

Connect o Grow o Thrive

E Hono E Tipu E Rea

6th National Nutrition and Physical Activity Conference 6-7 May 2015

Rendezvous Grand Hotel, Auckland, New Zealand





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Further acknowledgements

Agencies for Nutrition Action would also like to thank the following people:

Abstract committee:

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Thank you to the Heart Foundation for consulting on the catering for this conference. Andrea Bidois, Manager – Foodservice & Hospitality, worked with Agencies for Nutrition Action, and wherever possible, menu items have been selected to be consistent with the Heart Foundation catering guidelines.

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Resources to support your work

HPA has developed these free resources – order from www.hpa.org.nz/npa-resources



Reducing sugary drink consumption

- Infographic showing how much sugar is in drinks
- Workplace how-to guide and powerpoint template to help effect culture change
- Packs of posters, table talkers and stickers promoting 100% water as the best choice



Sit less, Move more tools and templates – encouraging active movement in office workplaces

- How-to guide with low and no-cost practical ideas to get started
- Posters for meeting rooms and workstations
- Stair challenge charts and participation certificate



Myth-busting nutrition topics

– Behind the Hype information sheets on:

- Salt
- Sports drinks
- Carbohydrates



Introducing solid foods to babies – when is best, how and what foods to try

- Take-home guide and fridge magnets for parents
- Talk-cards for health providers

Order from www.hpa.org.nz/npa-resources



Warm Pacific greetings, kia ora and welcome



On behalf of Agencies for Nutrition Action I am delighted to welcome you to our 6th National Nutrition and Physical Activity Conference:

Connect
Grow
Thrive E Hono
E Tipu
E Rea

Our theme this year reflects the idea that healthy living is everyone's business: health promoters, researchers, educators, exercise and health professionals, policy makers, the food industry... everyone TOGETHER! Through this conference we want our public health workforce to connect, grow with new knowledge and opportunities and together work towards

achieving a healthy, thriving New Zealand population.

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

We are grateful for the advancement in medicine resulting in longer life-expectancy but it brings forth many other health problems particularly non-communicable diseases (NCDs) which remain the leading causes of death and health inequalities in men and women in New Zealand. Opportunities exist for us to reduce the incidence of NCDs by reducing obesity rates, given the projection that it may supplant tobacco as the leading potentially modifiable risk to health by 2016 (Ministry of Health, 2013).

Obesity is an epidemic right in our backyard, affecting our families and worryingly our vulnerable children. If we are serious that good 'health is for all' then we too, should be serious about 'all for health'; that all of us work together to improve the health of all New Zealanders.

The conference is an opportune event for us to connect, grow together and thrive forward to improve the health of our children, families and wider communities.

We extend a warm welcome to our keynotes, invited and concurrent speakers, particularly our international presenters and special guests, Dr Shelley Bowen and Professor Neville Owen from Australia.

Our thanks go to the Ministry of Health, 5+ A Day, the Health Promotion Agency, the Cancer Society, the National Heart Foundation, Vegetables.co.nz and Gravida in enabling this conference to continue as an accessible high quality professional development opportunity for the nutrition and physical activity sector.

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

Mafi Funaki-Tahifote Chairperson Agencies for Nutrition Action



General information

The registration desk

The conference registration desk is situated in the foyer area, at the top of the escalator outside the Rendezvous ballroom of the Rendezvous Hotel.

The desk will be open at the following times:

Wednesday 6 May 7.30am - 5.00pm

Thursday 7 May 7.00am - 3.00pm

Need help?

For any general enquires about the conference, please see the staff at the conference registration desk. Your key contacts are:

Dean Bradley and Lu Budden, CMNZL	Ph 021 407 125
Diana Pedlow, Events Coordinator, ANA	Ph 022 340 4432
Siobhan Molloy, Executive Director, ANA	Ph 022 409 1535
Annaleise Goble, National Project Manager, ANA	Ph 027 555 2575

Conference venue (See the map on page 78)

All plenary sessions are in the Rendezvous ballroom.

The concurrent sessions are in Rendezvous 1 and 2, Tasman 1 and 2, and the Coromandel room.

 $The \ social \ function \ will \ be \ held \ in \ the \ \textbf{Pre-function Room}, \ (top \ of \ the \ escalator \ in \ the \ exhibition \ area).$

The conference breakfast will be in Tasman 1 and 2.

Name badges

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

Cell phones and pagers

Please silence all pagers and cell phones during sessions.

Speaker preparation

If you are presenting a paper, please visit the registration desk to hand over your presentation to the audio visual technician.

Messages

Messages will be held at the registration desk.



General information

Car parking

Car parking is available at the Rendezvous Hotel. The rates are:

\$20.00 for overnight guests

\$15.00 for conference /day guests

Please take your ticket to the hotel reception to have it validated.

Smoking

Rendezvous Hotel is a smoke free venue. If you wish to smoke, please smoke outside or use the balcony off the bar area.

Lost property

Lost property will be held at the registration desk.

Child care facilities

Child care facilities are not available at the ANA conference venue.

Fire evacuation

If there is need for an emergency evaluation, please follow the instructions of the venue staff.

Wi-Fi

Wi-Fi access is free at the Rendezvous Grand Hotel. Select the Rendezvous Conference network and enter the code "hopscotch".

Dress code

The dress code for the conference and social function is tidy casual.

Conference evaluation

You will be able to provide feedback on the conference via a survey monkey questionnaire that will be sent to all conference delegates on Friday May 8th.



Conference events

Social function

Wednesday 6 May

5:30pm - 6:30pm

Pre-function Room

This function 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.

Lunch meetings

Whetu, Wai, Whenua - connecting health and Māori concepts of the environment.

Wednesday 6 May

12:30pm -1:40pm

Tasman 1

Toi Tangata share key insights from Hui-ā-Tau ki Karitane 2015. All welcome!

Green Prescription get together

Thursday 7 May

12:40pm - 1:40pm

Tasman 1

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 Toni Hoskin, Active Health Manager, Sport Gisborne Tairawhiti.

What's sustainability got to do with food and transport?

Thursday 7 May

12:40pm - 1:40pm

Tasman 2

This lunchtime conversation with the CEO of the Sustainable Business Network (SBN) will be a dynamic discussion linking sustainability with food and active transport and using examples of projects that the SBN works on to join the dots.

This meeting will be led by CEO Rachel Brown and Emily Dowding-Smith, Transformation Leader, Restorative Food, both of the Sustainable Business Network.

Breakfast session

Fruit for Thought with 5+ A Day

Thursday 7 May

7:15am - 8:15am

Tasman 1 & 2

Come along and enjoy a fruit filled breakfast with Carolyn Watts and Jude Ball from Quigley and Watts introducing us to the results of the Fruit in Schools programme. Attendance is by pre-registration only.



Conference debate

Should the government stay out of the kitchen?

Thursday 7 May

3:00pm - 3:40pm

Rendezvous Ballroom

How much policy and regulation is needed to influence, and encourage people toward better health?

Geoff Simmons and Dr Eric Crampton, chaired by Professor Boyd Swinburn

Geoff thinks personal responsibility can only go so far.

Eric thinks we need to be careful before deeming others' choices to be wrong or irrational.

This debate may be controversial. It will be challenging! The audience will have the opportunity to provide feedback via live voting.



Come along to the conference debate. There might be fisticuffs.









Healthy Communities, Healthy lives:

New Zealand Public Health Nutrition and Physical Activity Sector Vision 2024

Vision: All New Zealanders live, learn, work and grow in environments that support healthy eating and physical activity.

We seek a future in which three priorities are achieved:

- All people living in New Zealand have sufficient access to food that is affordable, healthy and safe to eat.
- Children are free from exposure to food and beverage marketing messages.
- Being active is the norm and people should avoid sitting for too long.

Download the Vision document from: www.ana.org.nz



Master of Ceremonies



SAVEATAMA ERONI CLARKE

Eroni was born in Apia, Samoa, and has been married to Siala for 21 years. They have five beautiful children: a daughter Shekynah (20), and four boys: Eroni Jr (EJ) (17), Caleb (16), Jireh (5), and Zion (3).

Eroni is passionate about family, sport and leadership, and since retiring from professional rugby he has helped to establish and build Quantum Sport. Its core focus is to train and support a new generation of sports people, resulting in well-rounded athletes, positive role models, coaches, teachers,

and leaders with strong life foundations.

At Quantum Sport Eroni worked hard to produce and deliver innovative programmes through schools, high performance academies and sporting bodies. He also works with corporate clients and individual athletes. Eroni's life and coaching philosophy is: "help them believe – it's more than just the game".

After retiring from professional rugby in 2006 Eroni was drawn back to working in the Pacific community and from 2010 – 2013 he worked as a Pacific addictions and mental health counsellor and group facilitator for Tupu Services. Through this role he was involved in restoring families and individuals back to wellbeing by helping to bring positive change to those dependent on alcohol, drugs, gambling and smoking.

Currently Eroni is working for Matua Raki and Le Va as the Pacific addictions workforce lead. He is focusing on building capacity and capability and providing leadership and support for the Pacific addictions workforce throughout New Zealand.

O le ala I le pule o le tautua: The pathway to leadership is through service.



Keynote speaker



PROFESSOR NEVILLE OWEN

Program Head, Baker IDI Heart and Diabetes Institute, Melbourne, Australia

Neville Owen is head of the Behavioural Epidemiology Laboratory and program leader for behavioural and generational change at the Baker IDI Heart and Diabetes Institute in Melbourne, Australia. He is a National Health and Medical Research Council of Australia (NHMRC) senior principal research fellow, adjunct professor in population health at the University of Queensland, honorary professorial fellow in population and global health at the University of Melbourne and

adjunct professor in medicine at Monash University.

Prior to his most recent move to Melbourne he was foundation professor of human movement science and head of the School of Human Movement at Deakin University (1995-1999) and director of the Cancer Prevention Research Centre at the University of Queensland (2002-2011).

His research relates to the primary prevention of diabetes, heart disease and cancer, through identifying the health consequences and environmental determinants of physical inactivity and sedentary behaviour – too little exercise and too much sitting. This includes laboratory-based experimental work, measurement development, large-scale prospective observational studies and real-world intervention trials. He has been supported by grants from the NHMRC since 1992 and currently leads his second five-year NHMRC program grant (sitting less and moving more: population health research to understand and influence sedentary behaviour) and NHMRC Centre of Research Excellence (sitting time and chronic disease prevention – measurement, mechanisms and interventions).

Too Much Sitting: Implications for chronic disease prevention

Exercise is beneficial for cardio-metabolic health and for improving multiple chronic disease outcomes, including type 2 diabetes, cardiovascular disease and major cancers. However, the potential population-health benefits of moderate-to-vigorous physical activity remain largely unrealised. Furthermore, among adults who do meet the current public health recommendations – 30 minutes of moderate-to-vigorous physical activity on most days each week – there are likely to be untoward consequences of the 7 to 10 hours of sitting that they are exposed to each day.

This talk will provide an overview of observational-study evidence on too much sitting and health outcomes; findings from objective measurement studies; evidence on breaking up sitting time; laboratory-study evidence on mechanisms; identifying environmental and other determinants of prolonged sitting time; and, the need to examine real-world feasibility and benefits of reducing and breaking up prolonged sitting. Directions for future research and implications for chronic disease prevention will be discussed.



Keynote speaker



DR SHELLEY BOWEN

Senior Public Health Advisor, Department of Health, Victoria, Australia

Shelley commenced her working career in community health services in New South Wales, Australia in women's health promotion and leading multi-disciplinary health promotion specialist teams in both rural and metropolitan areas. This was followed by moving into managing health promotion portfolios for NSW Health, a state role, which saw her leading work on implementation frameworks such as capacity building theory and tools to assist health promotion practice, guidelines and principles

of effectiveness for Aboriginal health promotion.

Shelley spent two years in the United Kingdom working with Professor Margaret Whitehead on inequity and health systems, this initiated her PhD which looked at the relationship between equity, evidence and health policy. Shelley was integral to the early establishment of the research, policy and practice portfolio of the Sax Institute in Sydney, holding the inaugural position of director, Getting Research into Policy and Practice.

Shelley has spent the past six years in Victoria with the Victorian Government, is currently the senior public health advisor and this is combined with an associate professor role at Deakin University. This role includes oversight and leadership of Healthy Together Victoria, a multi-level systems thinking intervention. Shelley was recognised by the Australian Financial Review and Westpac Bank as one of 100 of Australia's most influential women in 2014. She continues to operate at the nexus of research, policy and practice and is embracing complexity and systems thinking applied as the future of sustained and effective prevention in Australia.

Healthy Together Victoria: Insights and lessons for Healthy Families NZ and wider

Investment in and stewardship of preventive health efforts to tackle chronic disease is at a critical point in Australia. The increasing demand for preventive health to produce health gains for communities is at its greatest. In Victoria we have taken this opportunity to do things differently. This approach calls on prevention at scale, a move from project thinking to systems thinking and action, and the priority of developing a robust prevention system for Victoria's future.

Healthy Together Victoria (HTV) is a flagship preventive health policy platform signifying a collective leadership effort between local and state governments, and prevention stakeholders. HTV offers a clear and necessary 'line of sight' between policy objectives and community level activity and population outcomes. HTV aims to improve the health of the population by developing and applying a dynamic systems approach to preventing chronic disease at multiple levels of the system. This approach enables better understanding of both the complex systems that are the cause of public health issues, and the characteristics of prevention systems that might hold the solutions and lead to effective and sustained intervention. Importantly it points to where we can best leverage change in our health promotion effort.

Healthy Together Victoria comprises a range of system building and mobilising activity, which is complemented by a large-scale complex community-level intervention known as Healthy Together Communities (HTC). HTC is stewarded by 14 Victorian local government areas, who, in partnership with the state government are applying a comprehensive package of interventions to tackle obesity and build the local prevention system. Through investment in systems leadership and a systems savvy workforce, we are beginning to see prevention at scale in Victoria. This presentation will overview the importance of narrative in strengthening prevention, taking a systems leadership view and approach, mobilising difference and landing on a new policy and practice era for prevention.



Guest speaker



DR ANNE JAQUIERY

Senior Lecturer, Liggins Institute and Consultant Paediatrician, Lakes DHB

Anne Jaquiery is a consultant paediatrician at Rotorua Hospital. She completed her PhD at the Liggins Institute investigating the effects of undernutrition around the time of conception on the mother's pregnancy and the health of her offspring. She has ongoing research interests in neonatal and paediatric nutrition. This includes the long-term consequences of altered nutrition and irregular eating patterns in early life, the treatment of intrauterine growth restriction, and preterm birth and its consequences.

Anne has joint research and clinical appointments with the Liggins Institute, Department of Paediatrics (University of Auckland) and Lakes DHB.

She is also a member of Gravida, the national research centre for growth and development, and provides scientific and academic oversight for the Gravida Healthy Start Workforce Project, a Ministry of Health-funded initiative for maternity and child health professionals. The project aims to translate today's scientific knowledge about the effects of nutrition and physical activity during pregnancy and the early years on a person's life-long health, and enhance workforce skills to encourage women and families to make healthy choices.

Anne also leads one of Gravida's Major Research Projects, Wai Kai: 'Eating patterns in Māori preschool children'.

The Long Term Legacy of Early Life Nutrition: Changing the way we think about public health interventions

It is now well recognised that the intrauterine environment, particularly the nutritional environment, can affect early growth and development of the fetus in ways that influence health outcomes in later life. Nutrition during intrauterine life is the main determinant of fetal growth, a key factor in development and function of organs such as liver and pancreas and a powerful modulator of epigenetic regulation of genes affecting metabolic pathways. Maternal nutrition during pregnancy is an important potentially modifiable factor influencing fetal development, but may be most important around the time of conception, before contact with health providers occurs. The early postnatal period is also a time of developmental 'plasticity', when manipulation of nutrition and growth may affect immature endocrine and metabolic pathways. After birth, the 'gold standard' of nutrition in healthy term infants is breast milk. However, some infants receive formula feeds, which have a greater macronutrient content than breast milk, and growth restricted babies are often given supplemental calories, macronutrients or micronutrients to meet their nutritional requirements. The recommendation for the timing of starting solids has changed over the last few generations. How much does postnatal nutrition matter for long term health, and can any adverse effects be mitigated by later interventions? The challenge we face as a society and as health professionals is ensuring that any nutritional interventions we recommend, particularly those around early life nutrition, are timely, relevant and based on strong scientific evidence.



Guest speaker



DR LISA TE MORENGA

Research Fellow, Department of Human Nutrition and the Riddet Institute, University of Otago

Lisa Te Morenga (Ngāti Whatua, Te Rārawa, Ngā Puhi) is a nutritional scientist at the University of Otago based in the Department of Human Nutrition and associated with the Edgar Diabetes and Obesity Research Centre.

Her research interests involve the role of diet in the treatment and prevention of obesity, metabolic syndrome, diabetes and cardiovascular

disease. She has a special interest in the relationship between nutrition and hauora.

Her current research hot-topic includes examining the health effects of dietary sugars. She conducted a series of dietary intervention studies, population studies and meta-analyses looking into the effects of sugar on cardiometabolic risk factors and weight gain.

Lisa has recently contributed to the development of the new World Health Organization recommendations on sugars and saturated fat by preparing systematic reviews of the evidence underpinning the recommendations. She is a research collaborator with the Riddet Institute, and a member of both the New Zealand Beverage Guidance Panel, and the science leadership team for the National Science Challenge on High Value Nutrition.

What's The Story: Why is sugar STILL a hot topic?

In February of this year the World Health Organization (WHO) released updated recommendations for dietary sugars intakes. WHO recommends that intake of free sugars should be less than 10% of our total energy intake and suggest that additional benefit could be reached by reducing intake of sugars to below 5% of energy intake. These recommendations are based on consistent evidence showing that sugars intakes increase body weight and risk of dental caries. High sugars intakes have also been linked to hypertension, cardiovascular disease, different cancers, kidney disease, gout and even behavioural problems, however the evidence is, as yet, less consistent and some of the claims are based on very limited evidence from animal studies or studies involving the consumption extraordinary amounts of sugars. The inconsistency in the evidence base linking sugars with health risks can partly explained by the complexity of measuring dietary intakes, and more specifically sugars intakes. Nutritional studies typically assess intakes using self-report methods which are subject to substantial misreporting caused by underreporting, reliance on memory, and social desirability pressure to report a healthy diet. Diet-disease relationships are frequently obscured as a result of misreporting of the dietary exposure of interest.

The food industry thus can make a strong case to oppose efforts to limit sugar consumption, such as the WHO sugar recommendations. They claim that the recommendations are based on insufficient, inconsistent or unreliable evidence, and even fund a substantial amount of research that suggests there is no harm in consuming sugars at levels well in excess of 10% energy intake. Although it seems indisputable that high levels of sugar consumption are a determinant of obesity and non-communicable diseases, implementing public health policies to reduce added sugars intakes will continue to be challenging given the powerful influence of food industry.



Conference breakfast - Fruit for Thought with 5+ A Day



JUDITH BALL

Senior Research Associate, Quigley and Watts

Jude has a broad skill base including public health research and analysis, mental health promotion, health and social impact assessment and evaluation.

Before joining Quigley and Watts in 2005, Jude was Wellington region coordinator of the 'Like Minds Like Mine' project to reduce discrimination associated with mental illness. She has worked as a researcher at the University of Western Sydney and as volunteer coordinator for an award winning mental health programme in Sydney.



CAROLYN WATTS

Director, Quigley and Watts

Carolyn co-founded Quigley and Watts Ltd with Rob Quigley in 2005. Carolyn is an experienced public health researcher and evaluator. She specialises in health promotion, facilitation, training and evaluation.

From 2005 to 2007 she worked as part-time lecturer in Health Promotion for the University of Otago, Wellington. Carolyn currently co-leads the Ministry of Health's Public Health Leadership Programme as well as other key projects for Quigley and Watts.

Fruit for Thought with 5+ A Day

This presentation summarises the findings of an independent evaluation of Fruit in Schools (FIS) undertaken in late 2014. The primary purpose of the evaluation was to understand and document the benefits of Fruit in Schools, in particular any wider health promotion impacts, with a particular focus on nutrition and healthy eating.

The evaluation drew on a range of information sources including findings from an online survey of principals of FIS schools (n=378) with a response rate of 81%; 16 key informant interviews and previous Fruit in Schools evaluations.

According to principals, feeding hungry children is the number one benefit of FIS. 85% of principals surveyed reported their school had fewer hungry children as a result of Fruit in Schools. 80% reported reduced stigma as a result of Fruit in Schools, and said that children were more willing to ask for food if they were hungry.

Both principals and Health Promoting Schools facilitators agreed that FIS was providing direct health benefits for children in low decile schools due to increased consumption of fresh produce, and wider dietary changes triggered by Fruit in Schools. 72% of principals agreed or strongly agreed that 'if Fruit in Schools was ended, academic outcomes would suffer' and 91% said 'the overall health of children would decline' if Fruit in Schools was ended.

FIS extends beyond health and academic outcomes to positively influence the wider nutrition and physical activity environment in schools, cultural wellbeing by supporting Māori values and practices such as manaakitanga, environmental and social wellbeing and community and health sector engagement.

Participants reported FIS was successful because:

- it is meeting a genuine need and making a real difference
- (a) it is very well managed, and easy for schools to participate
- the fruit and vegetables provided are varied and of high quality
- (a) it has been consistent and reliable over many years.

Based on the findings of the current evaluation, we conclude that FIS is an effective food and nutrition programme with wide ranging benefits. It is highly valued by schools and well aligned with international evidence on how to improve nutrition and reduce obesity in children.

Ministry of Health Update



DR HARRIETTE CARR

Principal Advisor - Public Health, Ministry of Health

Harriette is a public health medicine specialist who has spent much of her career working on nutrition, physical activity and obesity issues. Areas of work have included measurement of physical activity, overseeing evaluation of nutrition and physical activity programmes including the Ministry's Food and Nutrition Guidelines, physical activity, nutrition, and obesity policy advice, establishing a nutrition and physical activity knowledge library, vitamin D, and guidance for healthy weight gain in pregnancy.

Healthy change

The secret of change is to focus all of your energy not on fighting the old, but on building the new. (Socrates)

This presentation will outline some of the recent changes in health activities at a national level. These changes build on pre-existing work and initiatives, and lessons learnt from the past where available but with a real forward focused perspective.

Examples include:

- Work to develop a plan to address childhood obesity. A childhood obesity plan will be the first focus in a broader work programme around obesity and non-communicable diseases.
- The establishment of Healthy Families New Zealand in ten locations across the country.
- New Eating and Activity Guidelines for adults that will replace the Food and Nutrition Guidelines for Healthy Adults, and Physical Activity Guidelines for adults. Following an evaluation in 2011, the Food and Nutrition Guidelines Series will gradually be replaced by the Eating and Activity Guidelines that have a new structure and format.



Guest speaker



DOUGAL LIST

National Manager Cycling, New Zealand Transport Agency

Dougal List is the national cycling manager for the New Zealand Transport Agency (NZTA). The purpose of this role is to lead how the Transport Agency works with sector partners to plan and deliver more from investment in cycling to increase uptake and safety of cycling. Key areas of work include supporting the successful planning and delivery of new cycling networks – including through the Government's Urban Cycling Investment Programme, and increasing safety for cycling through delivery of the recommendations

from the Cycling Safety Panel. Dougal's background is as an urban planner.

He has been with NZTA for the last five years in planning and investment roles. Previously he had more than 10 years' experience in a mix of local government and consultancy planning and programme management roles. Dougal is a keen cyclist and walks to work every day.

Changing Gear in Cycling: Opportunities for partnerships and relationships to maximise the benefits from increased cycling investment.

The Transport Agency is taking a leading role in making cycling a safe and attractive transport choice and we are developing a comprehensive programme of work to support our 'gearing up' in cycling.

There has been significant and growing interest in cycling as a transport mode and recreation in New Zealand and internationally leading to increased investment and a greater focus on improving safety.

With local share funding, up to \$300 million is available for urban cycling initiatives over the next four years. This presents a great opportunity to develop new partnerships and maximise the benefits that this investment can deliver.

New Zealand has not yet put in place the changes needed to fully realise these benefits due to relatively low levels of cycling uptake as an everyday activity. As a transport mode, cycling has a greater safety risk, leading to a higher rate of deaths and serious injuries compared to other modes; is perceived as being unsafe, unattractive and inconvenient. Recent developments are just a start at addressing these issues.

Dougal's presentation will discuss the role and focus of the New Zealand Transport Agency on transport benefits from cycling, and explore how this can link to and support many wider benefits this can lead to.

Wider benefits likely to be of particular interest to delegates include improvements in health through getting people more active, and reducing social isolation and economic disadvantage through improved mobility options, particularly for non-drivers.



Conference debate – Should the government stay out of the kitchen?



DR ERIC CRAMPTON

Head of Research. The New Zealand Initiative

Dr. Eric Crampton is head of research with The New Zealand Initiative and adjunct senior fellow with the Department of Economics and Finance at the University of Canterbury. He served as lecturer and senior lecturer in Economics at Canterbury from 2003 through 2014. His public policy work there often focused on the economics of paternalistic regulation and included editorials and articles in the New Zealand Medical Journal. Eric occasionally

blogs at Offsetting Behaviour, providing commentary on a wide range of social and economic issues, including public health.



GEOFF SIMMONS

Economist, The Morgan Foundation

Geoff Simmons has been with the Morgan Foundation for six years, firstly as a researcher, and then as general manager. He has co-authored four books alongside Gareth Morgan, spanning topics such as health, nutrition, Antarctica and fishing. He has also led the Foundation's work on Predator Free Rakiura (Stewart Island), MyRiver, and the now infamous 'Cats to Go' campaign.

Geoff is an engaging and entertaining public speaker, and also works as an actor, improviser and facilitator. He graduated from the University of Auckland with an Honours degree in economics, focusing on public policy, and has more than 10 years' experience working as a senior analyst for NZ Treasury and as a manager in economic development agencies in the UK. He also speaks Spanish.

Should the Government Stay Out of the Kitchen?

What should government get involved with, and what should be left to people to choose for themselves? And if government should get involved, what is the best way to do it? These questions are central to the discipline of economics. Eric and Geoff will bring their unique perspective to the world of public health. You will be surprised to see what issues they agree on, where they disagree, and why. This debate is essential viewing for anyone who wants to have an informed discussion over the 'nanny state' and what exactly the role of public health should be. Alternatively you could just come along to engage in some existential angst about your chosen profession.

Closing speaker



PROFESSOR BOYD SWINBURN

Professor of Population Nutrition and Global Health, 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 co-chair of World Obesity Policy & Prevention section (formerly the International Obesity Task Force).

His major research interests are centred on community and policy actions to prevent childhood and adolescent obesity, and reduce, what he has coined, the 'obesogenic' food environment. He is currently leading INFORMAS, (International Network for Food and Obesity / non-communicable Diseases Research, Monitoring and Action Support), an initiative to monitor and benchmark food environments internationally.



Concurrent Presentation Abstracts

BURP (Breastfeeding's Ultimate Refuel Place) Smartphone App and Website:

The cool support tool for southern breastfeeding mums

Kathleen Eade¹, Paula Randall²

¹Public Health South, Southern District Health Board, (Invercargill); ²WellSouth Primary Health Network, (Invercargill)

The BURP (Breastfeeding's Ultimate Refuel Place) smartphone app and responsive website was created as a practical support tool for southern mums to increase their confidence of breastfeeding in public. The free BURP app/website directs the mother, through an easy pinpoint map, to the nearest breastfeeding friendly venue throughout Southland and Otago. Venues are varied, but include cafes, museums, swimming pools, airports and libraries. Photos of the venue and additional information, such as whether there is a toilet, change table, play area or is pram friendly are also included. The user is also able to review a facility on their breastfeeding experience and give it a rating out of five.

Why a breastfeeding friendly facility app? Apps/websites are a popular way new mothers access information, and amongst the mass amount of information that a new mum receives, this app/ website has current local information that is portable.

Normalising breastfeeding is a priority for Southern District Health Board and WellSouth Primary Health Network. We envisage the BURP app/website will assist with this by:

- instilling confidence in the mother to breastfeed in public knowing they are in a supportive environment
- increasing staff awareness and support for breastfeeding at participating venues and promoting a conducive breastfeeding environment
- increased exposure of breastfeeding in public resulting in it being accepted as 'unremarkably normal'

It is also anticipated that the BURP app/website will help increase social connectedness allowing the mother to participate in the activities she enjoyed prior to having children. Additionally, we expect the increased number of breastfeeding friendly venues that appear on the app/website will support the mother to breastfeed for longer; ideally exclusively breastfeed for six months which meets the World Health Organization recommendations (WHO, 2014).

The BURP app, which was launched in November 2014, also has a corresponding breastfeeding website which has links to community breastfeeding support, projects and future breastfeeding events in the region.

We are willing to share the processes surrounding project planning, app development, engaging with the venues, new mums and also the challenges faced along the way. Though newly launched, we will happily share any initial evaluation.

Reference: World Health Organization. (2014). Breastfeeding. Retrieved from www.who.int/topics/breastfeeding/en/

Funding Source: Southern DHB and WellSouth Primary Health Network

Category: Programme

Presentation Type: Oral 15 minutes Email: kathleeneade@southerndhb.govt.nz



How Do I Grow? A health and wellbeing programme for children in early childhood care

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In New Zealand, there is a high prevalence of childhood poverty and food insecurity which can impact on a family's ability to provide high quality, nutrient dense foods for their children. The New Zealand Ministry of Health recommends that everyone should eat two portions of fruit and three portions of vegetables per day. The 2002 NZ National Nutrition Survey (Children) showed that only two out of five children ate the recommended daily servings of fruit and only three out of five ate the recommended daily servings of vegetables (MOH 2003).

In attempt to increase the quality of the food consumed by the children whilst at kindergarten and to address food insecurity issues, staff at a decile two kindergarten in Palmerston North decided to set up a free lunch programme. In conjunction with the lunches, they provided education sessions to teach the children about the benefits of eating healthy foods; the vegetable garden was utilised to grow vegetables which were harvested and used for process cooking; the children were exposed to new fruits and vegetables on a bi-weekly basis; they were rewarded for eating fruits and vegetables through the use of a sticker chart and cooking classes were set up for the parents and whānau.

Changes in eating habits resulting from this programme were primarily assessed through dietary questionnaires. Feedback was also obtained from the kindergarten staff and the educators on the different aspects of the programme that worked successfully.

As a result of the work, the researchers are in the process of putting together a comprehensive nutrition intervention package that can be adopted and run by other pre-school establishments throughout New Zealand. The package includes; a step-by-step teaching guide including information about suitable teaching resources; information about growing fruits and vegetables and using them for process cooking; advice about family/whānau involvement and a break-down of costs involved in setting up a lunch programme.

Reference: New Zealand Ministry of Health (2003). NZ Food NZ Children Key results of the 2002 National Children's Nutrition Survey.

Retrieved from http://www.health.govt.nz/publication/nz-food-nz-children

Funding source: The New Zealand Heart Foundation and the Olive Tree Charitable Trust.

Category: Original Research

Presentation Type: Oral 15 minutes

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A Sustainable Approach to Obesity Prevention in Early Childhood from NZ and the UK

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The importance of good nutrition during the early years of life is widely recognised. It impacts on growth and development and is a crucial time for developing taste preferences and eating habits; consequently influencing long term health. Overwhelming evidence indicates the increasing prevalence of childhood overweight and obesity worldwide, in particular, among children aged 2 to 5 years.

Two initiatives are presented to demonstrate innovative and evidence-based approaches from the UK and NZ, which address early life influences on obesity and support healthy practises around starting solids.

'Little Steps to Healthy Lives' in Camden, UK, is a whole setting approach to improving health outcomes for children and their families in children's centres. The programme provides a coherent and integrated approach to health with a focus on obesity prevention, initially involving a systematic assessment of culture and environment, current policies, staff knowledge and practise.

As a result of the programme:

- food provision standards are implemented using national food guidelines
- training to promote consistent messaging, staff role-modelling and improved support to families including referrals to appropriate services
- training to health professionals visiting the centre to influence healthy initiation of solids
- healthy environment policies are implemented
- development and delivery of family based obesity prevention programmes.

Hawkes Bay DHB is learning from the UK experience (with an import from 'Little Steps to Healthy Lives' joining the team) to develop and promote an innovative, best practice approach to first foods linked to the Well Child Tamariki Ora (WCTO) framework. The aim is to create fun, tasting, learning and sharing 'first food experiences'. A 12 month follow-up of the first foods experience will gather understanding of family food practices, timing of first foods introduction and breastfeeding duration.

Increased understanding of early food experiences and family behaviours, alongside other targeted investments from the Ministry of Health, will support a sustainable approach to obesity across settings in early childhood. Learnings from the UK indicate shifting attention away from individual risk factors or isolated interventions instead considering many influences simultaneously, across community, education and health services will provide greater impact.

Funding Source: Public Health England

Category: Programme

Presentation Type: Oral 15 minutes

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Whanau Pakari: Perceptions versus reality - how active are obese New Zealand children?

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¹Sport Taranaki, New Plymouth, ²Taranaki District Health Board, New Plymouth, ³Liggins Institute, The University of Auckland, Auckland.

Whanau Pakari is a multi-disciplinary intervention programme for obese children and adolescents in Taranaki, targeting Māori and those in most deprived areas, who are over-represented in obesity statistics.¹

Aim: To assess perceived versus actual activity level at initial assessment, and compare activity levels of participants with national data.

Methods: Baseline assessments from January 2012 to August 2014 were reviewed. Referral criteria were overweight or obese, age 5-16 years. Participants completed the Children's Physical Activity Questionnaire (C-PAQ)² and were requested to wear an ActiGraph GT3X accelerometer during waking hours for two week days and one weekend day.

Results: 240 baseline assessments were analysed. C-PAQ questionnaires were available for 235 participants, and accelerometer data for 137. Māori was the self-identified ethnicity for 109 (45%), New Zealand European (NZE) for 109 (45%), Pacific Island for 6 (3%), Asian for 6 (3%), and other ethnic groups for 10 (4%).

The C-PAQ showed lower self-report of activity compared with ActiGraph data for time spent in the activity range from lifestyle to very vigorous physical activity (94 minutes vs. 135 minutes respectively, p<0.0001).

There was no significant difference between average actual physical activity levels (moderate to very vigorous activity) between Māori and NZE (39 minutes vs. 37 minutes, p=0.8), which is lower than the national average of 104 minutes³ and lower than the recommended 60 minutes per day of moderate to very vigorous activity for children.⁴

Average screen time per weekday tended to be lower in Māori compared with NZE (142 vs. 158 minutes respectively, p=0.08). National guidelines recommend no more than 120 minutes per day.⁴

Conclusion: In obese children aged 5 to 16 years perceived overall activity underestimates actual activity levels. In these obese children neither duration of moderate to very vigorous activity levels nor screen time met the current recommended levels.

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Funding sources: Taranaki District Health Board and Sport Taranaki

Category: Original research

Presentation type: Lightning talk 5 minutes

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The Big Latch On: A community development initiative for breastfeeding peer support

Isis McKay

Women's Health Action Trust, Auckland

Increasing the rates and duration of breastfeeding has consistently been demonstrated to be an effective intervention for improving community health.^{1,2} Research highlights that a significant barrier to breastfeeding is the lack of peer support for breastfeeding women.³ Women with no prior exposure to breastfeeding in their family or social network, who feel that their choice to breastfeed makes them different to other women in their social circle, are more likely to prematurely cease breastfeeding.⁴

In August every year, to raise awareness of the benefits of breastfeeding and the need for national and global support, the World Alliance for Breastfeeding Action organises World Breastfeeding Week. To mark this occasion Women's Health Action coordinates the Big Latch On.

Founded by Women's Health Action in 2005 the Big Latch On is a highly successful, targeted community development initiative that raises awareness of the benefits of breastfeeding, encourages the formation of support networks between breastfeeding women, and aims to normalize breastfeeding as a part of daily life. The Big Latch On is now a worldwide event, aiming to strengthen support for breastfeeding to improve the health of women and children around the world.

The Big Latch On is informed by the principles of community development, providing the opportunity for breastfeeding women to get together in their local communities, coordinate their own events, raise awareness about the benefits of breastfeeding, and identify opportunities for on-going support. This presentation will discuss key evaluation findings from the 2014 Big Latch On and consider future opportunities and challenges for this initiative.

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Funding source: Ministry of Health

Category: Programme

Presentation Type: Lightning talk 5 minutes

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Complementary Feeding: Introducing foods that promote lifelong health and reduce disease risk

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The 'first 1,000 days', spanning conception, pregnancy and up to two years, is a critical window when nutrition can 'have the biggest impact to improve a child's lifelong health'. Two of the three most important interventions to improve a child's health are breastfeeding and complementary feeding practices². Compared to breastfeeding, less attention has focussed on nutritional aspects of complementary feeding³. Insufficiency in micronutrients, energy and essential fatty acids can result in stunting, lower intelligence quotient, and birth defects⁴ meanwhile, poor feeding practices are leading to increased incidence of childhood obesity in New Zealand⁵ and worldwide⁶. An emerging evidence base of the far reaching developmental consequences of nutrition during the first two years, is renewing attention on infant foods¹.

This review highlights the gaps and findings from the best evidence available (randomised controlled trials and longitudinal studies) on early infant feeding practices and later dietary patterns and health outcomes. Recent research has demonstrated regular inclusion of nutrient dense foods during infancy predicts a healthier dietary pattern in later childhood particularly for fruit and vegetable intake? 8.9.10. Conversely, excessive intake of energy dense/nutrient poor foods induce rapid weight gain and increase childhood obesity risk11. Early consumption of sugar sweetened beverages is also associated with doubling of the risk of childhood obesity 12; 13; 14. It is not yet clear whether associations between later childhood obesity and early foods are due to family eatling patterns or early taste preference development8. Food preferences may be laid down early15 as taste and smell are still developing postnatally, therefore, it is important to introduce nutrient dense foods rather than sweet and salty tasting foods which are naturally preferred choices for very young children. Taste preferences are amenable to shaping due to repeated exposures and dietary variety experiences16; 17. Regular exposure to the slightly bitter flavours of fruit and vegetables and other nutrient dense foods will facilitate their acceptability18 and in conjunction with limiting exposure to high salt or high sugar foods/drinks may reduce risk of later obesity16; 17; 18; 19.

References: References available on request to ANA

Category: Review

Presentation type: Lightning talk 5 minutes

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Consuming Calories and Creating Cavities: Beverages NZ children associate with sport

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Sugar-sweetened beverages (SSBs) are widely available, discounted and promoted, and despite recommendations to the contrary, frequently consumed by children. They provide few nutritional benefits, and their consumption is implicated in a number of poor health outcomes. This study examined the nature of the beverages that sport-playing New Zealand (NZ) children associate with sport. It assessed how well the beverages aligned with nutrition guidelines and relevant regulations, and their likely impacts on health. Eighty-two children (38 girls and 44 boys) aged 10-12 years were purposively selected from netball, rugby and football clubs in low and high socioeconomic neighbourhoods, in Wellington, NZ. Children photographed beverages they associated with sport. The beverages were then purchased and analysed in accordance with NZ nutrition guidelines, and relevant content and labelling regulations, by: package and serving size; energy, sugar, sodium and caffeine content; pH; and advisory statements.

The beverages the children associated with sport overwhelmingly had characteristics which do not support children in adhering to NZ nutrition guidelines. Implementing public health mechanisms, such as healthy food and beverage policies, widely promoting water as the beverage of choice in sport, and implementing healthy eating and drinking campaigns in sports clubs, would assist children who play organised sport to select beverages that are in keeping with children's nutrition guidelines. As part of a comprehensive public health approach they would also reduce the substantial, unnecessary and potentially harmful contribution sugar-sweetened beverages make to their diet.

Funding source: HRC Clinical Research Training Fellowship

Category: Original research

Presentation type: Oral 15 minutes Email: moira.smith@otago.ac.nz



Taking the Science of Sensible Nutrition Mainstream: Lessons from 10 years of Healthy Food Guide magazine

Niki Bezzant

Healthy Life Media, Auckland

In 2005 a little magazine called Healthy Food Guide was launched on to the New Zealand market. While they were supportive, many health professionals, nutrition and public health experts were not hopeful of the magazine's success. "People don't want to hear messages about healthy eating", they said. "Even the Ministry of Health can't get them interested". Others liked the concept, but said the audience was small and niche – the 'worried well'.

Fast forward ten years, and Healthy Food Guide magazine is NZ's top-selling food magazine, with a readership of over 400,000. The Healthy Food Guide brand spans multiple media and multiple countries. What's perhaps even more surprising is that it's achieved this with a message of moderation; of evidence and science-based advice; of un-faddish, sensible eating recommendations and recipes based on stringent nutrition criteria.

So how has this happened? In this presentation, founding editor, now editor-in-chief, Niki Bezzant explains how the Healthy Food Guide team has taken the 'boring' science of nutrition and created a compelling and much-loved media presence with real influence. She shares some of the strategies, techniques and tricks that have worked to change readers' eating behaviour for the better. And she discusses how to get cut through for sensible healthy eating messages in a modern media landscape crowded with extreme and unproven 'quick-fix' nutrition theories.

Category: Viewpoint

Presentation type: Oral 15 minutes Email: niki.bezzant@hlmedia.co.nz



What App? Mobile health interventions for promoting healthy eating

Rebecca McLean

National Institute for Health Innovation

Background: Globally 38 million people die each year from non-communicable diseases (NCD), such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.¹ In New Zealand (NZ) 11% of premature mortality is due to NCDs, with obesity being the main risk factor.².³ Current strategies for improving nutritional intakes and reducing obesity are however not working. New cost-effective initiatives, both globally and nationally, are urgently needed. Mobile health (mHealth) interventions, which are delivered by mobile devices, such as mobile phones and PDAs, could be the solution; 90% of the population have access to a mobile phone and ownership is similar by ethnicity and income.⁴ There have been no reviews to date which focus on mHealth interventions for improving dietary intakes. The aim is therefore to systematically review the evidence on the effectiveness of mHealth interventions for promoting healthy eating

Methods: A systematic review of randomised controlled trials from Medline, Embase, CENTRAL, PsycInfo, and Google Scholar was undertaken using adapted methods from the Cochrane Handbook for Systematic Reviews of Interventions.5 Participants were adults ≥18 years old, of any gender, ethnicity or health status; recruited from all settings.

Results: Details of the systematic review will be presented.

Conclusion: mHealth interventions have the potential to improve dietary intakes and reduce the impact of NCDs in NZ and globally. Robust systematic reviews such as this one are required to determine their effectiveness.

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Category: Review

Presentation type: Oral 15 minutes Email: r.mclean@auckland.ac.nz



Vegetables.co.nz and Health Professionals

Pip Duncan

Food Services Consultant, Vegetables.co.nz.

Vegetables.co.nz promotes fresh vegetables on behalf of New Zealand commercial vegetable growers. The main strategy is to increase consumption of fresh New Zealand grown vegetables and to support stakeholders. Health professionals as key influencers have an important role in promoting an increased consumption. Vegetables.co.nz undertakes a range of promotional activities and produces resources to assist Health Professionals in a range of settings with this role.

This presentation showcases current activities; the development of resources, the peer review process and their uptake. The vegetables.co.nz website is pivotal to the range of activities undertaken. Health Professionals are able to source recipes, information, download pdfs and order resources. They are also able to read blogs and have an opportunity to join the monthly recipe club. Health professionals have access to an extensive image library with hundreds of free high res images available.

Funding sources: Vegetables.co.nz

Category: Programme

Presentation type: Lightning talk 5 minutes

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Hot Potatoes

Carolyn Lister¹, Pip Duncan²

¹The New Zealand Institute for Plant & Food Research Limited, Christchurch; ²Potatoes New Zealand Inc., Wellington.

Potatoes have often received a bad press and many people perceive them negatively from a nutritional viewpoint. They are portrayed as a high-energy food, with a high glycaemic index that provides little in the way of nutrients. However, if appropriately prepared, potatoes are a considerably richer source of nutrients than of energy. With the implementation of FSANZ Standard 1.2.7 in January 2013 there are new opportunities for promoting the nutrition and health benefits of foods. As a result Potatoes NZ Inc. commissioned Plant & Food Research to carry out a review to gather as much information as possible to enable the New Zealand potato industry to develop nutrient content and health claims for use in marketing potatoes.

Based on typical composition data, a serving of potatoes delivers the required amounts of intake for content claims for the following nutrients: fibre, folate, niacin, pantothenic acid, potassium and vitamin C. There is a long list of potential pre-approved health claims associated with these nutrients that could be used for potatoes. These include benefits for digestive health, supporting normal immune system function, reducing tiredness and fatigue, contributing to normal growth and development in children, assisting with normal energy production, contributing to normal collagen formation needed for cartilage and bones, and maintaining normal water and electrolyte balance. Appropriate cooking methods can also ensure the nutritional content is retained and that fat and salt are not added.

Although there has been considerable new research on the health benefits of potatoes (e.g. antioxidant, lowering blood pressure, cholesterol lowering, anti-inflammatory) there is as yet insufficient scientific evidence to make health claims. Other research has shown the glycaemic index of potatoes can be misleading if not interpreted in the context of the overall contribution to the carbohydrate and nutrient composition of the diet, and their functionality in satiety and metabolic control within meals.

A concerted effort is needed to highlight the positive attributes of potatoes, to increase awareness in the minds of consumers of the valuable contribution potatoes can make as part of a healthy diet.

Funding sources: Potatoes New Zealand Inc.

Category: Review

Presentation type: Lightning talk 5 minutes Email: carolyn.lister@plantandfood.co.nz



Pacific Soaking in Fast Food: An analysis of food outlets in South Auckland

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Rationale: Local food retailing is the primary contributor to the availability of and access to food, the major determinant of nutrient and energy intake for residential consumers. In New Zealand (NZ), poorer neighbourhoods have been shown to have shorter travelling distances to fast food outlets when compared with less deprived neighbourhoods (Pearce et al, 2007). However, no research in NZ has looked at the comparative density of different types of food outlets.

Aim: To categorise and quantify the comparative density of the local fresh food and fast food retail environment in South Auckland, where more than one third of NZ Pacific Islands families live.

Methods: The food licence registry of food retail outlets from the Auckland Council (2013) was obtained. Food outlets were categorised as either fast food or fresh foods. Street addresses for the food outlets were geocoded and plotted on GIS maps to examine the distribution of the different types of food outlets. The homes of the participants from Pacific Islands Families study were then overlaid on these maps.

Results: Compared with fresh food outlets, we found that fast food outlets had a higher density factor. Fast food outlets outnumbered fresh food outlets by approximately 10 to 1 (only 10.4% were fresh food). This ratio excluded dairies, petrol stations, bakeries, cafeteria, confectionaries, and icecream shops.

Conclusions: In South Auckland, the retailing food environment provides better access to fast foods than to fresh foods. Fast food outlets have greater visibility and related factors (such as convenience, low cost, taste and variety) means fast foods may more likely be chosen over fresh foods. Therefore the density of fast food outlets in South Auckland may encourage less healthy food patterns of Pacific Island families.

Reference: Pearce, J., Blakely, T., Witten, K., & Bartie, P. (2007). Neighborhood deprivation and access to fast-food retailing: a national study. Am J Prev Med, 32(5), 375-382.

Category: Original research

Presentation type: Lightning talk 5 minutes

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Challenging the Status Quo of Traditional Active Options

Louisa Cooper

Te Hiku Hauora

The Whānau Triathlon was created to address the issue of how to successfully get an entire whānau engaged in physical activity. It appears that today's hectic lifestyle has created too many barriers for traditional methods to work.

We achieved higher participation levels by removing barriers such as cost and safety and actively engaged the wider community by offering a variety of support avenues such as workshops, motivational speeches by a national sports celebrity and professional health provider, and providing free weekly health checks.

With the Whānau Triathlon concept we sought to combine an innovative event with the aim of improving the physical health and wairua (mental wellbeing) of the whānau unit. We ditched the hard edged urban setting with its concrete man-made structures, high tension, tar sealed roads and concrete footpaths for the rural-based, soft edges of a lakeside track and the calm, relaxing atmosphere of its waters and natural resources. We challenged the traditional concept of a team and placed the combination of parent/child and grandparent/grandchild side by side in short course swim/bike/walk events. We made participation in the event free of charge and encouraged families to come together for the day.

What we found was that participation numbers more than doubled and participant enjoyment and satisfaction was higher than with previous events. Participation numbers increased from the inclusion of the entire family unit, not just the one family member.

This suggests that changing the format of traditional styled events away from the stresses of modern life, back to a more natural arena, with full support and minimal barriers is key to engaging the entire whānau into physical activity.

Category: Viewpoint

Presentation type: Oral 15 minutes Email: louisac@hauora net nz



Smartphone Apps to Improve Fitness and Increase Physical Activity among Young People: The AIMFIT RCT

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¹National Institute for Health Innovation, University of Auckland

Rationale: Insufficient physical activity is related to poor health outcomes such as CVD, diabetes and some types of cancer. There is an age-related decline in physical activity levels in young people, which is of concern as activity levels track into adulthood. Common interactive technologies, such as smartphones, may enhance the appeal and delivery of interventions to increase levels of physical activity (PA) among young people.

Aim: The AIMFIT trial investigated the effects of a mHealth physical activity intervention to improve fitness compared with usual behaviour in young people not meeting the New Zealand physical activity recommendations.

Methods: A three-arm, parallel, randomised controlled trial was conducted in 2013-14 in Auckland, New Zealand (NZ). Fifty-one eligible participants aged 14-17 years were randomised to one of three conditions: 1) use of an immersive smartphone application (app) (n = 17), 2) use of a non-immersive app (n = 16), or 3) usual behaviour (control n = 18). The smartphone apps consisted of an eight-week training program designed to improve fitness and ability to run 5 km. Data were collected at baseline and 8 weeks. The primary outcome was cardiorespiratory fitness, assessed as time to complete the one mile run/walk test at 8 weeks. Secondary outcomes were physical activity levels (PAQ-A and accelerometry), self-efficacy (PASES), enjoyment (PACES), psychological need satisfaction (PNSES) and acceptability and usability of the apps.

Results: Participants were on average 15.7 years old (14-17 years), mostly NZ Europeans (61%) or Pacific Islanders (22%) and females (57%). Preliminary findings indicate most participants (32%) used the app 2 times/week, 25% only used it 1 time/week and 9% none. 81% were interested in trying different apps to help with their fitness. Intention to treat analysis will be performed.

Conclusions: Mobile phones may offer a viable opportunity to reach this population and deliver interventions aimed at promoting health behaviours, including PA. This pragmatic study will determine the effectiveness of two popular smartphone apps as a stand-alone instrument for improving fitness and physical activity among young people. Full trial results will be presented and discussed.

Category: Original research Presentation type: Oral 15 minutes Email: a.direito@auckland.ac.nz



Water Babies: Water safety for life

Kirsty Carling

Sport Bay of Plenty, Rotorua

Five years ago I met with the then Swim Safe advisor at Swimming New Zealand (NZ). Amongst other things, we had a discussion about the importance of early water experiences; the incredible benefits of attending learn to swim lessons and how cost is a barrier to a lot of families. Our parting words were "one day we need to be able to offer free lessons to families".

Fast forward five years and Water Babies became a reality. Funding was secured from the Active Healthy Strong Community Partnership Fund (HPA) and a collaboration was established between Swimming NZ, Water Safety NZ, local aquatic facilities and four local hauora/community organisations. 154 children and an immediate family member attended a series of six free learn to swim lessons. These lessons also incorporated a 15 minute Swimming NZ learn to swim educational session based on Swimming NZ's 'bathtime' book which the families also received.

We also provided families with information on sun safety; each receiving a goodie bag with the Cancer Society's 'undercover cody' early childhood resource and other water safety information.

The entire pilot was a huge success; this was down to the incredible collaboration of all those involved. Each party's responsibility was detailed in a Memorandum of Agreement and all concerned put in a huge effort to ensure the success of Water Babies.

The project targeted Māori, Pacific Island and high needs communities, and the success in the first year has led to a further series been funded through a local community trust.

Funding source: Health Promotion Agency

Category: Programme

Presentation type: Oral 15 minutes Email: kirstyc@sportbop.co.nz



Perceived Benefits, Barriers and Contributing Factors to Physical Activity Adherence for People with Mental Illness

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Rationale: Research indicates that people with mental illness can benefit physically and mentally from physical activity. However, people with mental illness are less likely to be physically active than other people. In New Zealand there are several interventions available to engage people with mental illness in a more active lifestyle; one of them is the Activity Based Experience (ABE) Programme in Christchurch of non-government organisation, Richmond Services Limited.

The intervention provides a community-based, person-centred, goal-orientated and strengths-based service. The duration of the intervention is approximately three months with weekly meetings. The results of a pilot (simple quasi-experimental reversal) study analysing participants' physical (blood pressure, body weight) and mental (self-esteem, mental well-being) assessment results showed significant improvements in the mental measures, but no changes in the physical measures. However, it remained unknown how participants' perceived the intervention, what factors contributed to physical activity maintenance post-intervention (i.e. without support) and how the intervention could be improved.

Aim: The aim of this follow-up study was to reveal participants' perceived benefits and barriers to physical activity, contributing factors to physical activity adherence and suggestions for service improvements.

Methods: Findings draw on individual semi-structured interviews with 13 participants in the intervention.

Results: Qualitative findings indicate that service users perceived benefits and barriers to physical activity were physical, psychological and in relation to social support. Factors affecting maintenance of physical activity included accessible community resources, being mentally well, taking personal responsibility and achieving goals. Suggestions for improvements of the service included a longer programme with more frequent sessions, use of motivational methodologies (such as technology) and providing group activities.

Conclusion: The ABE Programme provides multi-dimensional benefits, helps participants to overcome barriers to physical exercise and positively influences health beliefs and behaviours of some participants. Similar interventions should be an integral part of mental health services provided by specialised support professionals, targeted toward early intervention and multidisciplinary collaboration. It is recommended to tailor interventions to participants in regards to activities, duration of service and frequency of sessions. More research is needed to understand how to diminish barriers and maintain physical activity long-term for people with mental illness.

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Category: Original research Presentation Type: Oral 15 minutes Email: arnogrueber@gmail.com



Under 5 Energize: Successful outcomes from an innovative project

Madeleine Kirk¹, Jan Kane¹, Joe-Anne Hill-Moana¹, Jamie George¹, Krista Harries¹, Gaenor Smith¹, Bobbi Clark-Heu¹, Robyn Polley¹, Elaine Rush², Leanne Young²

¹Sport Waikato, Hamilton

The implementation of the Under Five Energize (U5E) project into early childhood centres in the Waikato region has progressed very quickly. Building on the success of the Waikato wide extensively researched Energize programme (10 years), Sport Waikato has extended this service to the early childhood sector through the Ministry of Health 'Maternal and Child Nutrition and Physical Activity" project funding. Commencing in July 2013, the U5E project is designed to contribute to the health goal of 'improving health and well-being through better nutrition and regular physical activity.'

U5E is delivered through four geographical clusters, with each serviced by an U5 Energiser. Of the 133 centres targeted, 93% (121) signed a 'memorandum of understanding' to participate in U5E. Each cluster has between 28-34 centers. The centres vary in their structure and management, from privately owned centres, to kindergartens, playcentres, köhanga reo and punanga.

During the establishment phase, baseline data in both nutrition and physical activity was collected, and a needs analysis identified improvements each centre needed to work on. U5E works alongside the centres to provide the tools, resources and information that will address these needs. A range of methods are utilised including workshops, resources and modelling to promote sustainable changes in both practice and policies.

A comprehensive, proactive and reactive evaluation is being undertaken utilising the REAIM framework, for evaluating public health interventions, through a partnership with AUT. In addition, there is a PhD student researching the processes, impact and outcomes of U5E.

To date, the data gathered clearly indicates U5E has been a catalyst for positive change, improving nutrition and increasing the amount and quality of physical activity that is offered through U5E centres. As a direct result of the project, 61 policy and procedural changes have been made thus far.

U5E is proving to be a successful vehicle of knowledge that influences change, by providing education through 121 centres to 745 early childhood educators, 4,528 families and 5,034 children in the Waikato region. Positive changes are evident and documented through success stories from centres and the implementation of information and knowledge into the children's homes.

Funding source: Ministry of Health

Category: Programme

Presentation type: Oral 15 minutes Email: madk@sportwaikato.org.nz



²Faculty of Health and Environmental Sciences, Auckland University of Technology

He Oranga Rangatahi: Waka ama as the vehicle

Carrie Taipari, lwi Health Promoter¹

¹Te Korowai Hauora o Hauraki

This school-based programme is an NCEA accredited year-long teaching unit developed in Hauraki in 2013/14. It was developed to address the needs of at-risk, sedentary Māori rangatahi in a mainstream, conservative, middle class school. The programme uses waka ama as the vehicle to engage students and encourage change towards hauora. Tikanga and te ao Māori were integral to programme development.

Fitting this physical activity and nutrition programme into the NCEA framework increased school commitment and programme sustainability, and it is now being delivered in other schools in Hauraki.

The programme is underpinned by Te Whare Tapa Whā and the removal of raupatu from programme delivery.

The initial request came from the school but the content and direction were developed from consultation within the school and with students as it progressed.

The school reports behaviour change in students and reduced school drop-out rate. The rangatahi are also fitter and making healthier eating choices. The school has requested that the health provider develop a leadership programme along similar lines.

An unexpected outcome was the involvement of wider whānau and the community. Mothers observed the changes in their rangatahi and requested a similar physical activity and nutrition programme for themselves. This has expanded to include partners and siblings and included a health day run by the parents for their satellite community.

Category: Programme

Presentation type: Oral 15 minutes Email: carrie.taipari@korowai.co.nz



School Gardens and Adolescent Nutrition and BMI: Results from a national, multilevel study

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³Faculty of Education, University of Auckland

Background: School-based garden education programmes are gaining in popularity as a strategy to address poor nutrition. Yet, their effectiveness is largely unknown as there are numerous methodological and practical difficulties in evaluating their impact. The aim of the current research is to determine the impact of school gardens on student eating behaviours and BMI in New Zealand secondary schools. The current study will also determine if school gardens can help to buffer the association between household poverty and adolescent BMI.

Methods: Data were drawn from the Youth 12 survey, a national study of the health and wellbeing of New Zealand secondary school students conducted in 2012. 8,500 randomly selected students from 91 randomly selected secondary schools completed an anonymous survey about their health and wellbeing, and were weighed and measured for height. Senior administrators (80/91) completed a survey about the school, including whether the school had a fruit/ vegetable garden. Data were analysed using multilevel regression models to determine the association between school gardens (school level) and student nutrition behaviours and BMI (student level). All analyses accounted for student demographics and school characteristics that could potentially confound the results.

Results: Approximately half (54%) of secondary schools had a fruit/vegetable garden for students to participate in and approximately 54% of students had access to a school garden, with few or no differences by school or student characteristics. Results from the multilevel analyses demonstrate that school gardens are associated with lower student BMI (p=0.01), lower prevalence of overweight (p<0.01) and less fast food consumption (p=0.04), controlling for student and school-level covariates. There were no associations between school gardens and student fruit or vegetable consumption. Finally, school gardens buffered the effect of household poverty on student BMI (p=0.04), such that students experiencing household poverty observed the greatest benefit from school gardens.

Conclusions: School gardens are common in New Zealand secondary schools and appear to have a positive impact on student nutrition. Future research may explore how school gardens are implemented in schools and utilised by students; to better understand their impact and to extend the benefits beyond the school community.

Category: Original research

Presentation type: Oral 15 minutes Email: j.utter@auckland.ac.nz



Building Food Literacy for the Future: How Garden to Table is empowering children in their health, learning and environment

Catherine Bell, Founding Trustee

Garden to Table Trust, Auckland

Children across the country are getting their hands dirty and learning how to grow, harvest, cook, share and love fresh, seasonal food. The Garden to Table programme is working with primary schools to change the way children think about food – to increase their knowledge of food and its impact on their health, their community and their environment. The philosophy of the Garden to Table Trust is to improve food literacy across New Zealand, and this programme is making a difference – we are engaging children's curiosity, their energy and their taste buds and the programme, through the schools, providing memorable food experiences and skills development to ensure positive lifelong eating habits.

The focus around eating good food, sustainable practices, class participation and sharing, and hands-on learning ensures it can be delivered in such a way as to match the schools resources and needs, not only teaching garden and kitchen skills for life but also empowering children to make informed food choices in the future.

We know the programme:

- inspires children to take home what they learn creating vegetable gardens, capably growing, harvesting, preparing and sharing food with their own families – teaching their parents
- builds community involvement as volunteers, donations and service support
- encourages team work and co-operation, pride and increased self-esteem
- connects across all curriculum material, especially science and maths
- links children with environmental issues around recycling and interdependence.

Category: Programme

Presentation type: Oral 15 minutes Email: info@gardentotable.org.nz



Working with Local Government to Promote Nutrition and Physical Activity: A snapshot of the evidence

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The decisions made at the local government level can have profound effects on the determinants of health. Local government can play an important role in supporting healthy eating and regular physical activity in the community. It can do this by, among other things; helping residents to access healthy food, developing practical long-lasting strategies to reduce food insecurity, providing sport and recreation facilities and venues, facilitating good urban planning and design as well as supporting communities to live healthy active lives.

Amendments to the Local Government Act in 2012 changed the focus of responsibilities for local authorities away from promoting well-being (social, economic, cultural and environmental) to a new purpose of meeting 'current and future needs of communities for good-quality local infrastructure, local public services, and performance of regulatory functions in a way that is most cost-effective for households and businesses'.

This new purpose provides a challenge for the health sector to work to keep health, and especially nutrition and physical activity, on the local government agenda. In response to concern from the sector about difficulties in engaging with local government; Agencies for Nutrition Action has developed two 'snapshots'. The snapshots summarise the evidence on how to engage and work successfully with local government to keep work in these two areas on their agenda.

Evidence for the snapshots was gathered through literature scans, key informant interviews and finding case study examples of successful collaborations between the nutrition and physical activity sector and local government. The literature scans provided the evidence base for working with local government where it existed. The key informant interviews gathered wisdom and experience of people working in, or with, local government on how to best make your approach. The case studies provided examples of successful collaborative health/local government efforts and recorded the factors which contributed to those successes.

This presentation will summarise the key recommendations for working with local government and the evidence that supports them.

Funding Source: Agencies for Nutrition Action

Category: Review

Presentation Type: Oral 15 minutes **Email:** carolyn@quigleyandwatts.co.nz



Evaluation of a Heart Foundation Pilot Programme for Menus in Workplace Cafeterias

Judith Morley-John¹, Mark Wylie²

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Workplaces have been identified as an important setting for improving employees' diet, health and wellbeing (WHO, 2004). A number of organisations have implemented guidelines for improving the workplace food service however there is little published evaluation on the effectiveness of these guidelines.

A private/public partnership between the Heart Foundation and Cater Plus Services Ltd, a national catering company, involved the implementation of the Heart Foundation's Guidelines for providing and signposting healthier workplace menus. The guidelines drew on partners' experience in the foodservice sector and included two components: i) a 24-item food-based checklist which aimed to provide healthier choices in the menus; and ii) guidelines for co-branded (Cater Plus and Heart Foundation) signposting of healthier cafeteria menus. The programme pilot was initiated in June 2014 in 22 workplaces for which Cater Plus has the cafeteria contracts. These workplaces employed fifty to several hundred staff from a range of administration and manufacturing sectors.

The pilot programme was evaluated six months after initiation with the overall aim to determine how well the programme met the needs of key stakeholders, including the consumers, Cater Plus food service caterers, the contracting clients and the Heart Foundation. The effectiveness of the guidelines was evaluated by determining cafeterias' compliance and the contribution of healthier food items to the overall menus. Consumers were surveyed to determine their awareness of the programme and purchasing behaviour. Surveys were conducted with Cater Plus foodservice managers and their contracting clients to determine programme sustainability and to identify barriers and enablers to programme implementation. Results will be presented at the conference.

The findings of this evaluation will be used to inform the Heart Foundation's ongoing work with workplace cafeterias.

Reference: World Health Organization. (2004). Global strategy on diet, physical activity and health. World Health Organization: Geneva.

Category: Programme

Presentation Type: Oral 15 minutes **Email:** judithm@heartfoundation.org.nz



Sugary Drinks: What's in the Energize tool kit after 10 years?

Kasha Latimer¹, Milly Connell¹, Stephanie McLennan¹

¹Sport Waikato, Hamilton

The sugary drinks problem is complex and requires a multipronged strategy. In the Waikato, Project Energize approaches the issue through schools with a range of tools from education sessions to take home messages. In this session we will describe a number of the tools we use to unstick 'sticky' drinks from the school environment. Discussions will include lessons Energize has learnt in ten years of delivery in schools. What tools have worked where and when?

Project Energize is a primary and intermediate school physical activity and healthy eating programme. In the Waikato, Energize began in 2005 and now supports all 242 schools (42,200 children) with funding from the Waikato District Health Board. Currently there are also programmes running through Sport Northland, Counties Manukau Sport and the Cork Institute of Technology, Ireland.

Which areas of school life might sugary drinks slip into and how has Energize assisted schools? Examples include event catering and displays, parent evenings, canteens and lunch orders, fundraising, prizes and rewards, new entrant packs, local stores, holiday programmes and after school care, cooking with children and parents, curriculum, enterprise, take home messages, newsletter inserts, and policies.

Although there is no one size fits all, there are some commonalities in the way we work. Key learnings from Energize experience include delivery based on a relationship of trust and ensuring messages are positive, fun, visual, consistent, repeated, accessible, and language and culture appropriate.

Funding Source: Waikato District Health Board

Category: Programme

Presentation Type: Oral 15 minutes Email: kashal@sportwaikato.org.nz



Integrated Cardiac Rehabilitation: Lessons from te ao Māori.

Geoff Kira

Research Fellow, School of Sport and Exercise, Massey University, Palmerston North

Cardiac rehabilitation (CR) has been shown to be effective in reducing the occurrence of secondary heart events and improving the quality of life of patient attendees1. CR in Aotearoa New Zealand (NZ) commonly includes education sessions (for example, medications, nutrition, and exercise) and an exercise programme². However uptake and adherence to CR is poor, approximately 30% of all patients worldwide, that are offered CR, are recruited³. Studies show that there are many reasons for this including poor health communication, lack of transport, and cultural differences. In NZ, there are additional factors to add to the milieu. Under-resourcing, discordant and non-standardised procedures. and poor information processes have led to patients and their whānau (families) to forgo attendance of CR programmes in their region. We are developing trial CR programmes that are based on Māori values system (tikanga) and worldview of health. The greatest innovation that is a constant in these trials is the emphasis on whānau. Inviting whānau to participate in CR provides an opportunity to address the individual patient uptake and adherence as well as stemming the rising cardiovascular disease tide in the extended whānau. These programmes are treatment and prevention rolled into one bringing together secondary prevention and public health. Our aims are to improve patient uptake and adherence to CR, prevent familial cardiovascular disease, and reduce the burden on the health system through the collaboration of CR and public health. A Maori worldview can provide innovation where there is the greatest need for new concepts to be developed.

Integrating CR and public health for the treatment and prevention of cardiovascular disease is sound economic and collaborative health care practice that is sustainable.

References:

- Oldridge N. Exercise-based cardiac rehabilitation in patients with coronary heart disease: metaanalysis outcomes revisited. Futur. Cardiol. 2012;5(5):729–751.
- 2. Doolan-Noble F, Broad J, Riddell T, North D. Cardiac rehabilitation services in New Zealand: access and utilisation. N. Z. Med. J. 2004;117(1197):1–12.
- Neubeck L, Freedman S Ben, Clark AM, Briffa T, Bauman A, Redfern J. Participating in cardiac rehabilitation: a systematic review and meta-synthesis of qualitative data. Eur. J. Prev. Cardiol. 2012;19:494.

Funding Source: Heart Foundation of New Zealand and Massey University

Category: Viewpoint

Presentation Type: Lightning talk 5 minutes

Email: g.kira@massey.ac.nz



Edible Landscapes: Realistic ideas for real workplaces

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The indoor and outdoor spaces of contemporary workplaces contain predominantly low-maintenance, perennial plants with minimal inclusion of edible varieties. Many edible plants are low-maintenance. aesthetically beautiful and well suited to the workplace. A literature review was conducted to inform the background rationale for the incorporation of edible landscapes in workplaces, focusing on 'contact with nature' and workplace-based nutrition interventions. Edible landscaping provides opportunities for more sustainable practice, increased intake of fruit and vegetables and promotion of food security. In the workplace contact with nature has been shown to decrease stress, increase job satisfaction, improve cognitive functioning and decrease frequency of health complaints. Edible plants in the workplace may promote increased consumption of fruits and vegetables. Additional benefits may be obtained. similar to those received from demonstration and community gardens in that increasing the importance of fruits and vegetables in the workplace may encourage employees to grow fruits and vegetables in home or community gardens. A list of edible plants with relatively low-maintenance, longevity and visual appeal was compiled and recommended for incorporation into Auckland University of Technology's AUT South campus strategic plan. The combined horticultural knowledge and gardening experience of the authors was drawn upon to compile this list. When further information was needed or clarification sought, horticultural resources including print material and credible online sources were used. Options with consideration specific to the Auckland climate included: feijoa, kiwi, citrus, cranberries, plums, persimmon, grapes, tamarillo, avocado, mountain pawpaw, banana, cherry guava, figs and mulberry. As an upstream health promotion intervention for communities, edible landscaping could be an easy to implement and cost-effective health promotion intervention. There is a need to explore the feasibility of the incorporation of edible plants into both indoor and outdoor landscapes at workplaces in New **7**ealand

Category: Viewpoint

Presentation Type: Lightning talk 5 minutes

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Diabetes Projects Trust Workplace Wellness Programme: An overview

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Background: In 2012 there were 6.1 million work days lost due to absences in New Zealand, which resulted in a \$1.3 billion productivity loss to the New Zealand economy1. In the same year over 84,000 people in Auckland were diagnosed with diabetes, increasing to approximately 92,000 new diagnoses in 20132. Health promotion in workplaces gives access to large numbers of people and can minimise barriers to participation in health-related activities, such as cost and time.

Programme Objective: To support organisations to plan, implement and maintain the promotion of health in their workplace.

Programme Description: The Diabetes Projects Trust Workplace Wellness Programme is an intensive workplace health programme that targets high-needs workplace populations throughout Auckland. The programme's guiding principle is that a healthy workforce leads to a more productive workforce and a healthier general population. This programme is unique in that it offers a variety of health promotion activities that are tailored to the workplace's health needs, culture and size. It is flexible with workplace's other activity ideas and aligns with best practice guidelines. Partnerships with other services allow further health-promoting activities, such as Green Prescription and Auckland Regional Public Health Service.

Successful Outcomes: In 2014 the programme's activities had the potential to impact the health of over 8,350 employees. Examples of successful outcomes include expansion of the programme to support more employees and workplaces, diabetes screening of almost 750 employees, event planning of a well-attended men's health night, and development of a larger variety of activities.

Evaluation: The 2013 evaluation concluded that this programme continues to be successful and instrumental in supporting workplace health in the Auckland region. The evaluation reported that incremental steps taken towards a healthier workplace indicate a positive base for continuing in a healthy direction, however more than one year of support is needed to produce large-scale impacts on employee health. There are many workplaces in Auckland and New Zealand that warrant a supportive workplace health programme and there is potential opportunity for further expansion.

References:

- BusinessNZ. (2013). Wellness in the Workplace Survey (Report No.1). Retrieved from http://www.businessnz.org.nz
- 2. Ministry of Health. (2014). Diabetes data and stats. Retrieved from http://www.health.govt.nz

Category: Programme

Presentation Type: Lightning talk 5 minutes

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Child Obesity Prevention in the Wellington Region: A coordinated approach to health promotion

Tess Clarke^{1,2}, Moira Smith^{1,3}, Kirsty Newton^{1,2}, Anna Ferguson¹ and Julie Cederman¹

1 Healthy Future Families Trust; ²Capital and Coast DHB; ³University of Otago, Wellington

Enabling people to achieve their fullest health potential, and mediating the different societal interests in promoting health, are core principles of the Ottawa Charter for Health Promotion. In 2012, three health professionals and researchers formed the Child Obesity and Type 2 Diabetes Prevention Network out of concern for the high prevalence of obesity and subsequent increasing incidence of type 2 diabetes in the child population, and lack of coordination among individuals, groups and organisations undertaking relevant health promotion. Now comprising over 70 health professionals, researchers, non-governmental organisations, exercise and nutrition specialists, educators, marketing experts, local government and DHB representatives in the Wellington region, the Network aims to reduce the duplication of obesity prevention activities in the region, provide a forum for communication, and strengthen and build new connections between interested stakeholders. Subsequently, in 2013, the Healthy Future Families Trust was formed. A non-profit organisation, the Trust funds health promotion activities that develop personal skills and strengthen community actions, undertakes and supports relevant research, and raises community awareness about child obesity and type 2 diabetes. This presentation describes the development of the Network and the Trust, the activities they have contributed to thus far, and their future directions. The benefits of taking a coordinated approach to child obesity and type 2 diabetes prevention are discussed.

Category: Programme

Presentation Type: Oral 15 minutes Email: tess@healthyfuturefamilies.org



The Evolution of Whanau Pakari: A multi-disciplinary intervention for child and adolescent obesity in Taranaki

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Child and adolescent obesity is a major issue in New Zealand, with an estimated 79,000 children aged 2-14 years currently affected.\(^1\) Whanau Pakari evolved out of the need to create a child and adolescent obesity service for Taranaki. Prior to its launch in 2012, the main regional programme available was Green Prescription Active Families. Audit of the Taranaki programme showed 55% of the participants and whānau subjectively succeeded in achieving healthy lifestyle change, with the programme being less effective for Maori participants compared with New Zealand European (40% versus 68% success, p=0.04).\(^2\)

Whanau Pakari targets Māori and those from deprived areas, given their over-representation in childhood obesity statistics.¹ In order to achieve this and address areas highlighted from initial audit, extensive community consultation was undertaken. Whanau Pakari was created with three unique aspects: 1) a "demedicalised" home visit model that is whānau-based and region-wide, 2) assessment of "readiness" to make lifestyle change in the participant and the committed whānau member, and 3) an expanded multi-disciplinary team approach set in the community. Whanau Pakari is a collaboration between Taranaki District Health Board and Sport Taranaki that aims to make a "mainstream" clinical model accessible and acceptable to all, recognising the framework of He Korowai Oranga: The Māori Health Strategy.³

Referrals are received from many sectors of the community for obese children aged 5-16 years. Whanau Pakari incorporates a randomised controlled clinical trial to assess the outcome. The whānau-based intervention programme runs for 12 months, with follow-up to two years to assess persistence of healthy lifestyle changes. To date, the programme has received over 350 referrals. At close of trial recruitment in August 2014,239 baseline assessments were completed, with a 45% participation rate from Māori (compared with 39% in the previous Active Families programme),² 45% New Zealand European, 3% Pacific (in keeping with 2013 Census figures of Pacific peoples in Taranaki),⁴ 3% Asian and 4% other ethnicity. There is a concerning level of co-morbidity documented, including hypertension and obstructive sleep apnoea. This presentation will expand on Whanau Pakari's evolution, some key findings to date, and the future for the programme.

References:

- 1. Ministry of Health. 2014. Annual Update of Key Results 2013/14: New Zealand Health Survey. Wellington: Ministry of Health.
- Anderson Y, Taylor G, Grant C, Fulton R, Hofman P. The Green Prescription Active Families programme in Taranaki, New Zealand 2007-2009 – did it reach those children in need? In press.
- Ministry of Health. 2014. He Korowai Oranga: Maori health strategy 2014. Wellington: Ministry of Health.
- Census 2013: Ethnic group by age group and sex [Internet]. Wellington: Statistics New Zealand; 2014[updated 20 June 2014; cited 24 November 2014]. Retrieved from: http://nzdotstat.stats.govt.nz/ wbos/Index.aspx?DataSetCode=TABLECODE8021#

Funding Source: Health Research Council of New Zealand, Taranaki Medical Foundation, Maurice

Phyllis Paykel Trust

Category: Original research

Presentation Type: Oral 15 minutes Email: yvonne.anderson@tdhb.org.nz



Shaping Improvements in Pacific Health over 14 Years: Findings from the Pacific Islands families study

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The Pacific Islands Families (PIF) Study is one of the largest longitudinal studies worldwide examining the developmental health and wellbeing of over 1,000 Pacific children and their families. The study, which has followed the children since they were born in South Auckland in the year 2000, tracks the children and their families (mother and father) as they grow from infancy: the transition from early education to school, into adolescence, and potentially beyond.

This unique study has generated and will generate vital information on Pacific child and family health and psychosocial functioning over critical developmental stages, and provides an evidence-base to allow focus on priority areas for and strengths of Pacific families, which have never been examined in such a comprehensive way before.

This presentation will provide a brief overview of the PIF Study, as well as outlining some of the key findings from the last 14 years, regarding the physical and psychosocial health and development of these Pacific families. A holistic approach is used to examine interactions and relationships amongst Pacific children, and their parents. This approach is important to uncover how aspects of health and wellbeing at an individual level can influence the overall health of the family collective and has application to communities and the population. The presentation will cover a range of issues examined throughout the study, including hearing and auditory disorders, food security, nutrition and growth, physical activity, smoking, gifting and gambling behaviours, and the association between acculturation and various health outcomes.

Funding Source: Health Research Council of NZ, Ministry of Business Innovation and Employment,

and the Foundation for Science & Technology

Category: Review

Presentation Type: Oral 15 minutes and poster

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Connecting Under 5 Energize and the Healthy Heart Award

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Under 5 Energize (U5E) is a nutrition and physical activity health service, funded by the Ministry of Health and delivered by four Under 5 Sport Waikato energizers to 121 (30% of region) early childhood centres located in four high deprivation areas of the Waikato region. Based on the established (10 years) region-wide primary school Energize programme funded by the Waikato District Health Board, U5E began the process of engagement with early childhood centres in August 2013.

The existing partnership of Project Energize with the Heart Foundation was extended to include the **Under 5 Energize** health service and the four Under 5 energizers were trained to support their cluster of early childhood centres to undertake the process necessary to achieve the Healthy Heart Award (HHA). The HHA recognises in four progressive stages, activation, Rito (founding), Whānau (strengthening) and Pā-Harakeke (flourishing) that the early childhood education centre has created a heart healthy environment which promotes healthy eating and physical activity.

Before the introduction of U5E, only 9% of the 121 early childhood centres had a HHA. From January 2014 to September 2014 a further 20% of the U5E early childhood centres started the HHA programme and were formally recognised as 'registered and activated' by the Heart Foundation. Progress is steady at a rate of at least 2 each month. The registered and activated early childhood centres are spread across the range of equity measures related to the socioeconomic status of the community, special needs, isolation and language and culture other than English.

The synergy of the Heart Foundation Healthy Heart Award programme with the U5E kaupapa to 'eat healthy, be active and have fun' is a best practice example of a new combination of good ideas and partnership that brings benefit to all stakeholders.

Funding Source: Gravida: National Centre for Growth and Development. Under 5 Energize health

service is funded by the Ministry of Health and delivered by Sport Waikato

Category: Original research

Presentation Type: Lightning talk 5 minutes

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Case Studies in Community-based Obesity Prevention: Practice to evidence

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Across multiple data sources, overweight and obesity are consistently found within the top three burden of disease statistics. In recognition of the extent and complexity of this issue, in excess of 80 systematic reviews on obesity prevention have been conducted within the past five years. Well implemented, evidence-based and innovative prevention initiatives are currently being conducted in the community, providing an opportunity to learn about the wins and challenges from practice.

This lightning presentation acknowledges the complexity of obesity and suggests that evidence on what works for a community-wide approach has moved towards multi-component initiatives. There is much that initiatives could and should learn from research evidence, there is also much benefit to be gained in bringing findings from practice into the evidence base.

The CO-OPS Collaboration has developed an online template for practitioners to share the details of their initiative and experience applying the evidence base in practice. Once submitted the initiative is matched against the best practice principles (King et al, 2011) in obesity prevention and 'scored'. Initiatives that score well are then engaged in an iterative process of translating their story into a case study for publication on the CO-OPS website.

Case studies are similar to storytelling; they are an informative and less formal way to learn about what works in obesity prevention. This lightning presentation will highlight how case studies can be used to pull stories from practice and provide a snapshot of various innovative and evidence based initiatives that have been conducted across Australia to showcase what works to impact healthy eating and physical activity.

Reference: King, L., Gill, T., Allender, S., & Swinburn, B. (2011). Best practice principles for community-based obesity prevention: development, content and application. Obesity Reviews, 12(5), 329-338.

Funding Source: Australian Department of Health

Category: Original research

Presentation Type: Lightning talk 5 minutes

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Healthy Auckland Together: Connect grow and thrive in Tamaki Makaurau

Michael Hale

Auckland Regional Public Health Service

Our city has a beautiful outdoors, a mild climate, clean air and water, and a plentiful and nutritious food supply. Yet more Aucklanders are getter sicker from preventable diseases than ever before. Even more importantly, some communities and families do not have the same chance to live healthy and fulfilling lives, however hard they try.

Our environments—where we live, learn, work and play—are encouraging us to make unhealthy choices. It should be easier for Aucklanders to eat better food, be physically active and raise healthy children. We want everyone to have the opportunity to live long lives, regardless of income, education or ethnic group.

Healthy Action Together is an ambitious inter-sectoral project started by the three district health boards, Auckland Regional Public Health, Auckland City, Auckland Transport, Auckland University, the Heart Foundation, the Ministry of Health and others representing Māori, Pacific peoples and those with disabilities.

This group is working together to make health and wellbeing a priority for a range of policies and projects in the city. The group is developing a regional plan with priority on improving environments for physical activity, food and for children. Its members are working together on existing and new projects that impact on physical activity, nutrition and obesity, while identifying and building leadership for ongoing policy change. Opportunities range from the Auckland urban design manual, to transport planning, education settings and work practices.

Category: Programme

Presentation Type: Lightning talk 5 minutes

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Does Healthy Food Cost More? Monitoring the cost of healthy and current diets

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Price is a major determinant of food choices. Monitoring the price of foods is used to assess if a healthy diet is affordable and more or less expensive than an unhealthy diet, and to advocate for fiscal policies that encourage consumption of healthy foods and discourage consumption of less healthy foods.

INFORMAS (International Network on Food and Obesity/Non-Communicable Diseases Research, Monitoring and Action Support) aims to monitor, and benchmark food environments globally. One of the modules proposes a step-wise framework to monitor the cost and affordability of population diets in a standardized way. The framework aims to assess the price differential between 'healthy' and 'current' foods and meals (minimal approach), and diets (expanded approach) and the affordability of 'healthy' and 'current' diets (optimal approach). The price and tax component of key foods, food groups, meals and diets will be monitored over time and the impact of fiscal policies can be assessed or modelled.

The minimal approach uses three complimentary methods at the food level: the relative price differential between key pairs of healthy and less healthy foods; the cost of key core versus discretionary foods; and the cost of common takeaways compared to home-cooked meals. The expanded approach measures the cost of a healthy diet compared to the current diet for a reference household. A healthy menu is constructed from food-based dietary guidelines. A current menu that meets current population nutrient intakes is constructed using commonly consumed foods. For both approaches, shopping lists are compiled and items are priced at supermarkets. The optimal approach measures the affordability of the diets compared to household income.

Challenges for the minimal approach are defining commonly consumed foods, choosing realistic pairs, selecting a price metric and ensuring contrast in healthiness between foods. Challenges in the expanded approach are defining foundation principles for development of the healthy diet, constructing a representative menu for both diets, and having sufficient information about the population's current intake for the current diet. The protocols will be tested in New Zealand, Australia and Fiji.

Category: Original research

Presentation Type: Oral 15 minutes Email: smac661@aucklanduni.ac.nz



Fat Tax And All That: The pros and cons of taxing food

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Taxes and subsidies on food are receiving increasing attention internationally as potential interventions to reduce morbidity and mortality from obesity. However, little is currently known about policy makers' views regarding the feasibility and acceptability of such initiatives. Using economic simulation modelling, the SPEND study quantified the effects of targeted food taxes and subsidies on population total food intake, health, and nutrition-related disease in New Zealand. The current study took these findings to 20 key stakeholders to determine the feasibility and likely acceptability of selected food taxes and subsidies, including taxes on saturated fat, salt and soft drinks. Interviews were conducted with politicians, bureaucrats, and food industry and consumer representatives. Interviews were taped, transcribed and analysed using thematic analysis.

Results indicated that demonstrable evidence, such as that provided by the modelling, was critical in assisting policy makers to support such initiatives. The broader political and economic context was also a major influence. A significant portion on New Zealand's wealth is derived from dairy production. This makes consideration of a fat tax more complex in New Zealand than in countries where this is not the case. It is concluded that economic modelling is a constructive way to engage policy makers in discussion about food taxes and subsidies. It enables the pros and cons of taxing food to be determined and it enables public health experts to develop more effective advocacy strategies with the evidence this approach generates.

Funding Source: Health Research Council

Category: Original Research

Presentation Type: Oral 15 minutes Email: louise.signal@otago.ac.nz



Barriers and Enablers to New Zealand City Councils Developing and Implementing Food and Nutrition Policy

Jacinda Gower¹ and Penny Field¹

¹The University of Otago, New Zealand

Government regulative policy is increasingly recognised as a powerful tool to address 'obesogenic environments'. The current New Zealand government's ideological stance makes regulative public health nutrition policy unlikely. Local authorities are under increasing scrutiny as an alternative government organisation that has the ability to influence food environments at a local level, through food and nutrition policy.

This research addresses a gap in public health nutrition research and practitioner understanding of the New Zealand local authority policy environment. Specifically the factors which enable, hinder and influence New Zealand city councils' ability to develop and implement food and nutrition policy. Semi-structured in-depth interviews were conducted with elected members of council and council staff from each of the 12 city councils and Auckland Council. This public health nutrition study was conducted as a policy case study to develop understanding about New Zealand city councils' capacity to develop food and nutrition policy. Six overarching themes emerged as prominent enablers and barriers, depending on the local political environment. City councils' capacity to influence food environments was found to be influenced by council resources, community influence, local political factors, long term plans, national-level government factors and evidence.

The key finding of this study is that city councils' have the capacity to develop food and nutrition policy when there is a widespread awareness and prioritisation of food environment issues by three key groups: the community, elected members of council and council staff. Importantly, a multi-pronged approach of strong local political support, partnerships, credible champions and local or case study research are needed for food environment issues to be addressed by city councils through their long term plan. To bring about local food and nutrition policy, New Zealand's public health community need to be actively advocating at a city council level, involved in activating communities and raising awareness around food and nutrition issues.

Category: Original research Presentation Type: Oral 15 minutes Email: jacinda.gower@hotmail.com



Health Star Rating: Simplified nutrition information to help consumers identify the healthier choice

Phillippa Hawthorne¹

¹Ministry for Primary Industries

On 27 June 2014 New Zealand joined Australia's voluntary front of pack nutrition labelling system. The 'Health Star Food Rating' system is about making it quicker and easier for New Zealand consumers to make better informed, healthy choices.

The Health Star Rating System uses a star rating scale of ½ to 5 stars and, except for some exclusions like alcohol, it is able to be used on all packaged food products for retail sale.

Foods with more stars are said to have better nutritional value. The number of stars associated with each food is determined by an algorithm that considers the overall nutritional value of the food product – not just one aspect, such as sugar or fat content. The HSR of a product is based on the amount of certain nutrients in a product including: energy, the risk nutrients; saturated fat, total sugar, sodium; positive nutrients, protein and fibre; and the quantity of fruit, vegetables, nuts and legumes found within the product.

Depending on the quantities of these specific components, the number of stars is calculated based on the nutrition composition of 100g or 100ml of the food.

This is a voluntary system, so stars will gradually start to appear on products with many manufacturers committed to implementing the system over the next year as packaging is reviewed and updated.

The presentation will introduce the system, briefly explain its development, show what the system will look like on pack and provide links to more information.

Reference: http://www.foodsafety.govt.nz/industry/general/labelling-composition/health-star-rating/

Presentation type: Oral 15 minutes **Email:** phillippa.hawthorne@mpi.govt.nz



Building Healthier, Happier Towns and Cities in Aotearoa

Julie Anne Genter

Member of Parliament, Green Party of Aotearoa New Zealand.

The health benefits of regular walking and cycling for transport are well documented, as are the negative health and environmental impacts of high car dependence. The question remains: what policy interventions are needed to reverse the decades-long decline in active transport? The answer lies in a new approach to defining and solving traffic and urban planning problems. This talk will cover a brief history of planning rules, engineering standards, transport funding and policy decisions that have contributed to a significant decline walking and cycling in recent decades.

Ms Genter will reference practical policy interventions that have been successful overseas in increasing the number of people engaging in regular walking and cycling, and outline a set of policy and funding proposals to achieve a similar outcome in Aotearoa New Zealand. It will be useful for nutrition and health professionals who would like to better understand how urban planning and transport policy impacts physical activity.

Category: Review

Presentation Type: Oral 15 minutes

Email: julieanne.genter@parliament.govt.nz



Encouraging Physical Activity through Travel Planning

Melanie Alexander

Travel Demand Manager, Auckland Transport

Commute is Auckland Transport's travel planning programme, engaging with workplaces, business associations, tertiary institutes and households.

Commute engages with businesses and individuals to effect behaviour change from driving alone in the morning peak to more sustainable and efficient modes of transport. A range of packages is offered to encourage alternative modes of transport, and the option to incorporate a travel plan.

Travel planners provide specialist advice and work with businesses to support travel both to work and also as part of business travel. We offer a range of services to support sustainable travel including public transport promotion and give-it-a-go passes, carpooling programme, cycle training and bike hire and multi-modal travel expos.

We also work with universities to promote travel choices to staff and students. Our recent survey highlighted the importance of travel options for students. Access to good public transport, cycling, walking and carpooling are having an effect on the way students travel. With 14% of students across the region walking and cycling to university instead of driving themselves.

Cycling is also supported with 15 cycling packages delivered last year, enabling over 200 employees to trial a loan bike, and many more increasing their confidence through tailored cycle safety training and bike maintenance courses. Working with business in partnership has seen an increase in cycle parking in businesses and support for regular cycle events.

Walking to work or during the day has been encouraged. In 2014 we promoted walking to work through the Kick Start campaign in the city centre with 970 participants. This year we have aligned the walking programme with events to link to key destinations and public transport.

New areas of collaboration are being developed with the regional public health service to encourage greater levels of physical activity and align health messaging with transport message. Examples will be provided in the presentation including our wellness package, walk to work/study and promotion of cycling.

Funding Source: Auckland Council / New Zealand Transport Agency

Category: Programme

Presentation Type: Oral 15 minutes

Email: melanie.alexander@aucklandtransport.govt.nz



Financial Incentives to Cycle to Work: Possibilities for New Zealand

Christian Williams

Greater Wellington Regional Council, Wellington.

As the costs of sedentary behaviour are growing rapidly, an active commute offers the possibility for fitting regular exercise into a busy day, without much additional time or cost. To counter the convenience and lure of the private vehicle, various financial incentives are being used around the world to incentivise cycling to work. In Britain, the Bike 2 Work scheme offers tax free cycles at no upfront costs¹. France is trialling direct payments to cyclists on a per-kilometre basis². These and other European examples will be profiled along with recent research from Australia³, which shows strong public support and potential for the use of financial incentives to encourage the uptake of commuting by bike.

Would \$100 per month help convince you to cycle to work? Would the health (and other) benefits from such a scheme justify the costs? New Zealand's potential for such a scheme will be investigated, looking at barriers, risks and likely objections. However, the benefits of such a scheme – if successful in promoting a higher level of daily physical activity – are obvious. The beneficiaries would include the health providers (savings in health care), employers (reduced absenteeism, improved productivity), individuals who cycle (better health, more money), and the wider public (reduced congestion, cleaner air, reduced greenhouse gas emissions).

With this in mind, some thoughts about how or where a trial could be run in New Zealand, and who could (or should?) fund such a scheme. Wider questions about the fairness of various financial incentives would be explored, leaving plenty of (healthy) food for thought.

References:

- http://www.bike2workscheme.co.uk/
- 2. http://www.reuters.com/article/2014/06/02/us-france-bicycles-idUSKBN0ED10120140602
- Heart Foundation (Australia) and Cycling Promotion Fund (Australia). (2014). Financial Incentives to Ride to Work Survey.

Category: Viewpoint

Presentation Type: Oral 15 minutes Email: christian.williams@gw.govt.nz



Bikes in Schools: Is this NZ's most effective children's physical activity project?

Paul McArdle

The Bike On NZ Charitable Trust

The Bikes in Schools vision is to enable all New Zealand children to ride a bike on a regular and equal basis within school as we believe that this is the most cost effective, time efficient and low-risk way to provide a wide range of positive social, economic and health outcomes to an entire school and community.

Since the first Bikes in Schools project was opened by the Prime Minister John Key in 2010, the Trust has worked with or assisted thirty other schools throughout New Zealand to implement Bikes in Schools or a similar project.

The project helps schools implement a complete biking package that includes a fleet of 50 new bikes, helmets, bike tracks, bike storage and cycle skills training.

All bikes, tracks and helmets are owned by the school and remain on the school property to be used as part of the school's physical education programme. The tracks are built within the school property. The most immediate and measurable impact of Bikes in Schools is that regular access to a bike instantly goes from approx. 30% to 100% of students

Reports from principals, teachers, parents and students repeatedly state that Bikes in Schools also delivers the following outcomes:

- 1. Raises the confidence and self-esteem of students through a fun activity.
- 2. Delivers health and well-being outcomes for the students (and staff).
- 3. Provides an opportunity to self-manage risks within a safe environment.
- 4. Makes the school an even more attractive place to learn and work.
- 5. Results in the extended family biking more often.
- Enables all students to receive cycle skills training.

Bikes in Schools has proved to be particularly helpful for students who are obese or less fit – running is more difficult for them and they simply don't enjoy it. Conversely, biking is more achievable for them to participate in, and they are able to do so at a level of parity with their peers.

The question to be posed by this presentation is simply: Is Bikes in Schools NZ's most effective children's physical activity project?

Category: Programme

Presentation type: Oral 15 minutes Email: paulmcardle@gmail.com



Concurrent Workshop Abstracts

Sugar Sweetened Beverages: Are you ready to make a difference?

Rob Beaglehole

Community Oral Health Service, Nelson Marlborough District Health Board

Sweet drinks are not the treat they used to be, they are cheap, they are ubiquitous, and they are accepted as normal. However the impact they are having on our health is anything but normal.

New Zealanders drink a lot of sugar¹. Sugar sweetened beverage (SSB) consumption is a significant contributor to the obesity epidemic², it increases the risk for both diabetes³ and heart disease⁴ and SSBs damage teeth⁵.

Dr Rob Beaglehole has put SSBs on the local and national agenda and he is making a difference. Rob is going to share examples of what he has achieved in the Nelson Marlborough district with schools, local authorities, and the DHB. He will discuss advocacy, policy change and the merits of utilising the media.

This will be a session full of ideas, tips, and tools backed up with Rob's real life pragmatic examples. Come to this workshop prepared to be challenged to identify those you can influence. It may be your whānau, school principal, local councillor, mayor, or employer.

You will leave this workshop with the tools to make a difference in your own community. You will head home prepared with new ideas and tools to influence, advocate and initiate policy change.

References:

- University of Otago and Ministry of Health. 2011. A Focus on Nutrition: Key findings of the 2008/09 New Zealand Adult Nutrition Survey. Wellington: Ministry of Health. Retrieved from: http://www.health.govt.nz/publication/focus-nutrition-key-findings-2008-09-nz-adult-nutrition-survey
- Basu S, et al. Relationship of soft drink consumption to global overweight, obesity, and diabetes: a cross-national analysis of 75 countries. Am J Public Health. 2013; 103:2071-2077.
- 3. Hu FB, Malik VS. Sugar-sweetened beverage and risk of obesity and type 2 diabetes: epidemiologic evidence. Physiol Behav. 2010; 100 (1): 47-54.
- 4. Yang Q, Zhang Z, Gregg EW, et al. Added sugar intake and cardiovascular dieases mortality among US adults. JAMA. 2014; 174 (4):516-24.
- Armfield JM, Spencer AJ, Roberts-Thomson KF and Plastow K. Water fluoridation and the association of sugar-sweetened beverage consumption and dental caries in Australian children. Am J Public Health. 2013; 103(3):494–500.

Category: Programme

Presentation Type: Interactive workshop - 45 minutes

Email: Roby.Beaglehole@nmdhb.govt.nz



The Sleep Paradox: A horizontal answer to poor energy and cognitive function

Geoff Kira¹, Sarah Blunden², Steve Stannard³

¹Research Centre for Māori Health and Development, Massey University, Palmerston North, ²Appleton Institute, CQ University, Australia, ³School of Sport and Exercise, Massey University, Palmerston North

Sleep is a necessary, but frequently overlooked, health behaviour. Poor sleep is associated with multiple illness conditions such as mood disorders, depression, diabetes, and cardiovascular disease. Recently poor sleep has also been associated with weight gain and obesity in infant, child, adolescent and adult age groups.¹ In a world that is just too busy to sleep, often our greatest problem-solving time comes from simply "sleeping on it". Adolescents have the poorest sleep patterns of all the age groups, but all age groups are affected by poor sleep.

In this workshop, we will discuss sleep and its health consequences. In addition, you will take part in skill and knowledge development to improve you and your families sleep patterns. Note this workshop focuses on sleep problems (for example, sleepiness during the day and problems getting to sleep), but not sleep disorders (such as sleep apnoea). Participants are asked to wear comfortable clothing (not pyjamas) as they will be moving often.

References:

 Cappuccio FP, Taggart FM, Kandala N-B, et al. Meta-analysis of short sleep duration and obesity in children and adults. Sleep. 2008; 31(5): 619–26.

Category: Programme

Presentation Type: Interactive workshop - 45 minutes

Email: q.kira@massey.ac.nz



Making It Easier to Make Submissions

Keriata Stuart¹, Warren Lindberg¹

¹Public Health Association, Wellington

Why does a good health policy need the skills, knowledge and experience of people working in the nutrition and physical activity sector?

How can writing or presenting submissions be fitted into an already busy workload? This interactive workshop will help anyone who would like to get involved in healthy policy, or whose work includes policy, identify the answers to these questions. It is an opportunity for people to ask questions and share ideas, with some tips and checklists to make planning submissions easier:

- how you can use your skills and experience to develop submissions
- getting started
- tips for writing a good submission
- using values and frameworks to organise your submissions
- simple planning tools for presenting submissions.

The workshop draws on current evidence and best practice.

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

Category: Programme

Presentation Type: Interactive Workshop - 90 minutes

Email: keriata@pha.org.nz



Vision 2024: It starts with me

Carolyn Watts¹, Rebecca Whiting², Delvina Gorton³, Leonie Matoe⁴

¹Quigley and Watts Ltd, Wellington. ²Health Promotion Agency, Wellington, ³Auckland Regional Public Health Service, Auckland, ⁴Toi Tangata, Auckland

It started with you...

Way back in 2011 Agencies for Nutrition Action asked you what you thought the priorities were to ensure all New Zealanders were able to live, learn, work and grow in environments that supported healthy eating and physical activity?

We know that increasingly in New Zealand lives are being cut short and diminished in quality by poor nutrition and physical inactivity. Reducing and removing the barriers which prevent New Zealanders from making healthy choices will require cohesive efforts locally, regionally and nationally.

So we came up with Healthy Communities, Healthy Lives: New Zealand Public Health Nutrition and Physical Activity Sector Vision 2024 as a focal point for action. While recognising that no one strategy would resolve the challenge of poor nutrition and physical inactivity, the nutrition and physical activity sector prioritised some "start here" strategies and these became:

- all people living in New Zealand have sufficient access to food that is affordable, healthy and safe to eat
- children are free from exposure to food and beverage marketing messages
- being active is the norm and people avoid sitting for too long.

This workshop aims to:

- familiarise you with the sector Vision 2024
- help you identify strategies to have a say and influence change within your work area, and what resources might be needed to support your journey
- inspire you so you leave the workshop with a declared passion and list of actions
- provide an opportunity for you to identify sustainable linkages to support your future actions.

Workshop Interactivity: Workshop will be interactive with group exercises.

References:

- Agencies for Nutrition Action. (2014). Healthy Communities, Healthy Lives: New Zealand Public Health Nutrition and Physical Activity Sector Vision 2024. Retrieved from: http://www.ana.org.nz/our-work/vision-2024
- Agencies for Nutrition Action. (2014). Healthy Communities, Healthy Lives: New Zealand Public Health Nutrition and Physical Activity Sector Vision 2024 podcasts. Retrieved from: http://www.ana. org.nz/our-work/vision-2024

Funding Source: Agencies for Nutrition Action
Presentation: Interactive workshop – 90 minutes

Email: siobhan@ana.org.nz



Building Sustainability into Community-based Prevention Initiatives

J Whelan¹, P Love¹

¹The CO-OPS Collaboration, Population Health SRC, Deakin University, Australia

Problem: The United Nations has proclaimed that obesity, caused by unhealthy diets and physical inactivity, represents a greater threat to global health than smoking. Governments all around the world are investing in community-based interventions (CBI) with the aim to reverse current obesity trends. Interventions that acknowledge the complexity of obesity through the implementation of multicomponent system-wide approaches show promise. It is important that an up-front assessment of the capacity of CBI to sustain health outcomes longer term be considered.

Position Statement: 'Sustainability' is an aim of most initiatives, however as a concept it remains loosely defined, and the paths by which sustainability can be achieved are generally unclear. The CO-OPS Collaboration have identified ten key elements that assist CBI achieve sustainability1. Additionally, in recognition of the complexity of obesity, these elements have been partnered with the socioecological model of health to create a 'sustainability matrix'. This matrix has been used to assist over 160 CBI across Australia to plan for sustainability of health outcomes of their initiative, often beyond a funded timeframe.

Processes: The concept, definitions and key elements required for sustainability will be explored with workshop participants. The ten key elements identified from the literature will be introduced and the complexity of obesity will be further addressed through the explanation of the use of the sustainability matrix using a short case study. Participants will be given the opportunity to apply the matrix to their own initiative and/or work in teams with a provided 'scenario'.

Conclusions: This interactive workshop will enable practitioners to systematically apply a sustainability framework to their own initiatives. This will facilitate the identification of enablers and barriers at different levels, and provide an opportunity to explore solutions to these barriers.

Reference: Whelan J, Love P, Pettman T, Doyle J, Booth S, Smith E, et al. Cochrane Update: Predicting sustainability of intervention effects in public health evidence: identifying key elements to provide quidance. Journal of Public Health. 2014;36(2):347-51.

Funding source: Australian Government, Department of Health

Category: Original research

Presentation Type: Interactive Workshop - 90 Minutes

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Fundamental Skills Incorporating Nga Kemu mo Nga Mokopuna (Māori Games for Children)

Madeleine Kirk¹, Robyn Polley¹, Jamie George¹, Joe-Anne Hill-Moana¹

¹Under Fives Sport Waikato, Hamilton

The implementation of the Under Five Energize (U5E) project into early childhood centres in the Waikato region has progressed very quickly. Building on the success of the Waikato wide extensively researched Energize programme (10 years), Sport Waikato has extended this service to the early childhood sector through the Ministry of Health 'Maternal and Child Nutrition and Physical Activity' project funding of U5E. Commencing in July 2013, the U5E project is designed to contribute to the health goal of 'Improving health and well-being through better nutrition and regular physical activity.'

Fundamental skill development in young children is an essential building block during the early formative years. Early childhood educators are encouraged to implement a child-centred approach by providing movement experiences in which children can explore and discover for themselves. These experiences increase their understanding of movement and help to develop their competence and confidence in a broad spectrum of fundamental movement skills.

The intent of physical activity during early childhood is to enable children to learn and develop fundamental skills through play and games. It is delivered encouraging maximum participation and enjoyment, and allows children to progress at their own rate.

Fundamental skill workshops are being delivered, through the U5E project, for early childhood educators. One of the topics is Māori Games. We will be sharing a range of fundamental skill activities, including Māori games, in this practical and interactive workshop.

U5E is proving to be a successful vehicle of knowledge that influences change, by providing education through 121 centres to 745 early childhood educators, 4,528 families and 5,034 children in the Waikato region. Positive changes are evident through the success stories from centres and the implementation of information and knowledge into the children's homes.

Funding Source: Ministry of Health

Category: Programme

Presentation Type: Interactive Workshop - 90 Minutes

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Active Transport: A walking tour of a transformed central Auckland

Debbie Lang

Auckland Transport, Auckland.

Walking and cycling for transport, known as the 'active modes', are an easy way to incorporate physical activity into a person's daily routine. However, the levels of active transport are influenced by the built environment and whether residents perceive walking and cycling to be attractive, convenient and safe. This workshop will take you on a walking tour of the city centre to see first-hand the new infrastructure, facilities and streetscapes being implemented in Auckland to encourage more people into active modes.

Wear your comfortable shoes and join your tour guides Debbie Lang and Kathryn King from Auckland Transport, to visit and discuss some of New Zealand's leading examples of gold standard infrastructure. On the tour you will visit shared spaces, cycleways, parklets and more. The importance of connectivity and linkages will be discussed as well as future plans to transform the city into one where walking and cycling are chosen more often.

Category: Viewpoint

Presentation Type: Interactive Workshop - 90 Minutes **Email:** debbie.lang@aucklandtransport.govt.nz



Citizen Engagement and Empowerment for Obesity Prevention in New Zealand

Stefanie Vandevijvere¹, Boyd Swinburn¹

¹University of Auckland, School of Population Health, Auckland, New Zealand

About one-third of children are now overweight or obese in New Zealand. The implementation of a comprehensive package of strong policies at the national level to reduce childhood obesity typically takes time and is particularly difficult when the political climate for it is not optimal. To date, the pressure for action to reduce obesity has been predominantly elite (i.e. health professional driven), not grass-roots (i.e. public driven), and this is part of the reason that there has been little policy action. While data from Australia suggest that most of the public are supportive of various policies to improve the healthiness of food and physical activity environments, it is a quiet support, and strategies, tools and processes are needed to effectively convert that support into vocal demands for increased and stronger actions to reduce obesity. Government action is more likely with strong, visible public pressure. Therefore, initiatives could be undertaken to engage and empower citizens and consumers to increase local actions to improve the healthiness of their community food and activity environments.

This interactive workshop will start with two short talks on the potential for citizen engagement and empowerment for obesity prevention in New Zealand:

- Professor Boyd Swinburn: Setting the scene The potential of citizen empowerment for obesity prevention in New Zealand
- Dr Stefanie Vandevijvere: Citizen empowerment through crowdsourcing data on community environments and creating feedback loops to local stakeholders.

The second part of the workshop will involve structured group discussions on how to better engage and empower the public for reducing childhood obesity in New Zealand. Ultimately, public pressure, in addition to the current pressure of health professionals, might accelerate the implementation of strong healthy food and activity policies in New Zealand.

The outcome of the interactive workshop will be a set of key recommendations for the development of tools, processes and strategies to increase public demand for healthy policies, with a focus on population nutrition and physical activity. In addition, a network of scientists, NGO representatives and policymakers will be established to further reflect on this issue on a regular basis.

Funding Source: National Heart Foundation of New Zealand

Category: Programme

Presentation Type: Interactive workshop – 60 minutes

Email: s.vandevijvere@auckland.ac.nz



Healthy Together Victoria and Healthy Families NZ: Complex whole of systems applied

Dr Shelley Bowen¹, Michelle Palmer², Aimee Hadrup²

¹Department of Health and Human Services, Victoria, Australia, ²Healthy Families NZ, Public Health, National Services Purchasing, National Health Board, Ministry of Health, New Zealand

The Department of Health and Human Services, Victoria, Australia is taking a unique 'complex whole of systems approach' to reducing population level chronic disease. This approach aims for large-scale reach across the Victorian population, initiating action on the systems that influence the health and wellbeing of individuals, families and communities. The Ministry of Health, New Zealand has boldly embarked upon this complex whole of systems journey.

This workshop will provide participants with an overview of systems thinking applied. Drawing on the three years of real life examples of Healthy Together Victoria and the early lessons of Healthy Families NZ, participants will explore a range of system theories, principles and methods being employed to deliver prevention at scale and a strong prevention system.

The importance of narrative in strengthening prevention, systems leadership and a systems thinking and acting workforce in developing a robust prevention system will also be explored.

Category: Programme

Presentation Type: Interactive Workshop - 60 Minutes

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Food Practices and Social Health: Working towards a holistic nutrition promotion

Eva Neely¹, Mat Walton², Christine Stephens³

¹School of Psychology, Massey University, Wellington, ²School of Health & Social Services, Massey University, Wellington, ³School of Psychology, Massey University, Palmerston North

What is the role of food in social health? While food practices are important for physical, mental, and social health, little emphasis is often placed on social health. School connectedness, as a proxy for young people's social health in the school setting, is equally seldom associated with nutrition promotion. In this interactive workshop we offer insight into the phenomenon through drawing on empirical data and combining this with hands-on experience. We shift the lens and propose that food practices may be a promising strategy for promoting school connectedness, with an ultimate goal of promoting health holistically.

In this workshop we first exemplify the social dimension of food practices by drawing on results from an ethnographic study within a secondary school context. The 'shared lunch' is used to explore the phenomenon in more depth. Six key mechanisms by which shared lunches contributed to school connectedness are discussed. These include showing common humanity, creating an informal setting, encouraging sharing, enabling inclusive participation, demonstrating sacrifice for the communal good, and facilitating experiences of diversity. The mechanisms allowed for opportunities to establish and strengthen social relationships, and provided valuable opportunities for social interaction, overall contributing to indicators of connectedness.

Following the introduction to the topic the attendees will participate in an easy food preparation task and will be provided with some nutritious food to accompany the discussions. During this task we will engage in a guided conversation and brainstorm ideas that could further develop the emerging area of holistic nutrition promotion in schools. Scenarios will be presented for discussion in a challenging round table format. Issues, such as potential tensions between physical, mental, and social health goals, arising inequalities, or the practicality of a widespread implementation, are to be deliberated in a whole-group discussion. The result of this workshop will leave the participant well nourished, physically, mentally, and socially, with new insights into the social value of food practices and holistic nutrition promotion.

Category: Original research

Presentation Type: Interactive Workshop - 60 Minutes

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Pacific Cultural Competency: Our experience in sharing nutrition information with Pacific people

Mafi Funaki-Tahifote1 and Sue Pirrit1

¹Pacific Heartbeat, National Heart Foundation of New Zealand (Heart Foundation), Auckland

It is well documented that Pacific people have poor health status in New Zealand and the Pacific Heartbeat team was set up in 1991 by the Heart Foundation to help improve Pacific heart health.

One of the strategies taken by the Pacific Heartbeat team has been through the delivery of a number of nutrition training courses. The content and delivery styles of the current courses are the innovative results of ongoing changes based on feedback and ongoing learning over the years to ensure that they are not only relevant but also engaging. It moved away from the traditional, western, academic and lecture-type delivery styles to a more interactive and hands-on approach.

As Pacific and non-Pacific nutrition facilitators, we would like to share our experiences as well as the challenges that we have had over the years, of delivering nutrition topics. Some of the topics, deemed quite complex such as nutrients and diabetes are delivered in a fun and meaningful way.

In this workshop we would like to share and demonstrate, with the audience's involvement, some of these innovative and interactive methods, to help illustrate which facilitation methods work best when working with Pacific people.

Funding Source: Ministry of Health

Category: Viewpoint

Presentation Type: Interactive Workshop - 60 minutes

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The Way Kids Used to Play: Lost but not forgotten?

Scott Duncan

Human Potential Centre, Auckland University of Technology, Auckland

The importance of quality play experiences for children's physical, social, and emotional development is well established. Over the last three decades, however, children's play has moved from largely unstructured, unsupervised play towards a dependence on static structures designed by adults to support a predetermined set of activities. International play agencies are now calling for a return to a 'free play' culture that allows children the freedom to play creatively on their own terms, balancing exposure to risk with the potential developmental benefits. Free play (play involving managed risk and loose objects) is associated with a range of positive physical and psychological health outcomes, including increases in physical activity, social skills, resilience, creativity, executive function, risk management skills, and a decrease in anxiety. Furthermore, children are naturally drawn to free play, especially to the thrill and excitement of risky play, and this approach may prove more effective at engaging children than traditional health promotion messages centred on physical activity, sport, and exercise.

I believe that our increasingly risk averse society is contributing to a generation of 'bubble-wrapped' children that have limited ability to play creatively, instigate physical activity, overcome challenges independently, and manage risks appropriately. The time is right to bring about widespread social change in New Zealand; change that gives kids permission to be kids again, supporting fun, adventure, and independence in their daily lives.

This interactive workshop will comprise three parts. First, the concept of free play will be clearly defined and the evidence for its benefits presented. Second, the implementation of free play policies in New Zealand primary schools will be discussed using examples from recent case studies, a nationwide survey of primary school principals, and my personal experiences as a trustee of an Auckland primary school. Third, interactive conversation around the risks and benefits of fostering a free play culture in New Zealand will be facilitated. The overall purpose of this workshop is to challenge our current way of thinking and to encourage reflection and debate about the potential role of free play in New Zealand society.

Category: Viewpoint

Presentation Type: Interactive workshop – 60 minutes

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Poster Abstracts

Pacific Islands Families Study: Relationship of waist to height ratio to risk for diabetes at 14 years

Elaine Rush¹, El-Shadan Tautolo², Steve Taylor³, Janis Paterson², Leon Iusitini²

¹Centre for Child Health Research; Faculty of Health and Environmental Sciences, Auckland University of Technology, ²Centre for Pacific Health & Development Research; Faculty of Health and Environmental Sciences, Auckland University of Technology, ³Department of Biostatistics and Epidemiology; Faculty of Health and Environmental Sciences, Auckland University of Technology

From birth, in the year 2000, the children of the Pacific Islands Families (PIF) Study have gained weight rapidly; at age 9 more than 50% were obese. These children are now transitioning through adolescence and offer a unique window of opportunity to understand the determinants of the growth trajectory and the developmental origins of health and disease. This is especially relevant for young Pacific adults, who are at high risk for developing cardiovascular disease and type 2 diabetes mellitus (T2DM).

Aligned with the existing PIF child database, the overall aim is to measure critical information at 14 years relating to physical activity, food patterns, diabetes risk factors, and the physical, built, social, and family environment to (1) identify cross-sectional and longitudinal relationships and (2) objectively assess and understand drivers of the observed variability in body size, composition and growth rate.

In adults and children the waist-to-height ratio (WHtR) is considered to be an age-independent predictor of cardiovascular risk including risk for T2DM. Concentration of glycated haemoglobin (HbA1c) is a non-fasting measure of glucose control over the last 2-3 months. We aimed to examine this relationship in an interim analysis of data collected in 2014.

As at November 2014, 577 children had been measured in the school setting. Waist-to-height ratio was derived from objective measures and risk for diabetes by a finger prick non-fasting blood sample for glycated haemoglobin, HbA1C (Afinion, Axis-Shield, Oslo, Norway).

The prevalence of a WHtR \geq 0.5 was 42.0% and an HbA1c \geq 40mmol/mol was 10%. For boys, the prevalence of WHtR \geq 0.5 was 45.5% and HbA1c \geq 40mmol/mol was 11.2% which were both higher than for girls: WHtR \geq 0.5, 38.5% and HbA1c \geq 40mmol/mol, 8.9%. Overall the correlation of HbA1c with WHtR was weak (r=0.082).

The use of WHtR as a screening tool for central adiposity and risk for T2DM in adolescents will be explored further in a subsample of children (n=200). Additional measures of body composition, fat distribution and risk for chronic disease including T2DM will be assessed using fasting venous blood samples and diagnostic measures of metabolic risk.

Funding Source: Health Research Council and the Ministry of Business, Innovation, and Employment.

Category: Original research
Presentation: Poster

Email: elaine.rush@aut.ac.nz



Shaping Improvements in Pacific Health over 14 Years: Findings from the Pacific Islands families study

El-Shadan Tautolo¹, Elaine Rush², Leon Iusitini¹, Steve Taylor³, Janis Paterson¹

¹Centre for Pacific Health & Development Research; Faculty of Health and Environmental Sciences, Auckland University of Technology, ²Centre for Child Health Research; Faculty of Health and Environmental Sciences, Auckland University of Technology, ³Department of Biostatistics and Epidemiology; Faculty of Health and Environmental Sciences, Auckland University of Technology

The Pacific Islands Families (PIF) Study is one of the largest longitudinal studies worldwide examining the developmental health and wellbeing of over 1,000 Pacific children and their families. The study, which has followed the children since they were born in South Auckland in the year 2000, tracks the children and their families (mother and father) as they grow from infancy: the transition from early education to school, into adolescence, and potentially beyond.

This unique study has generated and will generate vital information on Pacific child and family health and psychosocial functioning over critical developmental stages, and provides an evidence-base to allow focus on priority areas for and strengths of Pacific families, which have never been examined in such a comprehensive way before.

This presentation will provide a brief overview of the PIF Study, as well as outlining some of the key findings from the last 14 years, regarding the physical and psychosocial health and development of these Pacific families. A holistic approach is used to examine interactions and relationships amongst Pacific children, and their parents. This approach is important to uncover how aspects of health and wellbeing at an individual level can influence the overall health of the family collective and has application to communities and the population. The presentation will cover a range of issues examined throughout the study, including hearing and auditory disorders, food security, nutrition and growth, physical activity, smoking, gifting and gambling behaviours, and the association between acculturation and various health outcomes.

Funding Source: Health Research Council of NZ, Ministry of Business and Innovation and the

Foundation for Science & Technology

Category: Review

Presentation Type: Oral 15 minutes, and poster

Email: dtautolo@aut.ac.nz



Skills and Fitness-Based Cycling Intervention Significantly Improves Fitness Parameters in Year 3-4 Children From a Low-Decile Primary School

Carlene S Starck¹, Geoff Kira², Matthew Miller¹, Stephen Stannard¹

¹School of Sport and Exercise, Massey University, Palmerston North, ²Research Centre for Māori Health and Development, Massey University, Palmerston North

Background: Physical inactivity and obesity, key factors in the development of chronic diseases such as heart disease and type 2 diabetes, sit at worrying levels amongst pre-pubescent children in New Zealand, particularly in areas of low socioeconomic status. As primary school interventions have been proposed as the best strategy to promote activity and combat childhood obesity, we aimed to determine the effect of a 17-week cycling skills and fitness program on health and fitness parameters in 6-8 year old children from a low-decile primary school.

Design: Fifty children from a local school in Palmerston North, New Zealand had their height, weight, hip and waist circumference, blood pressure and body composition measured, with readings taken until replicate results were reported. Each child then completed a stepped cycle fitness test to perceived exhaustion. The same assessment was repeated after completion of a 17-week cycling skills and fitness program of one hour per week.

Results: There were significant increases in time to fatigue, calculated maximal power, power to weight ratio, and estimated VO2max for the total subject group (P < 0.0001), boys (P < 0.0001), girls (P < 0.001) and all age groups (P < 0.05). While all body mass parameters showed significant increases for the total subject group (P < 0.05 and P < 0.0001, respectively), these changes were not always observed within each sex. Similarly, there were differences in correlations of adiposity with fitness parameters between girls, boys and the total group.

Conclusions: Our skills and fitness-based cycling intervention significantly improved fitness parameters in 6-8 year old children of all ages and both sexes from a low-decile primary school. Longer-term interventions may be necessary to influence adiposity.

Category: Original research Presentation Type: Poster Email: c.starck@massey.ac.nz



Under 5 Energize: Tracking progress with the before school check

Elaine Rush¹, Priya Parmar¹, Alain Vandal¹, Leanne Young¹, Stephanie McLennan², Madeleine Kirk² ¹Faculty of Health and Environmental Sciences, Auckland University of Technology, ²Sport Waikato, Hamilton

Promotion of healthy eating and improved fundamental motor skills early in life is recognised as key to reduce the rate of weight gain in children. Under 5 Energize (U5E) is a nutrition and physical activity health service, funded by the Ministry of Health. It is delivered by four Under 5 Sport Waikato Energizers to 121 (30% of region) early childhood centres located in four high deprivation areas of the Waikato region. Based on the established (10 years) region-wide primary school Energize programme funded by the Waikato District Health Board, U5E began the process of engagement with centres in August 2013.

A free health and development assessment, the before-school-check (B4SC) is offered to all New Zealand children at age 4 years. Objective measures of date of measurement, child height and weight, exact age, gender, ethnicity and the name of the centre attended are recorded. To date seven anonymised quarterly reports from January 2013 to October 2014 have been received from the Ministry of Health for 8,988 children living in the Waikato region. An algorithmic system was devised to match the parent/caregiver recorded centre from the B4SC with the list of U5E_Energized centres. Twenty-two percent of the measured children were enrolled at an Energized centre and there was no difference by ethnic group between unEnergized and U5E_Energized children: 28% Māori, 3% Pacific and 69% European and Other.

Before the introduction of U5E the body size (BMI, BMISDS, and prevalence of obesity (5%) and overweight (16%) of U5E_Energized and unEnergized centres was not different. A spline regression model was fit to assess changes in body size by Energize group, sex and ethnicity since the implementation of the U5Energize program. An emerging trend was identified in the last quarter (July-October 2014) showing statistically significant reductions in BMI of U5E_Energized males and Māori children compared with their unEnergized equivalents.

The use of a population based data collection system to track effects of a centre community-based health service to reduce the rate of weight gain in young children, has utility to track long term effectiveness and accountability measures of the investment in U5E.

Funding: Ministry of Health Category: Original research Presentation Type: Poster Email: elaine.rush@aut.ac.nz



Vegetables.co.nz and Health Professionals: An informal partnership

Pip Duncan¹, Matthew Spence², James Kuperus²

¹Food Services Consultant, Vegetables.co.nz, ²Horticulture NZ, Wellington

At vegetables.co.nz, we try to promote fresh vegetables on behalf of New Zealand commercial vegetable growers. The main strategy is to increase the consumption of fresh New Zealand grown vegetables and to support our various stakeholders. One of which are health professionals.

Health professionals (as key influencers) have an important role in promoting an increased vegetable consumption. We have a very collaborative, informal, partnership with health professionals, whereby we are both trying to increase the consumption of fresh vegetables. Vegetables.co.nz undertakes a range of promotional activities and produces many resources to assist health professionals in a range of settings with this role.

The vegetables.co.nz website is pivotal to the range of activities undertaken. Health professionals are able to source recipes, information, download pdfs and order resources. They are able to read blogs and have an opportunity to join the monthly recipe club. They also have access to an extensive image library with hundreds of free high res images available.

Our poster will elaborate on some of the resources that we offer for health professionals as well as some of our key statistics, including; website views, resources sent out and resources downloaded over the past two years. This year, we have sent out 140,000 physical resources across the sector, this gives you a slight taster as to the information we have collated and the collaboration that goes on between the health professionals and vegetables.co.nz

Funding sources: Vegetables.co.nz

Category: Programme
Presentation type: Poster
Email: pip@foodadvisory.co.nz



Waist-to-Height Ratio and Physical Fitness in Children

Rebecca Cooper¹ and Elaine Rush¹

¹Centre for Child Health, Faculty of Health and Environmental Sciences, Auckland University of Technology, Auckland

Waist (cm) divided by height (cm) or the waist-to-height ratio (WHtR) is a simple but underutilised proxy measure of abdominal adiposity. In adults and children the WHtR is associated more strongly with cardio-metabolic risk factors than body mass index (BMI). Traditionally BMI and or physical fitness/activity measures are used to assess effectiveness or outcomes of childhood obesity interventions. In children and multiethnic populations BMI may poorly differentiate between muscle and fat mass. The relationship of WHtR with physical fitness in children has not been examined previously.

Using cross-sectional data from the 2011 evaluation of the childhood obesity intervention Project Energize (NZ), stepwise multiple regression analyses were used to examine in younger (7-yr olds, n 2491) and older (10-yr olds, n 2284) children, the relationships of WHtR and BMI, with time taken to run 550 m (run-time-550m), a validated measure of physical fitness in children. Results showed WHtR and BMI similarly explained 25% (younger children) and 37% (older children) of run-time-550m when covariates of age, gender and school decile level (grouped by low, medium and high affluence) were considered. However compared with BMI, an increasing WHtR was associated with a greater increase in run-time-550m. After adjustments, for every 0.01 cm/cm increase in WHtR, run-time-550m increased in 7-yr olds, 2.8% (95% CI; 2.4%, 3.4%) and in 10-yr olds, 3.3% (2.9%, 3.8%). Conversely for BMI an increase of 1 kg/m2 associated with an increase in run-time-550m of 2.1% (95% CI; 1.9%, 2.3%) in 7-yr olds and, 2.2% (2.0%, 2.3%) in 10-y olds.

In our experience WHtR, a newer simple proxy measure for monitoring adiposity in children, had a greater effect associated with physical fitness compared to the BMI. Childhood obesity interventions may benefit from monitoring WHtR alongside a simple physical fitness test (a timed 550m run). The recommendation to 'keep your waist circumference to less than half your height' for improved health is supported by this investigation.

Category: Original research Presentation type: Poster Email: cooper.r@xtra.co.nz



Whanau Pakari: A multi-disciplinary intervention for child obesity in Taranaki: Results of the baseline assessments

Yvonne Anderson^{1,2}, Lisa Wynter¹, Michelle Butler¹, Tami Cave^{1,2}, Kris Moller³, Kate Treves¹, Cervantee Wild², Cameron Grant⁴, Paul Hofman²

¹Department of Paediatrics, Taranaki District Health Board, New Plymouth, ²Liggins Institute, The University of Auckland, ³Whanau Pakari, Sport Taranaki, New Plymouth, ⁴Department of Paediatrics, The University of Auckland.

Whanau Pakari is a unique multidisciplinary programme launched in January 2012 for obese children and adolescents.

Aim: To review baseline assessments, weight-related co-morbidities and cardio-metabolic profile of Whanau Pakari participants.

Method: Baseline assessments from January 2012 to August 2014 were reviewed. Referral criteria were BMI>98th centile, or >91st centile with significant weight-related co-morbidities, age 5-16 years. The assessments included health and lifestyle parameters.

Results: 240 assessments were reviewed. Average age was 10 years, with 53% female (n=126). Primary ethnicity was identified as Māori in 45% of patients, New Zealand European (45%), Pacific (3%), Asian (3%) and other (4%).

Weight had been a concern for an average of 3.7 years (n=207). Average BMI percentile was 99.6 (range 94-100), with an average BMI standard deviation score (SDS) of 3.1 (range 1.5-5.4). Average BMI of the accompanying adult was 33.6 (range 19.3-62.6). Acanthosis nigricans was present in 98 (41%) of the children.

Of the 224 mothers who responded, 89 (40%) smoked during pregnancy. Average birth weight was 3.45 kilograms. A family history of weight problems was reported for 189 (79%) and of Type 2 Diabetes for 143 (60%) of the children.

Of the 238 children for whom casual blood pressure recordings were available, 45 (19%) had prehypertension, and 12 (5%) had hypertension (n=12). Pauses in breathing were reported by 48 (20%).

A baseline blood sample was obtained on 176 (73%) of the children. Average fasting serum insulin was 149 pmol/L (range 12-1185). Insulin resistance (fasting insulin >80pmol/L) was present in 125 (71%). Average HbA1c was 34 mmol/mol (range 25-94), including 1 Type 1 Diabetes patient and 2 with Type 2 Diabetes, and an average fasting glucose 5.2mmol/L (range 3.3-16.4).

Conclusion: Whanau Pakari has demonstrated weight-related comorbidities in obese children and adolescents in the community across all ethnic groups. Hypertension, probable obstructive sleep apnoea, and insulin resistance are of particular concern.

Funding Sources: Health Research Council of New Zealand, Taranaki Medical Foundation, Maurice

Phyllis Paykel Trust

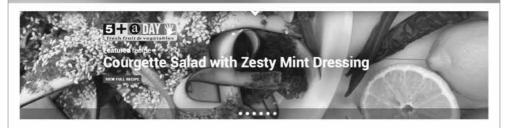
Category: Original research Presentation Type: Poster

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Check out www.5aday.co.nz for inspiration, fresh recipes and education resources











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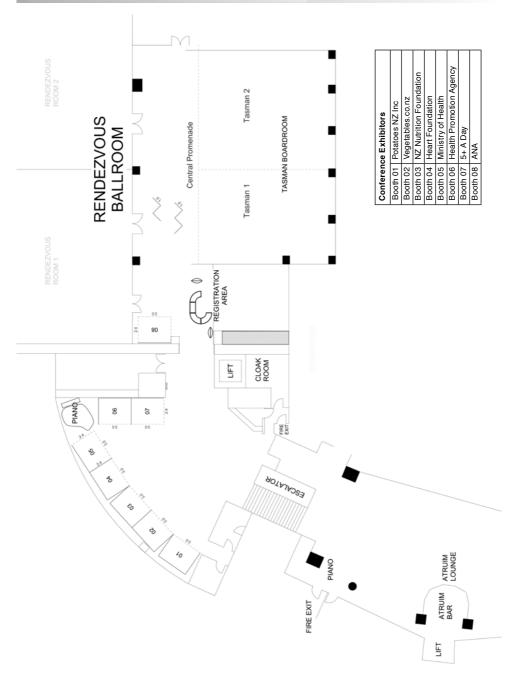


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Venue Floor Plan





Useful local information

We hope the following information is of help to you. Please feel free to ask for help at the Rendezvous reception, or at our conference registration desk at the top of the escalator.

Options for getting to the airport

By road the Rendezvous Grand Hotel is approximately 21km to Auckland Airport. At peak times it is advised that you allow 60 minutes to get to the airport.

Airbus Express

Departs every 10 minutes and takes approximately 40 to 60 minutes. The Airbus Express costs from \$16 one way. View the website for more details: www.airbus.co.nz

Shuttle

Approximately \$35 for one person, \$43 for two and it takes about 60 minutes. Discounts apply if two or more people are travelling together. Shuttles are normally shared with other passenger groups. The shuttle travelling time depends on traffic conditions and the number of drop-offs or pick-ups along the way. Allow plenty of time to reach the airport for departing flights.

Super Shuttles is one of the options available. For more information please refer to their website: www.supershuttle.co.nz

Taxi

Approximately \$70 to \$80 and it takes about 30 minutes in good traffic. Allow 60 minutes at peak times. Taxis licensed to operate from the airport carry a value and service guarantee.

Auckland Co-op Taxis is one option. Please refer to their website for further information: www.cooptaxi.co.nz

Need a map?

Maps of the local area are available at the Rendezvous reception.

Want to go for a walk, or a run?

Please speak to the concierge at the Rendezvous reception for maps and advice on where to go.

Nearest gym

The nearest gym is in the Rendezvous Hotel, this is free for in-house guests to use. Conference delegates may use the facilities for a charge. For details, please see the concierge at the Rendezvous reception.

Nearby restaurant suggestions

There are numerous restaurants surrounding the Rendezvous Hotel. For options, please refer to the dining guide in your conference bag or ask the concierge at the Rendezvous reception. They are knowledgeable and happy to help.

Nearest convenience store

There are plenty of convenience stores located nearby, please ask the concierge for directions.

Nearest medical centre and dentist

The nearest medical and dental centre is White Cross Healthcare, 202 Ponsonby Road, Auckland. Opening hours are 7.30am to 8.30pm daily. If you require a doctor or a dentist in an emergency, please contact the concierge at the Rendezvous reception who has emergency medical staff on call.



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7:30 - 8:30	Registration						
8:30 - 8:50	Mihi whakatau						
8:50 - 8:55	Opening words from AN	Opening words from ANA Chairperson: Mafi Funaki-Tahifote					
8:55 - 9:05	Housekeeping – MC: Ero	oni Clarke					
9:05 - 9:20	Opening speaker			ENERGICER			
9:20 - 10:30	,	Keynote speaker Professor Neville Owen (Baker IDI Heart and Diabetes Institute in Melbourne) Too Much Sitting: Implications for chronic disease prevention. Followed by Q&A with a panel					
10:30 - 11:00	Morning tea - proudly br	ought to you by the Cance	r Society of New Zealand				
11:00 - 12:30	Concurrent presentation	18					
	Rendezvous 1	Rendezvous 2	Tasman 1	Tasman 2			
	BURP (Breastfeeding's Ultimate Refuel Place) Smartphone App and Website: The cool support tool for Southern breastfeeding mums. Kathleen Eade & Sophie Carty	Consuming Calories and Creating Cavities: Beverages NZ children associate with sport. Moira Smith	Challenging the Status Quo of Traditional Active Options. Louisa Cooper	Under 5 Energize: Successful outcomes from an innovative project. Madeline Kirk			
	How Do I Grow? A Health and Wellbeing Programme for Children in Early Childhood Care. Karen Munday	Taking the Science of Sensible Nutrition Mainstream: Lessons from 10 years of Healthy Food Guide magazine. Niki Bezzant	Smartphone Apps to Improve Fitness and Increase Physical Activity Among Young People: The Aimfit RCT. Artur Direito	He Oranga Rangatahi: Waka ama as the vehicle. <i>Carrie Taipari</i>			
	A Sustainable Approach to Obesity Prevention in Early Childhood from NZ and the UK. Louise Morrissey	What App? Mobile health interventions for promoting healthy eating. Rebecca McLean	Water Babies: Water safety for life. Kirsty Carling	School Gardens and Adolescent Nutrition and BMI: Results from a national, multilevel study. Jennifer Utter			
	■ Whanau Pakari: Perceptions versus reality - how active are obese New Zealand children? Kris Moller ■ The Big Latch On: A community development initiative for breastfeeding peer support. Isis McKay ■ Complementary Feeding: Introducing foods that promote lifelong health and reduce disease risk. Caroline Gunn	 ✓ Vegetables.co.nz and Health Professionals. Pip Duncan ✓ Hot Potatoes. Carolyn Lister ✓ Pacific Soaking in Fast Food: An analysis of food outlets in South Auckland. Fa'asisila Savila 	Perceived Benefits, Barriers and Contributing Factors to Physical Activity Adherence for People with Mental Illness. Arno Grueber	Building Food Literacy for the Future: How Garden to Table is empowering children in their health, learning and environment. Catherine Bell			



Day 1: Wednesday 6 May

12:30 - 1:40	Lunch Whetu, Wai, Whenua – connecting health and Māori concepts of the environment. Toi Tangata share key insights from Hui-ā-Tau ki Karitane 2015 All welcome! (Tasman 1)							
1:40 - 3:10	Concurrent workshops (90mins)							
	Rendezvous 1 Rendezvous 2 Tasman 1 Tasman 1 Coromandel Room Outdoors							
	Sugar Sweetened Beverages: Are you ready to make a difference? (45 min) Rob Beaglehole The Sleep Paradox: A horizontal answer to poor energy and cognitive function. (45min) Geoff Kira	Making It Easier to Make Submissions. Keriata Stuart	Vision 2024: It starts with me. Carolyn Watts, Rebecca Whiting, Delvina Gorton, & Leonie Matoe	Building Sustainability into Community- based Prevention Initiatives. Jill Whelan & Penny Love	Fundamental Skills Incorporating Nga Kemu Mo Nga Mokopuna (Māori Games For Children). Jamie George, Robyn Polley & Joe-Anne Hill-Moana	Active Transport: A walking tour of a transformed central Auckland. Debbie Lang & Kathryn King Outdoors walking tour - meet at the conference registration desk.		
3:10 - 3:30	Afternoon tea							
3:30 - 4:15	Guest speaker: Dr Anne Jaquiery (Liggins Institute and Lakes DHB) The Long Term Legacy of Early Life Nutrition: Changing the way we think about public health interventions							
4:15 - 5:15	Guest speaker: Dr Lisa Te Morenga (University of Otago) What's the story: Why is sugar STILL a hot topic? Followed by Q & A with a panel							
5:15	Karakia whakamutanga							
5:30 - 6:30	Social function: Pre-dinner drinks and nibbles (Pre-function Room)							



7:00	Registration desk opens	<u> </u>				
7:15 - 8:15	5+ A Day Breakfast session Guest speakers Judith Ball & Carolyn Watts (Quigley and Watts) Fruit For Thought With 5+ A Day (Tasman 1 & 2)					
8:30 - 8:40	Opening karakia Wrap up from day 1 & welcome to day 2 Annaleise Goble. ANA					
8:40 - 9:40	Keynote Speaker Dr Shelley Bowen (Department of Health, Melbourne) Healthy Together Victoria – Insights and lessons for Healthy Families NZ and wider. Followed by Q & A with a panel					
9:40 - 10:00	Ministry of Health upda	te		ENERGISER		
10:00 - 10:40	Guest speaker Dougal List (New Zealand Transport Agency) Changing Gear in Cycling: Opportunities for partnerships and relationships to maximise the benefits from increased cycling investment.					
10:40 - 11:10	Morning tea - proudly brought to you by the Heart Foundation					
11:10 - 12:40	Concurrent presentation	ns				
	Rendezvous 1	Tasman 2				
	Working with Local Government to Promote Nutrition and Physical Activity: A snapshot of the evidence. Carolyn Watts	Child Obesity Prevention in the Wellington Region: A coordinated approach to health promotion. Tess Clarke	Does Healthy Food Cost More? Monitoring the cost of healthy and current diets. Sally Mackay	Building Healthier, Happier Towns and Cities in Aotearoa. Julie Anne Genter		
	Evaluation of a Heart Foundation Pilot Programme for Menus in Workplace Cafeterias. Judith Morley-John & Mark Wylie	The Evolution of Whanau Pakari: A multi-disciplinary intervention for child and adolescent obesity in Taranaki. Yvonne Anderson	Fat Tax and All That: The pros and cons of taxing food. Louise Signal	Encouraging Physical Activity Through Travel Planning. Melanie Alexander		
	Sugary drinks: What's in the energize tool kit after 10 years? Kasha Latimer & Milly Connell	Shaping Improvements in Pacific Health Over 14 Years: Findings from the Pacific Islands families study. Fa'asisila Savila	Barriers and Enablers to New Zealand City Councils Developing and Implementing Food and Nutrition Policy. Jacinda Gower	Financial Incentives to Cycle to Work: Possibilities for New Zealand. Christian Williams		



11:10 - 12:40	Concurrent presenta	Concurrent presentations (Continued)						
	Rendezvous 1	Rendezvous 2		Tasman 1		Tasman 2		
	Integrated Cardia Rehabilitation: Lesso from te ao Māori. Geoff Kira Edible Landscape Realistic ideas for rea workplaces. Victoria E Diabetes Projects Trust Workplace Wellness Programm An overview. Briar Bennett	Ses: Community-b.	© Connecting Under 5 Energize and the healthy heart award. Leanne Young © Case Studies in Community-based Obesity Prevention: Practice to evidence.		Health Star Rating: Simplified nutrition information to help consumers identify the healthier choice. Phillippa Hawthorne		Bikes in Schools: Is this New Zealand's most effective children's physical activity project? Paul McArdle	
12:40 - 1:40	Lunch Green Prescription Get Together (Tasman 1) What's Sustainability Got to do With Food and Transport? (Tasman 2) A conversation with the Sustainable Business Network							
1:40 - 2:40	Concurrent worksho	ops (60mins)						
	Rendezvous 1	Rendezvous 2	Tasman 1		Tasman 2		Coromandel Room	
	Engagement and Empowerment for Obesity Prevention in New Zealand. Stefanie Vandevijvere &	Healthy Together Victoria and Healthy Families NZ: Complex Whole of systems applied Shelley Bowen, Michelle Palmer & Aimee Hadrup	Food Pra and Soci Health: W towards a holistic no promotion Eva Neely	cial Competenc Working Our experier s a sharing nutrition information on. Pacific peop		e in on th	The Way Kids Used to Play: Lost but not forgotten? Scott Duncan	
2:40 - 3:00	Afternoon tea							
3:00 - 3:40	Conference debate Should the government stay out of the kitchen? Dr Eric Crampton (The New Zealand Initiative) & Geoff Simmons (The Morgan Foundation) Chaired by Professor Boyd Swinburn (University of Auckland)							
3:40 - 3:50	Closing speaker Professor Boyd Swinburn (University of Auckland)							
3:50 - 4:00	Karakia whakamutunga							
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Conference host



This conference is hosted by Agencies for Nutrition Action (ANA) with support from Convention Management New Zealand (CMNZL).

ANA member organisations



























Agencies for Nutrition Action - Ngā Takawaenga Hāpai Kai Hauora 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 ALL NEW ZEALANDERS LIVE, LEARN, WORK AND GROW IN ENVIRONMENTS THAT SUPPORT HEALTHY EATING AND PHYSICAL ACTIVITY

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.

HOW CAN WE HELP YOU?

Increase your access to research and resources designed to support your work by joining our contact database. By signing up we will keep you informed on up-to-date news, research and events relevant to public health nutrition and physical activity.

Visit www.ana.org.nz and join today.

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