as a part of the BEATS Study<sup>3</sup>. Adolescents self-reported PA, screen time outside school, and F&V intake. Height and weight were measured. A two-step cluster analysis was completed.

Less than one-third of adolescents met current national guidelines for PA (17.9%), screen time (14.2%), or F&V intake (29.8%). Only 2.5% met all three guidelines and 86.3% had multiple risk behaviours. Weight status was 3.2% underweight, 69.6% normal weight, 20.5% overweight and 6.8% obese. Six clusters were identified: 1) non-adherent (not meeting any of the three guidelines) adolescents with healthy weight (38.8%) 2) non-adherent adolescents with unhealthy weight (15.4%); 3) semi-adherent (meeting some guidelines) adolescents with unhealthy weight (11.8%); 4) physically active with healthy weight (13.4%); 5) low screen time with healthy weight (7.1%) and 6) healthy F&V intake with healthy weight (13.5%). Clusters were associated with distinct sociodemographic and psychosocial characteristics.

Health promotion strategies in adolescents need to address multiple behavioural risk factors and take into account gender and socioeconomic factors. Identifying clusters of adolescents based on relevant health behaviours could help tailor interventions and policy initiatives.

Clustering of diet, physical activity (PA), and sedentary behaviours in both healthy and unhealthy ways has been previously reported in American, Canadian, Australian and European adolescents while New Zealand data are lacking.

### Key messages:

- ✱ Health promotion strategies need to focus on addressing obesogenic risk factors in adolescents with both healthy and unhealthy weight.
- ✱ Since structural factors such as socioeconomic disparities are critical, policy and population health approaches may be the most effective health promotion strategies for adolescents.

**Category:** Original research

**Presentation type:** Lightning talk 5 minutes

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## Collaborative Approach to Improve Under 5's Nutrition

**Nicky Williams<sup>1</sup>, Tony Schwalger<sup>1</sup>, Adele Orangi<sup>1</sup>, Nini Knight<sup>1</sup>, Sue Pirrit<sup>1</sup>, Amy Judd<sup>1</sup>, Takui Langi<sup>1</sup>**

<sup>1</sup>Heart Foundation

New Zealand has one of the highest rates of early childcare attendance in the developed world. Over 90% of New Zealand's 3-4 year-olds are enrolled in early childhood education. The early childhood setting has been identified as an ideal setting to make steps towards obesity prevention and to encourage lifelong healthy behaviours.

The Heart Foundation's Pacific Heartbeat (PHB) team and health promotion coordinators (HPCs) in the Auckland region identified this need and developed a nutrition training course specific to the early learning setting. The course was adapted from PHB's certificate in a Pacific nutrition course and made relevant to the early learning setting by the Auckland HPCs.

The content of the course was based on the Ministry of Health Eating and Activity Guidelines and involved training around nutrition and food for children under five, the four food groups, food safety, menu planning, portion sizes, the sugar content in drinks, and label reading. The sessions were interactive to suit the audience and learning styles. The course was delivered in two, four-hour sessions, giving participants the chance to implement some of the learnings in their centres before reporting back on how the changes were received by the children. Changes reported include adding more vegetables into snacks, changing high fat milk to reduced fat and ensuring children had enough serves of dairy daily.

Seven certificate courses have been run throughout Auckland and one in Hamilton from May 2015 to November 2016. A total of 86 unique early learning services and 149 participants have attended the courses.

Overall feedback was positive on the sessions with follow up from Auckland and Hamilton HPC's. Many of the early learning services are working towards or have since signed up to complete the Heart Foundation Healthy Heart Award.

**Category:** Programme

**Presentation type:** Lightning talk 5 minutes

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- Bibliography:**
1. Obesity Update: OECD Directorate for Employment, Labour and Social Affairs; 2014. (Available from: <http://www.oecd.org/health/Obesity-Update-2014.pdf>, accessed 9 November 2016).
  2. Hospitality Report, Edition 4: Reporting on New Zealand's Hospitality Industry. Restaurant Association of New Zealand; 2014.
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## **Saturated with Junk:** The extent of junk food marketing in children's everyday lives

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**Louise Signal<sup>1</sup>, Moira Smith<sup>1</sup>, Michelle Barr<sup>1</sup>, Tim Chambers<sup>1</sup>, James Stanley<sup>1</sup>, Jiang Zhou<sup>2</sup>, Aaron Duane<sup>2</sup>, Gabrielle Jenkin<sup>1</sup>, Tolotea Lanumata<sup>1</sup>, Amber Pearson<sup>1</sup>, Cathal Gurrin<sup>2</sup>, Alan Smeaton<sup>2</sup>, Janet Hoek<sup>3</sup>, Cliona Ni Mhurchu<sup>4</sup>**

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Internationally, there are no data available that quantify children's exposure to food and beverage marketing across the full range of media and settings in which children live. This research aimed to determine the frequency, duration and nature of children's exposure to food and non-alcoholic beverage marketing in their everyday lives, documenting differences by ethnicity, deprivation, and BMI.

A random sample of 169 children (11-13y) from 16 randomly selected New Zealand schools wore cameras that took pictures automatically every 10s, and a GPS recorder for four days. Images were annotated for food marketing and classified according to their nutrient profiles. Data were analysed for mean frequency and duration and compared by demographic factors. The GPS and image data were linked to map children's food marketing exposure. Children in this study were exposed to unhealthy food marketing on multiple occasions in many settings including home, school, community venues, retail outlets and sporting events. Marketing media included TV, billboards, internet, merchandise and packaging.

This research supports the call by the WHO Commission on Ending Childhood Obesity for urgent reductions in unhealthy food marketing to children and for monitoring and compliance mechanisms with clearly defined sanctions.

**Category:** Original research

**Presentation type:** Lightning talk 5 minutes

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## Development of the National Healthy Food and Drink Policy for District Health Boards and Organisations

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**Julie Carter<sup>1</sup>, Dr. Harriette Carr<sup>2</sup>**

<sup>1</sup>Auckland District Health Board, <sup>2</sup>Ministry of Health, Wellington

**Background:** The increasing prevalence of child and adult overweight and obesity in New Zealand require action at multiple levels, which includes remodelling environments to become supportive of healthy lifestyles. It is important that the health care system shows leadership in this area, given that many of the diseases that result in people needing hospital care are associated with what we eat and drink.

In August 2015, three leading health officials requested that New Zealand's District Health Boards (DHBs) stop selling sugar sweetened beverages and have a healthy food policy on their websites. At this stage, there was wide variation amongst New Zealand's 20 DHBs in their development and implementation of such policies.

**Methods:** The National Healthy Food and Drink Environments Network (the Network) was established to collaboratively develop one national policy. The Network included representatives from all DHBs, the Ministry of Health, academics and relevant non-government organisations. External feedback on the policy was sought from health unions, food industry and professional organisations.

**Results:** Over a one-year period, the Network reviewed existing healthy food policies, current nutrition and oral health issues and evidence, and a range of delivery implications for stakeholders, culminating in the development of the National Healthy Food and Drink Policy.

The Policy applies to food and drink available for staff and visitors on DHB sites and reflects three key principles, supported by detailed nutrient criteria. A simplified version, the Healthy Food and Drink Policy for Organisations was also developed to influence others to adopt changes and slowly modify the food and drink environments of our local communities.

**Conclusion:** Within six months of being developed, the policy has been adopted by six DHBs, the Ministry of Health, and the Auckland Council. The Network will develop a monitoring tool to assist in implementing the policy and expect to review it after a two-year implementation period.

**Category:** Review

**Presentation type:** Oral 15 minutes

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## Inspiring Change Within a Culture of Food Abundance

**Mafi Funaki-Tahifote<sup>1</sup>, Yvonne Timaloa<sup>2</sup>, Maggie Fung<sup>1</sup>, Takui Langi<sup>1</sup>, Samuel Lafolua<sup>3</sup>, Vaipulu Manuopangai<sup>4</sup>, Fila Fuamatu<sup>5</sup>, Anna Tu'inukuafe<sup>6</sup>, Cathy Zhu<sup>7</sup>, Olivia Johnston, Saneta Manoa<sup>8</sup>**

<sup>1</sup>Pacific Heartbeat, Heart Foundation, <sup>2</sup>Waycom Ltd, <sup>3</sup>Healthy Families New Zealand (Manukau, Manurewa-Papakura), <sup>4</sup>The FONO, <sup>5</sup>Waitemata DHB, <sup>6</sup>Sport Auckland, <sup>7</sup>University of Auckland, <sup>8</sup>Pasifika Futures

Healthy diet is a key determinant of health outcomes and is particularly important for the growth and development of children and young people<sup>1</sup> Food choices are influenced by availability, affordability as well as personal, family, and cultural preferences. For Pacific people, diet-related health problems such as obesity, heart disease and diabetes have been an on-going health concern as Pacific people feature highest in obesity rates in New Zealand<sup>2</sup>.

An interim Pacific Advisory Group established by the Health Promotion Agency (HPA) acknowledged that Pacific cultures generally valued 'quantity' of foods/drinks over their 'nutritional quality'. It was perceived as contributing to the high rates of diet-related diseases affecting Pacific. This began the initial project brief and research focus, to focus on exploring and addressing the Pacific practice of serving and consuming large quantities of low nutritional quality foods at Pacific feasts and gatherings. As the project evolved other pertinent findings were uncovered which formulated the building blocks towards the main project objective of developing and testing a concept that would inform and motivate Pacific people to eat/drink more nutritious food/drinks. The exploratory nature of the project meant that it evolved over three phases of talanoa\* to reveal deeper understanding of Pacific people's relationship with food/drinks and the entrenched social norms and cultural practises.

This presentation will share the key learnings and insights that conclude with a proposed concept that encompasses Pacific readiness for empowering change towards improved health and wellbeing.

\*Talanoa is talking – a research methodology to obtain information

**Category:** Original research

**Presentation type:** Oral 15 minutes

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**References:** 1. Taylor JP, Evers S, McKenna M. Determinants of healthy eating in children and youth. Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique. 2005 Jul 1: S20- 6.  
2. Ministry of Health. Annual Update of Key Results 2014/15: New Zealand Health Survey. Wellington: Ministry of Health; 2015.



## Carrying Too Much Weight: Obesity – how do we talk about it?

**Dr. Rose Black<sup>1</sup>, Kerri Huaki<sup>1</sup>, Teresa Binoka<sup>1</sup>, Dr. Richard Vipond<sup>1</sup>**

<sup>1</sup>Population Health, Waikato DHB

There are many health problems associated with people who carry too much weight. Changing food environments and access to different sorts of food, have an impact on individual and cultural perspectives and practices around food in ways that may not be well understood. The science about foods to eat and what is too much weight for any given individual, family or cultural group of people is complex, political and highly contested (Royal Society of NZ, 2016).

A series of assumptions and colonising decisions have led to standardised measures of body weight, for example, the use of body mass index (BMI). Concerns are being raised about the ways in which standardised measures of obesity are being communicated, particularly for people who do not fit the 'norm' either individually or for those who have a different cultural appreciation of body size. The current use of these measures on the one hand tend to individualise the problem of obesity; and on the other serve to position people of Māori and Pasifika cultures as deficient in managing their weight and associated poor health outcomes. Emphasis needs to be placed on collective wellbeing and good health as strategies such as 'Ala Mo'ui and He Korowai Oranga, highlight.

Speaking with the different voices of Māori, Pasifika and Pākehā, we will bring a range of cultural norms to the centre of the obesity debate. Some of the economic, social and cultural aspects of food availability and consumption will be explored. Further, using discourse analysis techniques, we will cast a critical eye over the way the language is used to talk about nutrition and obesity in literature and programmes, and what that language is producing.

**Category:** Review

**Presentation type:** Oral 15 minutes

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**Bibliography:** Royal Society of NZ, (2016). <http://royalsociety.org.nz/expert-advice/papers/yr2016/sugar/>

Burkhauser, R.V., & Cawley, J. (2008). Beyond BMI: The value of more accurate measures of fatness and obesity in social science research. *Journal of Health Economics* 27: 519-529.

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Cliff, K & Wright, J. (2010). Confusing and contradictory: considering obesity discourse and eating disorders as they shape body pedagogies in HPE. *Sport, Education and Society*, 15:2, 221-233.



## Urban Design for Health and Well-being: What does an anti-obesogenic environment look like?

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**Gayle Souter-Brown<sup>1</sup>, Erica Hinckson<sup>1</sup>, Scott Duncan<sup>1</sup>, Kevin Gaston<sup>2</sup>**

<sup>1</sup>Auckland University of Technology, <sup>2</sup>University of Exeter

Salutogenic urban design offers connections and physical settings that can play a role in the management of obesity through a reduction in stress. Experimental research has found strong evidence between exposure to natural environments, physical activity and recovery from physiological stress and mental fatigue<sup>1</sup>.

Motivation to improve lifestyles is associated with exposure to appropriate natural environments. Sensory gardens are nature-rich spaces that engage, encourage and enable healthy, active lifestyles associated with locally accessible green space<sup>2</sup>. Positive mental health has been found to be protective against the impact of environmental stressors that lead to stress, depression and inactivity<sup>3</sup>.

Salutogenic environments offer physiological, emotional and attention restoration more so than other urban environments. Anti-obesogenic urban design offers natural environments that elicit greater calming responses than other built environments, and a general improvement in mood and physical activity. Exposure to nature-rich environments mediates the negative effects of stress reducing a negative mood state and above all enhancing positive emotions. The findings will be of interest to policymakers, sports administrators, health professionals, architects and urban planners. Plans for new housing developments and other urban environments should attend to salutogenic, anti-obesogenic urban design principles.

**Category:** Original research

**Presentation type:** Lightning talk 5 minutes

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- References:**
1. Berto R. The role of nature in coping with psycho-physiological stress: a literature review on restorativeness. *Behavioral sciences*. 2014 Oct 21;4(4):394-409..
  2. Hussein H. Sensory gardens: Assessing their design and use. *Intelligent Buildings International*. 2010 Apr 1;2(2):116-23.
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## How Obesogenic is My City? Key Results from the 2017 Healthy Auckland Together Monitoring Report

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**Dr. Michael Hale<sup>1</sup>, Dr. Nick Eichler<sup>1</sup>**

*<sup>1</sup>Auckland Regional Public Health Service, Auckland*

This presentation will communicate the findings from the second Healthy Auckland Together Monitoring Report. This investigates trends in Auckland population outcomes for our focus areas of nutrition, physical activity and obesity, as well as the underlying environmental determinants of these. The data for this report have been collated from a variety of high profile regional and national data sets, with results evaluated across multiple time points to determine trends over time. The analysis of these measures is focused on drawing conclusions about impacts on key sub-groups and to investigate fundamental causes of these population outcomes. The results traverse urban environments, food environments, workplace settings, education services and community settings to give a comprehensive view of the how the region is enabling or inhibiting progress on our focus areas.

The pooled results enable a global view of Auckland as a healthy or obesogenic city. The subsequent communication of successes and failings are used to forge action on these determinants by those within the coalition and to ensure evidence plays a role in policy and programme development for the region.

**Category:** Review

**Presentation type:** Lightning talk 5 minutes

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## Changing Our Food Environment: One small step at a time

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**Jane Wyllie<sup>1</sup>, Arna McLeod<sup>2</sup>**

<sup>1</sup>Regional Public Health, Wellington, <sup>2</sup>Waikato District Health Board, Hamilton.

**Background:** There is strong evidence that to change the direction of the obesity epidemic for New Zealand we will require significant changes to our food environments<sup>1,2</sup>. This was the rationale for the development of the National Healthy Food and Drink Policy for District Health Boards (2016), and to demonstrate public health leadership, but how do you achieve successful implementation? There are many challenges in translating theory into reality, when the accepted 'norm' includes the provision of high fat, high sugar and low fibre foods and these foods are the preferred choices for many people.

**Aims:** The main goal of the National Food and Drink Policy is to make 'the healthy choice the easy choice'.

**Methods/Actions:** A phased approach was needed over two-years to give food providers time to source and make changes where necessary to products, suppliers, recipes, menus and processes, and so customers could adapt their food purchasing behaviours to changes in the food environment.

We will describe the positive changes to the food environment and the challenges encountered during implementation, including the financial implications, and share what we have learned so far.

**Achievements:** The Wellington 3DHB Food and Drink Policy is 18 months into implementation. The hospital cafeterias and food outlets have made significant improvements in the provision of healthier food and drink. The Waikato DHB is 10 months into its implementation process and has already achieved some positive food environment changes.

Arna McLeod sponsored by Heart Foundation

**Category:** Programme

**Presentation type:** Lightning talk 5 minutes

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**References:** 1. Egger G, Swinburn B. An "ecological" approach to the obesity pandemic. *BMJ: British Medical Journal*. 1997 Aug 23;315(7106):477

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## How do Kiwi Families Engage with Food? Translating key insights into action.

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### **Rebecca Bell**<sup>1</sup>

<sup>1</sup>Healthy Promotion Agency

The Health Promotion Agency's (HPA) nutrition and physical activity team supports families to make healthier food choices. Our programme of work is underpinned by a robust evidence base, including findings from HPA's health and lifestyles survey; a biennial monitor of New Zealanders' health-related attitudes and behaviours.

In this presentation, we will share valuable insights from recent health and lifestyles data about how Kiwi families engage with food. Additionally, we will demonstrate how these insights have been translated into initiatives, tools and approaches for engaging with families to promote healthier food choices in accessible, relevant ways. Lastly, by bringing together data-driven key insights and our anecdotal experiences of "what works" to engage families, we will finish by discussing implications and recommendations going forward for the nutrition and physical activity workforce in Aotearoa.

**Category:** Knowledge translation

**Presentation type:** Oral 15 minutes

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## Move More, Sit Less, Sleep Well: It's child's play!

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### **Martin Dutton<sup>1</sup>**

<sup>1</sup>Ministry of Health, Wellington

**Rationale:** Current (Active Movement) resources for under-fives are over 10 years old, childhood obesity is a Government priority and evidence suggests that the early years play an important role in healthy growth and development.

The Ministry of Health (the Ministry) is working with Sport NZ, the Health Promotion Agency (HPA) and a group of New Zealand experts to develop Move More, Sit Less, Sleep Well: Physical Activity Guidelines for Under-Fives (the Guidelines). The Guidelines will have nine recommendations and will be released later in 2017.

This presentation will outline the process used to develop the Guidelines and address the importance that regular active play, getting outdoors, connecting with nature and good quality sleep have on under-fives. It will demonstrate how the Ministry is playing in the same sandpit as other agencies to develop consistent messages.

**Methodology for review:** In 2015, the Ministry contracted Allen and Clarke to develop a Review of Physical Activity Guidance and Resources for Under-Fives (the Review). The objectives of the Review were to:

1. Assess literature examining the effect of physical activity, sitting time and sleep on health outcomes for under-fives
2. Review guidelines from other countries
3. Undertake a survey of key stakeholders to determine which physical activity resources they use, how they use them, and what else they need.

These Guidelines, based on evidence identified in the review, are written as part of the Eating and Activity Guidelines Series. They will be accompanied by resources for the public, replacing 11 of the 14 Active Movement resources developed by Sport NZ in 2005.

Regular physical activity, limited long periods of sitting and good quality sleep are independently associated with better short and long-term health and wellbeing in under-fives.

### **Conclusions:**

- \* Play is vital for developing: physical, social and emotional and risk management skills, resilience and creativity, and the ability to communicate and negotiate.
- \* Sitting less and reducing screen time is important for: physical and emotional health, communication and cognitive development skills, and quality and quantity of sleep.
- \* Good quality sleep is important for overall health and wellbeing as well as better: physical, emotional and social functioning and academic performance.

**Category:** Review

**Presentation type:** Oral Presentation

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## A Call to Action from the NZ Country Card Global Observatory for Physical Activity

**Erica Hinckson<sup>1</sup>, Dr. Harriette Carr<sup>2</sup>, Melody Oliver<sup>3</sup>, Scott Duncan<sup>1</sup>, Ralph Maddison<sup>3</sup>**

<sup>1</sup>Auckland University of Technology, <sup>2</sup>Ministry of Health, <sup>3</sup>Auckland University

Country cards were initially developed by the Observatory team using a standardised method to capture country demographics, deaths related to physical inactivity, surveillance and policy status, prevalence of physical activity (PA) and research metrics. The cards were submitted for consultation and validation to country representatives. Country cards were launched on December 2015 by the Global Observatory for PA.

In NZ, physical inactivity is responsible for 12.7% of all deaths, compared to 9% worldwide. Only 52% of New Zealanders are physically active (48% of men, 56% of women) (2013). Physical inactivity is also a key contributor to many non-communicable diseases (NCDs). While the life expectancy in NZ is on average 81 years, compared with 71 worldwide, 82% of deaths in NZ are attributed to NCDs.

The NZ Government, through the Ministry of Health and Sport NZ, has an interest in promoting PA because of the impact on general health and wellbeing. The Ministry measures and monitors PA levels through the continuous New Zealand Health Survey, develops population level Eating and Activity Guidelines, and funds District Health Boards and other providers to deliver health-related physical activity advice and support. In response to growing obesity rates, the Government released the Childhood Obesity Plan with 22 actions in October 2015. Many actions focus on increasing physical activity across the population (thus impacting children and adults). One action, Healthy Families NZ – a systems based model for community change, is being implemented in ten communities across NZ. Forty million dollars over four years is being invested to address PA, nutrition, alcohol and tobacco, in these communities, with a potential reach of one million people. There are also many activities underway regionally, and actions in other sectors such as transport, sport and recreation and workplaces, independent of the new Childhood Obesity Strategy. Currently, there is no national physical activity strategy document to guide, inform, measure, streamline, monitor, review and capture these activities or document change/success.

Physical inactivity is a public health issue that must be prioritised. The call to action requires across the board societal involvement to influence change in PA at the population level.

For more information: <http://www.globalphysicalactivityobservatory.com>

**Category:** Original research

**Presentation type:** Oral 15 minutes

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## Nutrition in the Media: The good, the bad and the weird

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### **Niki Bezzant**<sup>1</sup>

<sup>1</sup>*Healthy Food Guide*

For those in the nutrition profession there is good news: there's never been more information about nutrition - in all forms of media – than there is today. The bad news is that all this information has arguably never been more confused or confusing. So in a world where the next trend is always on the horizon, and anyone with a story to tell can be an expert, how do true experts get accurate, sensible, science-based messages to stick?

Niki Bezzant of Healthy Food Guide magazine takes a look at the state of nutrition coverage in the world of print, broadcast and social media and gives some insight from her perspective working in this world as both commentator and communicator.

**Category:** Viewpoint

**Presentation type:** Oral 15 minutes

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## Rugby Fans in Training: A healthy lifestyle programme for overweight men

**Elaine Hargreaves<sup>1</sup>, Ralph Maddison<sup>2</sup>, Samantha Marsh<sup>2</sup>**

<sup>1</sup> School of Physical Education, Sport & Exercise Sciences, University of Otago, Dunedin, <sup>2</sup> National Institute for Health Innovation, University of Auckland.

Rugby Fans in Training (RuFIT) is a 12 week healthy lifestyles programme based within the professional rugby context. Targeted towards overweight male rugby fans, RuFIT is designed to improve eating and drinking behaviours and increase physical activity. Participants attend a weekly, two-hour session comprising a workshop-based education component and an individually-tailored, but group-based exercise training programme. This is supplemented by a pedometer-based walking programme and guidance to create personal goals for changing diet and alcohol behaviours.

**The underpinning principles of RuFIT:** Men's health is a significant issue for NZ, particularly with respect to rising levels of obesity<sup>1</sup>. Yet, despite being concerned about their health and weight, men rarely engage with traditional weight loss programmes<sup>2</sup>. RuFIT was created with the needs of men at the forefront to encourage engagement<sup>3</sup>. It is evidenced based, gender-sensitised for men (in content, style of delivery and being men-only), includes key behaviour change strategies<sup>4</sup> and emphasises making small and sustainable lifestyle changes. While harnessing the power of the professional sports context to engage, motivate and empower men to improve their health<sup>5</sup>.

**RuFIT concept development:** RuFIT was adapted for the NZ context from the successful Football Fans in Training programme<sup>5</sup>. We undertook interviews with relevant stakeholders and focus groups with prospective participants, to address feasibility issues around RuFIT delivery and the content of the programme. Partnerships were also created between the Universities of Otago and Auckland and the Super Rugby franchises, Pacific and Māori health providers, regional sports organisations and the Heart Foundation to ensure successful delivery and evaluation of the programme.

**RuFIT Evaluation:** Preliminary outcomes of RuFIT were evaluated through a pilot randomised controlled study (N=96) conducted through the Otago Highlanders and the Auckland Blues. Results showed that from baseline, participants had reductions in weight (~2.5kg), body fat (3.8%), improvements in cardiorespiratory fitness and made substantial lifestyle changes. Participant experiences of RuFIT were discussed through focus groups. Participants described overwhelming enthusiasm for RuFIT, identifying the rugby setting, participant created atmosphere, trainer support and the content and skills provided by the education sessions as the key ingredients for its success.

**Category:** Programme

**Presentation type:** Oral 15 minutes

**Email:** elaine.hargreaves@otago.ac.nz

- References:**
1. Ministry of Health. Annual Update of Key Results 2014/15: New Zealand Health Survey. Wellington: Ministry of Health, 2015.
  2. Morgan P, Warren J, Lubans D, et al. Engaging men in weight loss: experiences of men who participated in the male only SHED-IT pilot study. *Obesity Research and Clinical Practice* 2011; 5: e239–e48.
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  4. Michie S, Abraham C, Whittington C, et al. Effective Techniques in Healthy Eating and Physical Activity Interventions: A Meta-Regression. *Health Psychology* 2009; 28 (6): 690-701.
  5. Hunt K, Wyke S, Gray C, et al. Football Fans in Training (FFIT): a pragmatic randomized controlled trial. *Lancet* 2014; 383 (9924): 1211–21.

## WellSouth's Everyday Food Retail Network Pilot Project: Marketing the national eating guidelines

**Sophie Carty<sup>1</sup>, Louise Thompson<sup>1</sup>, Paula Randall<sup>1</sup>**

<sup>1</sup>WellSouth Primary Health Network, Dunedin.

**Background:** Food and beverage marketing influences people's eating habits – their food preferences, food requests and choices<sup>1</sup>. In New Zealand unhealthy food is heavily marketed, highly available and accessible<sup>2-3</sup>. However, changing the obesogenic environment is complex and requires buy-in from business and industry sectors. Research has found that in-store and point-of-purchase marketing techniques can increase the purchase of healthy foods, and in the United States a number of structured convenience store programmes have been introduced with positive effect<sup>4-6</sup>.

**Aim:** To conduct a pilot project to assess the feasibility of a food store initiative promoting national eating guidelines in Dunedin, New Zealand.

**Methods:** Nine stores located in low-decile areas of Dunedin were recruited to participate in a one-year pilot project. Three butchers, two fruit and vegetable stores, and four convenience stores agreed to participate. A focus group was conducted in partnership with a local Māori health provider to test the public acceptability of the concept. The project structure and marketing strategies were then developed using feedback obtained from a dietitian, the Māori health provider, two Māori Health Managers, and store owners. The capacity of WellSouth Primary Health Network, the health organisation leading the project, was also factored into the project development plan. Baseline data was collected using store owner interviews, in-store observations (written and visual), and in-store customer surveys. In November 2016 the layout of convenience stores was altered to favour the promotion of food and beverages included in the national eating guidelines and marketing material was placed in all participating stores. Media and existing networks were used to promote the project launch.

**Results and conclusions:** Small food store owners are willing to market healthier food items, however, they need both financial and logistical support to be able to do so. The sustainability of the project remains to be seen, however, this could be achieved by gaining support from community and/or business partners, such as local council. Monthly review meetings with store owners and biannual store reviews will be conducted to evaluate the impact and ongoing sustainability of the programme.

**Category:** Programme

**Presentation type:** Oral 15 minutes

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- References:**
1. Harris JL, Pomeranz JL, Lobstein T, Brownell KD. A crisis in the marketplace: How food marketing contributes to childhood obesity and what can be done. *Annual Review of Public Health*. 2009 Apr 21;30:211-25.
  2. Wang J, Williams M, Rush E, Crook N, Forouhi NG, Simmons D. Mapping the availability and accessibility of healthy food in rural and urban New Zealand–Te Wai o Rona: Diabetes Prevention Strategy. *Public Health Nutrition*. 2010 Jul 1;13(07):1049-55.
  3. Luiten CM, Steenhuis IH, Eyles H, Mhurchu CN, Waterlander WE. Ultra-processed foods have the worst nutrient profile, yet they are the most available packaged products in a sample of New Zealand supermarkets. *Public Health Nutrition*. 2016 Feb 1;19(03):530-8.
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## Healthy Start Workforce Project: Supporting health practitioners as agents of change

Susan Miller<sup>1</sup>, Mary Cavanagh<sup>1</sup>

<sup>1</sup>MiCA Projects for the Liggins Institute, Auckland

**Introduction/Background:** The Healthy Start Workforce Project supports health practitioners with why and how to support lifestyle behaviour changes to improve lifelong health.

**Methods/Materials:** Two complimentary professional development programmes are offered. The Healthy Start Education Programme comprises eight online modules exploring the science around why good nutrition and physical activity in early life is so important for life long health and facilitates self-reflection on how emerging evidence in this field could be incorporated into everyday practice. The Healthy Conversation Skills workshop explores evidence based skills and strategies to support people to identify and plan for lasting lifestyle behaviour changes<sup>1,2</sup>.

**Discussion:** Early evaluation findings (unpublished) indicate that participating in Healthy Conversation Skills training is valuable for health practitioners. Significant impacts include increases from pre to post training in the proportion of participants who report: that it is “very important” to support clients to make healthy lifestyle changes (76% - 89%); that they are ‘confident’ having conversations to support lifestyle changes (17% - 74%); and that their conversations to support lifestyle change are effective (68% - 87%). Results from the online education evaluation are pending; early results will be available at the time of presentation.

**Conclusion:** Supporting health practitioners as agents of change is an important strategy among the multi-faceted approaches needed to address the growing global epidemic of obesity and related non-communicable diseases.

Presentation sponsored by The Heart Foundation

**Category:** Programme

**Presentation type:** Oral 15 minutes

**Email:** s.miller@auckland.ac.nz, m.cavanagh@auckland.ac.nz

- References:**
1. Black C, Lawrence W, Cradock S, Ntani G, Tinati T, Jarman M, Begum R, Inskip H, Cooper C, Barker M, Baird J. Healthy conversation skills: increasing competence and confidence in front-line staff. Public health nutrition. 2014 Mar 1;17(03):700-7.
  2. Lawrence W, Black C, Tinati T, Cradock S, Begum R, Jarman M, Pease A, Margetts B, Davies J, Inskip H, Cooper C. 'Making every contact count': Evaluation of the impact of an intervention to train health and social care practitioners in skills to support health behaviour change. Journal of health psychology. 2016 Feb;21(2):138-51.



## Shift Your Body, Shift Your Mind: Improving the wellbeing of young women in Wellington

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### **Katie Adams**<sup>1</sup>

<sup>1</sup> *Parks, Sport & Recreation, Wellington City Council.*

Shift is a project that inspires and empowers young women to improve their wellbeing. Our goal is to see all young women, aged 12-20, flourishing - happy, healthy and confident.

Shift is a joint initiative led by Wellington City Council, funded by Sport Wellington, the Ministry of Social Development and Lottery Community and supported by a vast array of individuals and organisations that are passionate about seeing young women flourish.

Shift delivers a range of programmes and events to increase the awareness of wellbeing through education and role modelling reduce barriers to participation by providing fun, social, low cost physical activity opportunities and empowers young women to create change.

Shift works predominantly in the worlds of wellbeing science, physical activity, social entrepreneurship and design.

### **Some of the key ways in which we create impact is through:**

- \* Partnerships – working with youth organisations, schools, existing physical activity and sport providers, wellbeing experts and local businesses.
- \* Collective impact – through a centralised framework, dedicated staff who-meet regularly, a common agenda and continuous communication.
- \* Co-design – ensuring all opportunities are designed alongside young women rather than for them.
- \* Leadership opportunities – providing young women with the tools and confidence to lead physical activity and wellbeing within their own communities.
- \* Creative Commons – producing resources that can be used by others and reproduced free of charge.
- \* Social media (free marketing) – building an online community of passionate individuals and organisations who support Shift.
- \* Social enterprise – creating ‘Give back, Shift forward’ where profits made from the sale of goods or services go into a fund to remove the financial barrier to participation for young women.
- \* Meaningful impact – we’re not just about numbers, we care about relationships and making a difference in our community.
- \* Agile and experimental – enables us to be effective and relevant to our young people.

Collectively, we can make a shift for young women’s wellbeing.

**Category:** Programme

**Presentation type:** Oral 15 minutes

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### **How We Eat: Translating evidence into new population-level advice on eating behaviours in New Zealand**

**Dr. Harriette Carr<sup>3</sup>, Sarah Gerritsen<sup>1</sup>, Clare Wall<sup>2</sup>, Louise McIntyre<sup>3</sup>**

*<sup>1</sup>School of Population Health, FMHS, University of Auckland, New Zealand, <sup>2</sup>Department of Nutrition, FMHS, University of Auckland, New Zealand, <sup>3</sup>Public Health Group, Ministry of Health, New Zealand*

This Workshop will have two parts:

1. Key findings of a new evidence based report, How We Eat, looking at modifiable behaviours related to diet and body size outcomes will be presented by the authors, Sarah Gerritsen and Clare Wall.
2. A discussion on how we can translate, disseminate and/or use the evidence based statements to better support our local communities and whānau will be led by Ministry of Health representatives, Dr. Harriette Carr and Louise McIntyre.

The New Zealand Eating and Activity Guidelines have primarily had a focus on dietary intake or recommendations on what to eat. To complement these guidelines, the Ministry of Health is releasing How We Eat, a report with graded evidence statements on modifiable eating behaviours. The report summarises international reviews of nutrition-related behaviours: breastfeeding, parental feeding practices and parenting style, adult role modelling, responsive eating, mealtimes and food literacy. The report also summarises relevant New Zealand research.

Part two will look at translation of the evidence statements to create key messages suitable for a wide range of New Zealanders. Workshop participants will consider the opportunities available to share these messages with their communities.

**Category:** Original Research

**Presentation type:** Interactive workshop 60 minutes

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## Wai Ariki: Water is life - protect, uplift and sustain indigenous connections to water

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### **Darrio Penetito-Hemara<sup>1</sup>, Callie Corrigan<sup>1</sup>**

*<sup>1</sup>Toi Tangata, Auckland*

At both national and international levels, indigenous connections to water and water-related policy decisions are becoming more contested and fraught. Bringing indigenous people into water policy discussions requires active interest and commitment from those shaping the water policy platforms.

Darrio Penetito-Hemara and Callie Corrigan, through the Wai Ariki approach are exploring and connecting the platforms for a robust advocacy strategy that will support Māori community participation and leadership on the kaupapa of wai. In this workshop, will discuss the foundations for developing and extending the way whānau, hapū and iwi connect with wai. Through the concepts of mana, tapu and wai will explore Māori conceptual values and principles as a foundation for advocacy. We will also discuss our Waiariki process, highlighting long-term policy goals emerging from this kaupapa, identify some of the strengths and challenges within the policy process, and the merits of driving and leading Māori co-design principles within an advocacy strategy.

Participants of this workshop will gain a deeper understanding of Māori engagement with advocacy, policy changes designed to work across, and within the system and new ideas to influence and inform robust policy change.

**Category:** Original research

**Presentation type:** Interactive workshop 60 minutes

**Email:** darrio@toitangata.co.nz

**Footnotes:** 1. Taken from the case *Winters v. United States*, 207 U.S. 564 (1908).

2. In the United States many tribes are currently negotiating to convert these legal rights into “wet rights”, to practically acknowledge their existence in the face of State allotments of water which did not respect the existence of these reserved water rights. In some areas, particularly where water is scarce, some cities purchase water allocations from the American tribes: Jon Hare, *Indian Water Rights: An Analysis of Current and Pending Indian Water Rights Settlements*. Washington, DC: Confederated Tribes of the Chehalis Reservation and Office of Trust Responsibilities, B.I.A., 1997

3. Ruru J. Introducing why it matters: Indigenous peoples, the law and water. *Contemporary Indigenous peoples’ legal rights to water in the Americas and Australasia*, special issue, *The Journal of Water Law*. 2010;20(5-6):221-3.

## Collaboration for Collective Impact

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**Vikki Ham<sup>1</sup>, Kerry Allan<sup>1</sup>**

<sup>1</sup>Healthy Families Waitakere

How can a co-design approach be used as a way to collaborate to ensure a collective impact is achieved for the communities we serve?

This interactive workshop will help anyone who would like to apply a co-design approach, or whose work includes working with community to identify how best stakeholders can support their health needs.

The theme for the conference is “when everyone works together, we inspire wellbeing for the people” and co-design is one of the pathways to get us there. Built on relationships and partnerships, co-design can allow community to take ownership of their health and well-being by co-creating solutions, or creating opportunities for change. Our role is to walk the journey with them, down the paths that they define, until they are comfortable to continue on the journey without us.

How do you shift the culture of a school using this approach? We will be sharing how we have used the philosophy of water only schools and connected this to the principal’s desire to redefine the values of the school, as the hook for supporting long term change in Kelston Boys High School. We will share our approach and the leadership demonstrated by both staff, students and community members and how you may apply this.

Community led solutions, what structures does your community have in place to support communities to initiate change? This journey has involved us working with a collective of community hub leaders and we will be sharing how we use practical tools to support a co-design process with our communities.

The workshop will include discussion and activities, and participants will receive resource materials to take away.

**Category:** Programme

**Presentation type:** Interactive Workshop 60 minutes

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### Comparison of Cycling Habits, Confidence, Support and Knowledge among Dunedin Children and Adolescents

**Dana Lawrie<sup>1</sup>, Tessa Pocock<sup>1</sup>, Kek Chiew Ching<sup>1</sup>, Siobhan McArthur<sup>1</sup>, Charlotte Flaherty<sup>2</sup>, Sandra Mandic<sup>1</sup>**

<sup>1</sup>Active Living Laboratory, School of Physical Education, Sport and Exercise Sciences, University of Otago, Dunedin,

<sup>2</sup>Dunedin City Council, Dunedin

**Background:** In New Zealand, rates of cycling to primary and secondary school have declined. Cycle skills training (CST) gives children the skills and confidence to cycle safely in traffic. CST conducted in a traffic-free environment improves knowledge<sup>2,3</sup> and cycle skills<sup>3-5</sup> in children. Adolescents also perceived that CST would make them safer in traffic<sup>6</sup>. Whether the current CST programmes should be modified for adolescents remains unknown. This study compared cycling habits, confidence, support and knowledge of road rules among Dunedin children and adolescents. A total of 274 females (113 children and 161 adolescent) enrolled in CST completed a questionnaire about cycling-related habits, confidence, social support and knowledge.

**Key findings:** Children cycled more frequently compared to adolescents. Although few children and adolescents regularly cycled to school, a greater proportion preferred cycling to school. Compared to children, adolescents perceived themselves as less confident to cycle in parks/reserves or to school and more confident to cycle on the road. Adolescents received less encouragement from parents, peers and school to cycle to school. Both groups had very good knowledge of the road rules.

**Implications for the public health sector:** CST should be tailored to meet the needs of children and adolescents to improve cycling skills, increase confidence, provide social support and ultimately increase rates of cycling for transport.

**Key messages:**

- \* Children and adolescents have sufficient knowledge of road rules, yet lack the confidence and encouragement to cycle for transport.
- \* Compared to children, adolescents cycled less frequently and received less social support.
- \* Despite similar knowledge of road rules, adolescents were more confident to cycle on the road but less confident to cycle in parks/reserves or to school compared to children.
- \* CST should be tailored to the participants.

Poster presentation sponsored by The Heart Foundation

**Category:** Original research

**Presentation type:** Poster

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Full reference list available on request to [info@ana.org.nz](mailto:info@ana.org.nz)



## Cycling Action Network

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### Patrick Morgan<sup>1</sup>

<sup>1</sup>Cycling Action Network

Cycling Action Network (CAN) is New Zealand's national network of cycling advocates. We work with government, local authorities, businesses and the community on behalf of cyclists, for a better cycling environment.

#### **CAN aims to:**

- \* Promote the benefits of cycling
- \* Improve safety for cyclists
- \* Encourage the creation of a good cycling environment
- \* Promote cycle tourism
- \* Advocate for integrated cycle planning
- \* Increase the number of cyclists on our roads.

CAN's priorities for the next New Zealand Government (2017-2020)

**Cycling is popular. It's excellent value for money. More cycling means healthier communities, safer and more attractive cities and towns for people and business.**

1. **Get kids biking to school**  
6% of all kids' trips to school by bike by December 2020  
30kmh zones around 50% of urban schools by December 2020
2. **Build bicycle-friendly cities**  
2000km of cycleways by 2020, more of them separated
3. **Fresh approach to road safety: Vision Zero**  
Vision Zero – no deaths or serious injuries on New Zealand roads.

#### **More people on bikes, more often**

**Category:** Programme

**Presentation type:** Poster

**Email:** patrick@can.org.nz



## Healthy Nature Healthy People – Connecting the two

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### **Helen Gillespie<sup>1</sup>**

*<sup>1</sup>Department of Conservation*

I've been quoted as saying 'Nature is the under-utilised health resource of today'. In our drive for more, better, bigger and sooner, we are connecting less with nature and open space and we are becoming more burdened with lifestyle related illnesses.

### **The key principles of Healthy Nature Healthy People are:**

- ✱ The wellbeing of all societies depends on healthy ecosystems
- ✱ Protected areas nurture healthy ecosystems
- ✱ Contact with nature is essential for improving emotional, physical and spiritual health and wellbeing
- ✱ Protected areas are fundamental to economic growth and to vibrant healthy communities

Healthy Nature Healthy People is about improving the lives of New Zealanders by connecting them with nature. All our green and blue spaces are valuable health resources – from our own backyards and urban parks to our rivers and wild areas.

We are seeking to inspire a change – one that we can all be part of – where the norm is 'Nature is second nature', where we use nature to nurture us, where nature is for life.

**Category:** Programme

**Presentation type:** Poster

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## Healthy Start Workforce Project: Supporting health practitioners as agents of change

Susan Miller<sup>1</sup>, Mary Cavanagh<sup>1</sup>

<sup>1</sup>MiCA Projects for the Liggins Institute, Auckland

**Introduction/Background:** The Healthy Start Workforce Project supports health practitioners with why and how to support lifestyle behaviour changes to improve lifelong health.

**Methods/Materials:** Two complimentary professional development programmes are offered. The Healthy Start Education Programme comprises eight online modules exploring the science around why good nutrition and physical activity in early life is so important for life long health and facilitates self-reflection on how emerging evidence in this field could be incorporated into everyday practice. The Healthy Conversation Skills workshop explores evidence based skills and strategies to support people to identify and plan for lasting lifestyle behaviour changes<sup>1,2</sup>.

**Discussion:** Early evaluation findings (unpublished) indicate that participating in Healthy Conversation Skills training is valuable for health practitioners. Significant impacts include increases from pre to post training in the proportion of participants who report: that it is “very important” to support clients to make healthy lifestyle changes (76% - 89%); that they are “confident” having conversations to support lifestyle changes (17% - 74%); and that their conversations to support lifestyle change are effective (68% - 87%). Results from the online education evaluation are pending; early results will be available at the time of presentation.

**Conclusions:** Supporting health practitioners as agents of change is an important strategy among the multi-faceted approaches needed to address the growing global epidemic of obesity and related non-communicable diseases.

**Category:** Programme

**Presentation type:** Poster

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- References:**
1. Black C, Lawrence W, Cradock S, Ntani, G, Tinati T, Jarman M, Begum R, Inskip H, Cooper C, Barker M, Baird J. Healthy Conversation Skills: increasing competence and confidence in front line staff. Public Health Nutrition 2012; 17(3): 700-707
  2. Lawrence W, Black, C, Tinati T, Cradock S, Begum R, Jarman M, Pease A, Margetts, B, Davies J, Inskip H, Cooper C, Baird J, Barker M. Making every contact count: longitudinal evaluation of the impact of training in behaviour change on the work of health and social care. Journal of Health Psychology; 2014 epub

## **Paying for the Price of Convenience:** Comparing the cost of takeaways with healthier home-cooked meals

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**Sally Mackay<sup>1</sup>, Holly Xie<sup>2</sup>, Stefanie Vandevijvere<sup>1</sup>, Amanda Lee<sup>3</sup>, Boyd Swinburn<sup>1,4</sup>**

<sup>1</sup>School of Population Health, University of Auckland, <sup>2</sup>Faculty of Medical and Health Sciences, University of Auckland,

<sup>3</sup>The Australian Prevention Partnership Centre, Sax Institute, Australia, <sup>4</sup>World Health Organization Collaborating Centre for Obesity Prevention, Deakin University, Australia

**Background:** Convenience and cost impact on people's meal decisions with takeaways and pre-prepared food items often selected to save time and/or money. The cost of a set of popular takeaway meals was compared to similar but healthier home-made meals and home-assembled meals.

**Methods:** The six most popular New Zealand takeaway meals were identified. These were compared a range of similar, but healthier, home-assembled meals using pre-prepared ingredients, and home-made meals. The meals prepared at home were consistent with the New Zealand Eating and Activity Guidelines. The cost of each complete meal was calculated, exclusive and inclusive of time. The time-inclusive cost was calculated by adding the waiting or preparation time and cost at the minimum wage. The prices of the takeaways from independent outlets were collected from fourteen outlets for each meal. The takeaways from quick-service restaurants were a standard price. The prices of the ingredients of the meals prepared at home were collected from six supermarkets.

**Results:** For five out of six popular meals, the mean costs of the home-made and home-assembled meals were cheaper than the mean cost of the takeaway meals. When the cost of time was added, for all six popular meals, the home-assembled meals were the cheapest, with either the home-made meal or takeaway meal the most expensive option. The meals prepared at home provided substantially less saturated fat and sodium and more vegetables than their takeaway counterparts.

**Conclusion:** Home-made and home-assembled meals were healthier and cheaper options than takeaways when the cost of time was not included. Home-made meals took time to prepare so, when the cost of time was added, these became more expensive than some takeaway meals. Home-assembled meals were a quicker, more convenient option than home-made meals, but provided more sodium than the latter.

**Category:** Original research

**Presentation type:** Poster

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## Quantifying Children's Exposure to Outdoor Food Advertising

**Michelle Barr<sup>1</sup>, Louise Signal<sup>1</sup>, Moira Smith<sup>1</sup>, James Stanley<sup>1</sup>, Tim Chambers<sup>1</sup>, Jiang Zhou<sup>2</sup>, Alan Smeaton<sup>2</sup>, Cathal Gurrin<sup>2</sup>, Aaron Duane<sup>2</sup>, Cliona Ni Mhurchu<sup>3</sup>**

*<sup>1</sup>Health Promotion and Policy Research Unit, Department of Public Health, University of Otago, Wellington, <sup>2</sup>Insight Centre for Data Analytics, Dublin City University, Ireland, <sup>3</sup>National Institute for Health Innovation, University of Auckland, Auckland.*

**Rationale:** The marketing of unhealthy food is a key modifiable influence on children's dietary behaviours and childhood obesity. The WHO Commission on Ending Childhood Obesity has recommended that settings where children gather be free of unhealthy food marketing. Nationally, there are no data available that quantify children's exposure to outdoor food advertising in public places. This study investigated the extent and nature of children's exposure to outdoor food advertising on their journey to and from school and during time spent in public places.

**Methods:** A random sample of 169 children (aged 11-13y) from 16 randomly selected schools in Wellington wore cameras that took pictures automatically every 7s and a GPS device for four days. Using bespoke software, images were coded for outdoor food advertising using a pre-determined coding schedule. Identified products were classified as 'core' or 'non-core' foods using an accepted nutrient profiling system. The rate of outdoor advertising exposures on journeys to and from school, and outside of school hours, were analysed overall, and by ethnicity and school decile. The GPS data were used to identify and map the location of outdoor advertising exposures in each of the three local council areas within Wellington, Wellington City, Porirua and Hutt City.

**Key findings:** Children were exposed to more advertisements for non-core than core food advertisements. Exposure to non-core outdoor food advertising was highest among children living in areas of medium and low deprivation. The most frequent exposures were advertisements for fast food, sweet drinks, ice creams, and cookies, concentrated mostly around food outlets and convenience stores and on main roads. Children's exposures on the journey and from school were associated with the presence of convenience stores and shopping areas located along the routes they travelled.

**Conclusions:** Implementing policy to remove unhealthy food advertising in outdoor areas frequented by New Zealand children would likely reduce the influence of food marketing on children. As part of a comprehensive strategy, improving dietary behaviours, reducing childhood obesity and improving health outcomes.

**Category:** Original research

**Presentation type:** Poster

**Email:** michelle.barr@otago.ac.nz

## Vegetables.co.nz: Working with you to inspire increased vegetable intake

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### **Pip Duncan<sup>1</sup>**

<sup>1</sup>*Vegetables.co.nz, Wellington*

One of the most fundamental and enduring food recommendations is to eat sufficient vegetables. Consuming at least five servings of vegetables and fruit each day, three of which should be from vegetables, reduces risk of non-communicable disease<sup>1</sup>. However, 35 per cent of adults do not eat the recommended amount of vegetables<sup>2</sup>.

Vegetables.co.nz works for growers to promote consumption of fresh New Zealand grown vegetables. One of their strategies is to produce a range of resources to support and inspire increased vegetable intakes. These resources can be used by health and community workers to improve dietary patterns of individuals and communities. The wide range of resources continually evolves to meet demand from different settings and different audiences. The newest additions to the range are a mobile app with an A to Z of vegetable information, a user guide, and vegetables for sports performance resource. Monitoring of resource use shows the most popular items are the website, recipes, free print resources, promotional materials, free library of vegetable images, and teaching resources. There are specific VegUp resources for Māori and Pacific families. Blogs, a facebook page, competitions and a monthly recipe club are used to drive ongoing engagement. Vegetables.co.nz has also produced an evidence review on teaching cooking literacy within the school curriculum. This can be used to underpin advocacy efforts to ensure our children grow up learning the basic skills of healthy meal preparation.

**Category:** Viewpoint

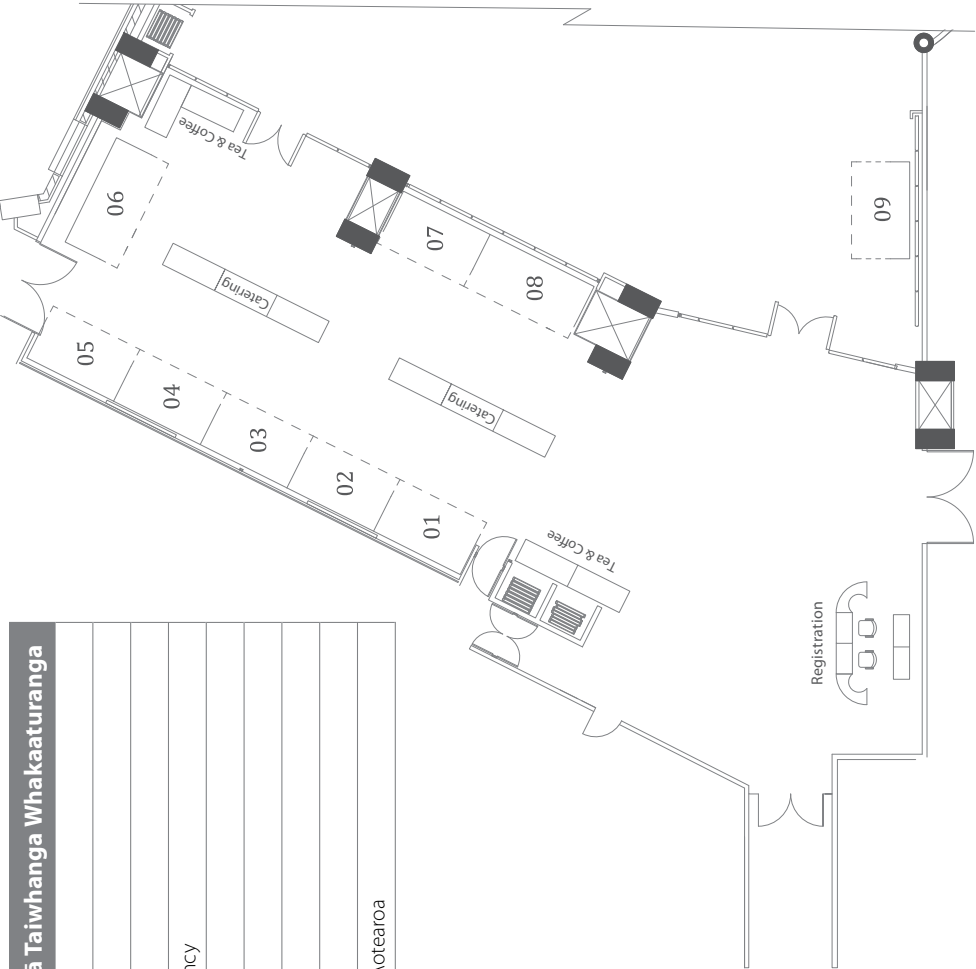
**Presentation type:** Poster

**Email:** [pip@foodadvisory.co.nz](mailto:pip@foodadvisory.co.nz)

**References:** 1. World Health Organization. Fact sheet: Healthy diet. (Available from: <http://www.who.int/mediacentre/factsheets/fs394/en/>. Accessed 19 November 2016.  
2. Ministry of Health. Annual Update of Key Results 2014/15: New Zealand Health Survey. Wellington: Ministry of Health, 2015.

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## Further acknowledgements

Activity and Nutrition Aotearoa would also like to thank the following people:

### Abstract Review Committee:

- \* Martin Dutton (Ministry of Health)
- \* Hayley Goodin (Healthy Families Lower Hutt)
- \* Brad Cassidy (Sport Manawatu)
- \* Darrio Penetito-Hemara (Toi Tangata)
- \* Raewyn Sutton (Cancer Society)
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- \* Exodus Health and Fitness Club
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- \* Nooroa Kippenberger from OraToa

# CONFERENCE HOST



## ANA member organisations



*Activity and Nutrition Aotearoa (ANA) is pleased to host the 7th Activity and Nutrition Aotearoa biennial conference: **Working Together Inspiring Change.***

ANA connects people and organisations to the cause of improving nutrition and increasing physical activity. We provide leadership by linking people to research, resources and knowledge through our events, publications and website.

*ANA's vision is that everyone in Aotearoa can and does eat well and leads an active life.*

All New Zealanders have the right to live healthy lives. Yet when it comes to healthy eating and physical activity, not everyone has the same opportunities to follow a path to better health. It is important to create environments where the tools needed to make healthy choices are accessible for all. We continue to work with our members and the nutrition and physical activity sector to achieve this common desire.

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Visit [www.ana.org.nz](http://www.ana.org.nz) and connect today.

The ANA staff look forward to working with you, together we can inspire change.

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