



# People in Public Health 2020

**“As well as passion, these people are prime examples of dedication and hard work; they are in it for the long haul. This commitment shines through in every story.”**

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*Alison Pask, Executive Director, Activity and Nutrition Aotearoa*

# A selection of people working in public health nutrition in 2020.

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## He aha te mea nui o te ao?

*What is the most important thing in the world?*

## He tāngata, he tāngata, he tāngata

*It is the people, it is the people, it is the people*



## Ahakoia he aha te rākau he hua kei roto

*No matter the species of tree each bears its own unique fruit  
– Celebrate diversity*

Public health is not one entity, but comprises many people contributing to a large variety of projects at different levels of the system. Everyone's contribution from policy to grassroots delivery is vital to establishing long term change to improve the wider social determinants of health.

The range of knowledge and skills in the public health nutrition and physical activity arena is immense. It is people that influence change and in 2020 I commissioned interviews with some of the people I have worked with over the last 20 years, initially for the Activity and Nutrition Aotearoa (ANA) website, now collated here.

Each person brings a unique contribution to their mahi but what unites us is a passion for creating ways to reduce inequities and for good health to flourish. There is a vast mountain to climb in creating supportive environments and this requires multiple stakeholders to work together and find sustainable solutions.

Several of the people featured talk about the value of knowing your purpose and being focused on what you want to achieve. People who succeed in a public health career are active listeners and aware of different world views. Being tenacious and determined are characteristics that many of us share.

As well as passion, these people are prime examples of dedication and hard work; they are in it for the long haul. This commitment shines through in every story and it's encouraging to know we are all motivated by a genuine desire to help others.

I hope that you will be inspired by reading these stories and will pause to reflect on your own journey. We can all be leaders and you do not have to wait until you are well known to be an influencer. Public health needs people like you – passionate, committed, and purposeful. It is my wish that we support each other as we strive for equitable outcomes for everyone living in Aotearoa.

Ngā mihi nui,

**Alison Pask**

*Executive Director, Activity and Nutrition Aotearoa*



# Hayley Buchan

Hayley Buchan is the manager of Healthy Families Hutt Valley.

People in public health often talk about working in complexity and chaos – and that’s exactly what it’s like. Healthy Families Hutt Valley is part of a national initiative funded by the Ministry of Health since 2014. We work in prevention – our aim is to improve people’s health and wellbeing where they live, learn, work and play.

We take a systems approach to reducing the risk factors for preventable chronic disease and we work alongside communities to find solutions. We want to really get to the underlying causes of poor health and understand our community’s environment and lived

experience. What happens when they step outside their front door? Is the system enabling them to live well, or not? Where can we intervene in the system to get the biggest impact?

## How do you do your work?

One of our founding principles is about leadership at all levels – anyone can be a leader, whether that’s a sports coach, a workplace manager, a teacher or a community champion. It’s all about building relationships across the prevention system. Everyone has a role to play in providing a healthier environment.

Hutt City Council is our lead provider, so we sit inside local government and we know the decisions they make every day impact people’s wellbeing. Our role is to influence decision makers and get them to think differently about how they invest, and the lens they put over decisions. No one can argue that they don’t want a city that supports people to live well.

## How do you get buy-in?

We are constantly challenging the status quo and that’s always tough. When we started it was hard to get buy-in with being a newly funded initiative. With my public health background, I’ve always been on the outside trying to influence decision makers. Coming into council, I quickly learned I had to change my narrative and my pitch to be about ‘how can I add value to others’. I realised you have to make it about the synergies between what you want and what other people are trying to achieve. Talking health language really puts people off. Everyone has their own stories and journeys; it’s about connecting at that level and finding the passion that sits in other people that you can draw from. Our whole approach is strengths-based – building on what’s already working, supporting other people’s work to have a greater impact and figuring out how to scale it.

## Can you give me an example?

A few years ago, we started an initiative aimed at addressing fast food sponsorship in sport. We had a conversation with Total Touch, who were sick of handing out fast food vouchers. They came to us, and said, ‘if you find another solution, we’ll happily trial it’. We came up with the idea of substituting the fast food vouchers with a free pool pass. We spoke to the council’s parks and recreation manager and explained the situation.

Total Touch were our first local champions to give this a go and it’s been hugely successful. It just keeps expanding, with all the councils across the Wellington region involved. We’re also starting to go national, with other regions asking us to share our learnings. It just started with one conversation with one sporting code and with very little council investment needed.

Through our evaluation, we know that if one person gets a pool pass they won’t be going to a pool by themselves, so there are a lot more people getting involved with physical activity. Once you start a relationship like that, you can weave in lots of other things. We start by listening to our community and partners, taking that on board and responding to their needs. The solutions lie in our communities, we just need to enable them to come through.

**“Resilience, mindset and emotional intelligence are so important when you’re working in public health. Along with the challenges comes great personal and job satisfaction. Working alongside our communities and partners every day to make a difference to the environments we all spend our time in is hugely rewarding. I truly believe that together we can achieve impactful change that allows everyone to thrive.”**

Hayley Buchan

## What advice do you have for those starting out in public health?

Resilience, mindset and emotional intelligence are so important when you’re working in public health. You need to be able to take some hard knocks along the way as it is challenging work. If you’re studying, look at offering volunteer time to get exposure to what our work looks like. The way we work is very responsive to opportunities, so you need to be agile, flexible and comfortable in ambiguity. Along with the challenges comes great personal and job satisfaction. Working alongside our communities and partners every day to make a difference to the environments we all spend our time in is hugely rewarding. I truly believe that together we can achieve impactful change that allows everyone to thrive. 🌱



# Janice Burton

Janice Burton is professional leader, Public Health Promotion, Southern District Health Board



## What was your public health career journey?

"I began my career as a teacher in a girls' secondary school. In the early '80s there were a number of girls who were the first university graduates in their family; it was so exciting to see how proud these families were of their girls! Then it became clear to me there were equally capable girls who would never have these opportunities due to socio-economic disadvantage.

A friend working in health promotion asked me to facilitate workshops for parents of children attending health camps, to encourage changes in the home. I worked with one of the nurses in that area and my eyes were opened. I remember one woman in particular. She said, 'my problem feeding my family is I can't read, so I have to know what to do; it's hard for me when they change the packaging'. I thought, wow, there are barriers we can't imagine, so I was drawn more into public health.

I worked for the Cancer Society as the health promotion coordinator and manager of the Southland Centre and became the Cancer Society representative of Agencies for Nutrition Action as it was then, and then chair. Then a role came up with the Southern District Health Board and I thought it would be good to work with a wider selection of colleagues. That's my route into public health.

## What does your work involve?

I work in the policy, strategy and support team and I support health promoters in the service. I provide professional leadership and workforce development.

I think the thing that encourages me is we now have government priorities over improving health and reducing poverty, reducing problems with obesity – due lack of activity and problematic food environments. This government is focused on children. If we take a systems approach, and implement restrictions on marketing for children for example, that could be really powerful.

Where we are now with the focus on profit-making large companies, there is no regulation. Over-processed products can be produced cheaply, and they are often the loss leaders for supermarkets. When people are time and money poor, they go with what will fill their families up, what's familiar. If we're going to shift that to healthier food, we're going to need some regulations around marketing, and all the things people have been advocating for, such as sugary drink taxes, banning advertising of unhealthy foods to children and families.

## What does it take to succeed in public health?

I was involved with pushing for smokefree

**"To be a successful health promoter you need a myriad of skills, so I encourage you to identify your skills and then work with people who have different strengths so you can more effectively approach a problem.**

**You have people who are really good at strategy and people who are really good at relationships – if you have those people working together on projects it can really be effective."**

Janice Burton

environments – remember, it started with workplaces, then extended into bars and other environments. After over ten years of advocating, we now have a smokefree CBD in Invercargill. We need to take those steps within nutrition. If we're going to get change at a population level, we have to do it by policy in the first instance, rather than person by person.

Now, with public health being at forefront of Covid responses, public health is a good space to be in. To be a successful health promoter you need a myriad of skills, so I encourage you to identify your skills and then work with people who have different strengths so you can more effectively approach a problem. You have people who are really good at strategy and people who are really good at relationships – if you have those people working together on projects it can really be effective." 🌱



# Jane Cartwright

Jane Cartwright is executive officer at the New Zealand Breastfeeding Alliance (NZBA). She is a registered dietitian and holds an MBA from Otago University.



## What was your public health career journey?

"I've always been interested in people and what makes them tick. I came from a family that was embedded in community activities and I always had the sense that those things were important.

My initial training was in dietetics, but I didn't come to it in the normal way – I did a science degree first, then post-grad study.

I thrived running large hospitals kitchens, working with people from a lot of different backgrounds to my own. It gave me an understanding of how different things impacted on people's health and their ability to work.

After 20-plus years in health roles I took up an opportunity to work in local government. In those three years, I realised managing traffic engineers was no different to managing health specialists. In many ways, the questions were the same: how does the environment influence how people live, work, play and access services? What makes a community tick?

Connections within communities are very important. People live in communities, so be very mindful of local resources and the placement of services locally because these have an impact on how people organise themselves and can stay well.

## What does it take to work in public health?

I think people who work in public health services understand that the population of New Zealand doesn't look like me. Sometimes that's a challenge for people at my age and stage; for example, they're not at the school gate anymore so can be disconnected from 'communities'; they don't see the make-up of New Zealand as it is today.

Forming relationships is a key for me. It's critical if you want to partner on projects to understand different points of view. It takes time effort and compromise, but that's where trust comes from.

I really admire young people working in public health, especially those who have come to it from different career backgrounds. My colleagues at NZBA are so good at 'chipping away' promoting, protecting and supporting breastfeeding. They consider the research, information at hand and mothers' experiences as part of their work.

People working in public health are motivated to invest in their development, mentor their colleagues



and don't have a 9 to 5 focus. Do not micro manage working – give people the freedom to get the work done.

To succeed in public health, you have to have a serious interest in community and people, you need to have tenacity and patience. You need communication skills and to understand the

importance of relevance and timing. I remember talking to elected council members at a local government meeting about the ageing population. They weren't interested at all, but the minute we talked about the impact this would have on the rates take, they sat up and listened. That was a huge lesson – be relevant in your messaging!

You need to be surrounded by people who can support you professionally and personally. You can't be individualistic – you need to share the wins – but you also have to look after your own resilience. I was quite impetuous when I started out and I can't believe some of the things I said when I was young! Now I know about playing the long game. Rewards come in many ways." 🌱

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**You need communication skills and to understand the importance of relevance and timing."**

*Jane Cartwright*



# Mafi Funaki-Tahifote

Mafi Funaki-Tahifote was the manager Pacific Health at the Heart Foundation.

Mafi worked with the Heart Foundation for about 20 years and has also run a regular dietitian clinic at a Pacific GP. She is an expert on all aspects of health relating to the Pacific population in New Zealand.

**What has been your public health career journey?**  
"My career pathway hasn't been straightforward.

Most dietitians start out in clinical roles, then move into public health. I went into public health first, then got asked to do clinics using my Tongan language skills alongside public health.

What drew me into dietetics and what continues to motivate me is that you can help people, particularly Pacific (and most importantly for me, Tongan people) by sharing with them about 'food', health, and wellbeing.



I was born in New Zealand but grew up in Tonga. I came to New Zealand to finish off high school and later studied dietetics at Otago University. At the time I was graduating, the Heart Foundation was creating a new role looking at how to help Pacific communities.

## What are the challenges for Pacific health?

I think that the big challenge for us is 'mindset change', both for the people we are working with in the community and our own workforce. Unconscious bias means that there are things we do unknowingly that create more inequity.

I came into public health knowing quite a bit from my upbringing as a Tongan who grew up in Tonga and migrated to New Zealand, but I didn't know a lot of information about other Pacific Island groups in New Zealand. I learned more about Samoans, Cook Islanders, Niueans, Tokelauans, Fijians and so forth when I migrated to New Zealand and throughout my career. A lot of our Pacific cultural principles and underlying values are the same, but how we apply them around our food preparations and the types of food that we tend to have are different. If I hadn't moved to New Zealand, I wouldn't have learned that.

For non-Pacific Islands people, unconscious bias means making the mistake that we are all the same and not recognising that we speak different languages and have different protocols and customs. Even if you haven't been exposed to these cultures before, you need to be open-minded to learn and listen, and to be guided.

## What does it take to succeed in public health?

With Pacific Heartbeat [at the Heart Foundation], we offered workshops or professional development courses that framed information relevant to Pacific communities and their demographics, cultures, customs and protocols. Over time, we've come to know that many Pacific people learn better through doing, through visual learning and colour. Our Pacific peoples are very kinaesthetic and hands-on learners. We use those ongoing learnings and insights when we're contributing to wider Heart Foundation initiatives, using language that resonates with people. We keep connected through our community networks, working with individuals, organisations, workplaces, early learning centres, schools, and public health at large. Supporting community initiatives is equally very important. A lot of communities out there hold a lot of the solutions, they need to be supported and empowered to do it themselves.

I believe having more real connectedness and real openness, and being self-aware, could alleviate unconscious bias among us as health workers. Being willing to try anything and putting yourself in other

**"Having a genuine willingness to help, creating relationships, and sharing a bit more about you personally, over and above what you do as a health professional, are all ways to build trust and rapport with our communities.**

**They may seem small but it's a start in creating the ripple effect that can collectively result in a better world."**

*Mafi Funaki-Tahifote*

people's shoes applies at any level. Being more proactive and having a can-do attitude goes a long way.

For behaviour change to occur, it needs to start off with how we think. Then when we move along to behaviour change, we need to be aware that people are affected by the disablers around them, like the environments they live in. Having policies that can create supportive environments, relating to the social and economic determinants of health, is also very important.

It's a long haul working in public health before we can even witness tangible changes at higher levels. Having a genuine willingness to help, creating relationships, and sharing a bit more about you personally, over and above what you do as a health professional, are all ways to build trust and rapport with our communities. They may seem small but it's a start in creating the ripple effect that can collectively result in a better world." 🌱



A portrait of Dr Nicki Jackson, a woman with brown hair, smiling, wearing a dark blazer over a green polka-dot top. The background is a blurred green foliage. The image is partially covered by a green diagonal shape on the left side of the page.

# Nicki Jackson

Dr Nicki Jackson is the executive director of Alcohol Healthwatch.

**“M**y role is to inform strong action on alcohol in our country, by examining the evidence on what will work to reduce harm. I love being able to have a voice for those who are affected by alcohol. Every day is different and there’s a huge workload because we’ve got a real problem with alcohol in this country.

#### **What was your public health career journey?**

I trained as a nutritionist at Otago University in the 1990s, then I did a Master’s in Health Science. Since then, my career has been immersed in evidence. I spent three years training public health practitioners and policy makers on how to integrate evidence into practice. Then I did three years at Auckland University of Technology (AUT), leading the health promotion degree, followed by three years managing the alcohol and tobacco services at Auckland Regional Public Health. That’s where I fell in love with alcohol, so to speak. It was incredible to be in a job where I could work with policy makers, communities, and health services, and get to try to change the environment for the next generation to benefit.

After three years in that role, I left to do my PhD in Community Health, specifically looking at adolescent drinking. Nine months into it I had twins. I was told by many people that I wouldn’t come back, but I not only did that, but I submitted on time and won best PhD thesis. Don’t listen to people when they say ‘you won’t be back’ after having a baby! That PhD for me, was a different level of study or knowledge. There hasn’t been a single day in which I haven’t used it in my current role.

#### **What do you enjoy about your role?**

The best thing about my role is that I get to wear so many different hats. It’s such a challenge to instil a public health perspective when I’m working with the police, local government, community groups, the education sector, or psychologists. It’s a huge privilege to do this job.

#### **What advice do you have for those starting out in public health?**

Public health is about values. There’s one piece of advice I think every health promotion public health student or emerging practitioner should know,

**“Public health is about values. There’s one piece of advice I think every health promotion public health student or emerging practitioner should know, and that’s to know what your purpose is.**

**My purpose, for example, is ‘to turn acorns into great oak trees’. That purpose guides every decision I make in my life.”**

*Dr Nicki Jackson*

and that’s to know what your purpose is. Once you’ve worked out what your purpose is, write it down, spend some quality time thinking about it. My purpose, for example, is ‘to turn acorns into great oak trees’. That purpose guides every decision I make in my life. I will only seek opportunities where I’ve got ability to build capacity, so others can carry on with the work after I’ve gone.

Knowing what your purpose is makes every decision that much clearer. Once you can find jobs that are aligned with your values, life becomes very rewarding. I think it also helps with relationships – people see you for being genuine and know your values and where you come from. The skills you need in public health: to be able to work with communities and to be able to look at evidence, they can be gained on the job. Knowing your values and your purpose will last you a lifetime.”



# Geoff Kira

Dr Geoff Kira (Ngāpuhi) is a senior lecturer in Public Health at Massey University.



**I**'m a public health scientist with the School of Health Sciences at Massey. My research is a wide variety of fields with a focus on interventions that will positively impact unfair differences in health – I call my specialty a health equity interventionist. I mostly work with communities living in poverty and Māori health organisations around kai (food), kori (activity) and moe (sleep).

## What was your journey into public health?

My journey into public health academia was a long meandering one, that had no plan, apart from the fact I was searching for a role that inspired me. Before I came into academia at age 40, I had a variety of occupations

ranging from court clerk, labourer, military bean counter, temp worker, semi-professional footballer and personal trainer. I'm not sure how I ended up being an academic; I'd never even heard of university when I was young. That's probably why I dropped out of high school early and had a lot of random jobs before going into the air force.

Food has always played a big part in my life, but it took me a while to realise how important it really was. When I was growing up, in Kaikohe, my family were quite poor. I didn't have a pair of shoes until I was 13. We were always in the garden, doing stuff, weeding, planting, harvesting. We'd spend weekends preserving fruit and picking blackberries in the summer so we

could preserve them for the winter. I was learning from Mum in the kitchen at an early age and baking since I was ten years old. I think flour dust must be in the blood; both my uncles were bakers.

My early academic experience was a Diploma of Exercise Science because I thought I wanted to be a trainer. But studying really fired up the neurons and I discovered I really loved to learn – and it was anything at all – the information just stuck. My wife calls me the trivia king. I went from one course to the next and the next and I ended up with my PhD. There was no plan at all, I didn't know where I was going with it, but ended up having Professor Elaine Rush at AUT as my PhD supervisor. She introduced me to Project Energize, a school-based nutrition and physical activity programme, for my doctorate. Through that I discovered I really loved working with kids and in public health rather than being in the lab. I suppose I'm a people person even though I do enjoy being alone with my thoughts.

## Why did you move into nutrition research?

What really got me going in food research was visiting Hastings and the iwi there, Ngāti Kahungunu. I was trying to establish a research area, so I asked them what was the greatest health issue that they faced. They immediately said, 'access to healthy food'. I was dumbfounded, I thought it would be diabetes or heart disease. I thought, 'OK, I'm going to have to do something about that'. Without having a background in nutrition or a formal background in food, I headed off on that tangent. Now I'm working with communities to be able to establish a healthy, reliable food source.

Recently we did a study where we wanted to see what people's eating behaviour would be if we gave them free fruit and vegetables. We went to the third most-deprived community in New Zealand and gave them a huge box of fruit and veg every week for three months. What happened was they consumed almost all of it and they'd give some away to their neighbours or kaumatua, because they saw others as having a greater need. That showed people in poverty will eat fruit and vegetables, in fact enough to meet the recommendations, because that was a big societal attitude that we were trying to overcome. The naysayers would tell us, "poor people don't want to be healthy; they don't want to eat well; they just want to smoke and be lazy". We've got the data to say that's wrong. Once we overcame the barriers to access, they ate almost all of the fruit and vegetables. I'm so proud to now have the evidence to say that people living in poverty do want to be healthy and just need an opportunity.

**“There are two things that keep me motivated. The first one is that everyone working in this area is so passionate about helping others. I am too, but without those people around you, you'd get disheartened easily. We argue among ourselves a lot in academia, but it's the people who help you through. The second thing is that you have so much anger when you see people not benefiting from society. That injustice is a great driver for me.”**

*Dr Geoff Kira*

## What keeps you going?

There are two things that keep me motivated. The first one is that everyone working in this area is so passionate about helping others. I am too, but without those people around you, you'd get disheartened or overwhelmed easily. We argue among ourselves a lot in academia, but it's the people who help you through. The second thing is that I'm angered when I see people disadvantaged in society. It doesn't have to be that way and that injustice is a great driver for me. 🌱



A portrait of Sara Knowles, a woman with short dark hair, smiling. She is wearing a black top. The background is a blurred indoor space with warm lighting. A green geometric shape is overlaid on the bottom left of the image.

# Sara Knowles

Sara Knowles is the senior public health advisor at Taranaki District Health Board.

## What was your public health career journey?

**W**hat was your public health career journey?  
“I started out in clinical dietetics – I went to university and became a dietitian, then I worked initially in Palmerston North Hospital. My first non-hospital job was working on the Food Composition Database, in the early days of nutrition information labelling.

Once I started having my children, I picked up community nutrition work with Plunket, which involved a variety of things, like being the dietitian to talk to at Plunket health days or delivering community nutrition sessions. It was a fabulous job at that stage of my life. My third child was a very settled baby, so I’d be talking to people about infant nutrition while I was sitting there breastfeeding.

When we moved to Taranaki in 1999, one of the public health dietitians got me involved in working for a budget cooking trust. I worked there for about five years, teaching budget cooking, nutrition, and food safety. I loved working with such a diverse group – people who were recovering from mental illness, people who were on training courses, teenagers on transitional programmes – because it was fascinating learning people’s stories. It really helped me to understand a broad range of experiences that were new to me. That role made me aware of a lot of assumptions I had, so it was good preparation for working in public health.

## How has your work evolved?

In 2003, I started working in the nutrition and physical activity team at Taranaki DHB and I’ve been in working in public health in Taranaki ever since. When I started, we had a real health education focus, making well-intentioned assumptions about what communities needed. We work so differently now. We were talking recently about how we used to evaluate the programmes with the participants. Of course, they told us what a good job we’d done but we never heard the voices of people who weren’t participating! Now there’s a shift to prioritising those voices and challenging our own practices.

Because we don’t have a lot of resources we have to be very strategic. Back in 2017 we had a strategic review and prioritised our work quite differently into two main workstreams. One is health equity, with a particular focus on health equity for Māori, and the other is wellbeing in all policies, working to influence decision makers in areas outside health. It hasn’t been an easy three years, but we are making an impact. Our equity focus has been largely within the DHB; we really felt that if we are working out in the community, we have a responsibility to ensure that what’s happening in our own organisation matches the shift we want to see outside.

That shift towards equity for Māori is so important; there’s still a lot of power sharing that needs to happen. There’s a lot of talk about co-design, but sometimes when people talk about it it’s not really letting go of that power. It’s about being willing to listen and to establish relationships. Indigenous peoples around the world have the answers but we’ve imposed these Western ways of doing things. We need to stop, listen and learn.

**“I feel like there is a type of person who works in public health; we tend to be positive, passionate and real believers in social justice and equity. We feel very strongly about enabling the voice of those who may not be otherwise heard. Many of the people who work in the field have a similar desire to make a real difference.”**

Sara Knowles

## What does it take to work in public health?

I feel like there is a type of person who works in public health; we tend to be positive, passionate and real believers in social justice and equity. We feel very strongly about enabling the voice of those who may not be otherwise heard. Many of the people who work in the field have a similar desire to make a real difference.

Working in this area can be hard at times. I think Covid-19 has been good at reminding people of the importance of public health. In our health system, the day-to-day treatment of people requires the biggest chunk of funding. You don’t need a lot of money to make a difference in public health, but it would be good to have a bit more!

Working in public health is about the person you are, not just the knowledge you may bring. Community relationships are key, as is knowledge and experience of tikanga and mātauranga Māori. You need to be open-minded, positive, and be able to bounce back when you don’t have the wins you’d like to have. Having a real passion for people and for equity is really important.”



# Erina Korohina

Erina Korohina (Ngāti Porou) is the Heart Foundation Māori research cardiovascular fellow.



Erina has been working as a public health practitioner since graduating with a BSc in Human Nutrition in 2006. Nine of those years were spent living and working in Tai Tokerau, supporting the workforce development of the Māori nutrition and physical activity kaimahi and working on grassroots community development programmes. She has worked as a kaiārahi nutrition with Toi Tangata.

## What is your current work?

"I'm the Heart Foundation's Māori research cardiovascular fellow. I was lucky enough to be the Fellow for the last two years, and I reapplied in 2020 and was successful for the next three years as well.

Alongside that, I'm working on a piece of research with the Heart Foundation and the Centre for Health here in Tauranga. The name for it is 'Barriers, Enablers, and Solutions for Maintaining a Healthy Nutrition Lifestyle, using a Kaupapa Māori co-design approach'.

The purpose of the research is to gain an understanding of community and whānau perceptions around healthy eating. What are the things that make healthy eating easy? And the things that make healthy eating hard? And then, through a Kaupapa Māori frame, to co-design a nutrition programme alongside whānau.

I've been looking into how we as Māori navigate nutrition advice and where that information comes from. This included looking at the traditional, Eurocentric nutrition guidelines, and then I also looked into our mātauranga Māori. For example, using Maramataka, which is the lunar cycle and a set of guidelines Māori use to navigate the ebbs and flows of the environment, and our interaction with it. It gives you a heads up on the best days of when to plant, harvest and fish. So rather than just having a set of nutrition guidelines or statements that say how individuals should eat, this is more of a holistic and collective way of looking at how we as a community influence and can be influenced by the environment. We have karakia that offer guidance on the type of food to eat, environmental protections and how to sustain that food.

We've completed the first stage of a co-design process and we will continue to work alongside our research whānau to develop a nutrition platform to be able to utilise in the future. I'm also doing my Master's in Public Health through Auckland university and plan to do my PhD. Alongside that, I'm learning te reo Māori at Te Wānanga o Aotearoa.

## What motivates you?

When I first started working after completing my undergrad in Human Nutrition, it was all about me. I wanted to find out how my body responded to different things, and I was curious. I then moved up to Te Tai Tokerau in Northland in a community nutrition role with a Māori health organisation.

I learned a wealth of information around food sovereignty and the importance of food security, and what that means for Māori communities. I was going in with my new grad university pōtae (hat) on and going, okay, we need to stop drinking fizzy.

And then I got told by the community, what we want to know more about is, how can we capture the intergenerational knowledge transfer around māra kai (gardening), from our kaumatua to our mokopuna.

That was the start of my learning journey of understanding food sovereignty, Hua Parakore and the whakapapa of kai. Coupled with this was learning about colonisation and the ongoing impacts and trauma that this has on the health and wellbeing of our whānau.

Moving into heart health research – the death rate from cardiovascular disease for Māori is two times more than that for non-Māori. And I think that's what really drives me: we have these huge inequities in health, which are unfair and unjust. I think it's a critical time for investing in Māori health and wellbeing and heart health.

The Health and Disability Sector Review and analysis from phase one of the WAI2575 Health Services and Outcome Inquiry have recently made recommendations on investment in Māori health and embedding equity and anti-racism within the health sector. If you want to really be true to Te Tiriti o Waitangi and make inroads to truly equitable health outcomes, that's what you need to be doing.

Also, the Heart Foundation recently presented a White Paper to Parliament calling for a coordinated national action plan to improve heart health outcomes and address systemic barriers and inequities. So, it feels like there's a little bit of energy and excitement happening in that space, and I'm keen to be involved.

## What is your vision for the future health of everyone in Aotearoa?

What I would hope to see is equitable health outcomes for Māori in particularly in heart health. It's hard because, as a Māori, I am expected to live seven years less than my Pākehā husband. My vision for the future is that this is no longer an issue. And I think that has to come from a constitutional change in the health system and outside of the health system. The way that our governmental systems are set up are in silos

**"We are informed and influenced by our own experiences and understanding of how we view the world. What you really need to, most importantly, think about is your own reflection on yourself and your own experiences, and how that might influence how you undertake your mahi. And I think in public health and in health itself that's really important if you're going to go out and work in the community."**

Erina Korohina

of health, education, justice etc, but actually our life doesn't exist like that, there are many interactions in between, and that's where our social determinants of health have such an effect on our wellbeing.

## What does it take to succeed in public health and nutrition?

We are informed and influenced by our own experiences and understanding of how we view the world. I think it is important to be able to reflect on your own practice, and experiences to see how that might influence how you undertake your mahi. And I think in public health and in health itself that's really important if you're going to go out and work in the community." 🌱





# Jim Mann

Professor Jim Mann is a hugely well-known figure in nutrition in New Zealand.

He has been professor in Human Nutrition and Medicine at the University of Otago and consultant physician (Endocrinology) in Dunedin Hospital for 35 years. He is also the director of the Healthier Lives National Science Challenge, He Oranga Hauora; director of the Edgar Diabetes and Obesity Research (EDOR), the WHO Collaborating Centre for Human Nutrition, and principal investigator for the Riddet Institute.

## What first got you interested in health and nutrition?

"I started out in medicine and some of my earliest clinical work was when I worked for a few years in South Africa. It showed me how nutrition was a determinant of health across the board. It was the determinant of undernutrition and all the terrible things that were associated with undernutrition, but it was also the cause of the health problems of the developed world.

I was enormously influenced by Hugh Trowell who stimulated my interest in dietary fibre. I regard my major contribution to nutrition as following up his early work on dietary fibre, both in terms of the management of disease, particularly diabetes, and in terms of public health.

## What does your current work involve?

My current work is principally around the Healthier Lives National Science Challenge, He Oranga Hauora. We develop the ideas in conjunction with stakeholders, and then largely commission research.

The Science Challenges also have a role in helping to set the research agenda, so that is important. We've done things in partnership with the Health Research Council and the Ministry of Health, we've been able to fund research that's been very productive and very helpful.

## What has motivated you throughout your career?

I believe implicitly that nutrition plays a pivotal role in human health. I have used my medical role to try and foster the acceptance by health professionals, and the medical profession in particular, of the importance of nutrition.

And, of course, that then gets you involved in political things. So being involved at a political level – with a small P – and becoming involved in interactions with government, inevitably becomes part of that life one leads.

The really distressing thing in New Zealand is that I believe – and it was one of the things that actually encouraged me to come to New Zealand 33 years ago – was the interest in and the opportunity to combine my clinical interests with nutrition in New Zealand. I was able to witness a gradually increasing acceptance of the importance of nutrition. The country seemed to be moving in exactly the right direction, but regrettably for the last 12 years, we've actually gone backwards.

## What is your vision for the future of the health of people in Aotearoa?

My primary concern would be to create an environment where people would be able to make healthy food choices, which would lead to the reduction of the key nutrition-related diseases, which are key killing diseases for New Zealand.

**"I believe implicitly that nutrition plays a pivotal role in human health. I have used my medical role to try and foster the acceptance by health professionals, and the medical profession in particular, of the importance of nutrition."**

*Professor Jim Mann*

We've got this epidemic of diabetes and obesity and all the other co-morbidities of obesity. And I would like to see a government creating an environment where we could do something about these two epidemics, of course cancer comes into this too. But also in a way that takes sustainability into account.

My current obsession is the National Food Strategy. With the Science Challenge we're working towards a place where we could, we believe, contribute to having a national strategy. I think a strategy is exactly what we should be doing, but it should be a national food strategy that has a very strong component of health. And I would want to see a commitment to the implementation of that strategy.

## How can public health be improved in New Zealand?

Public health generally has been ignored. There needs to be an independent public health organisation with ring-fenced funding, and recognition that public health is far more than just infectious disease.

What we've got now is that food is everybody's business and nobody's business, and it's virtually disappeared from the Ministry of Health.

And then it's all those things that we're always going on about: policies in schools, on advertising, and looking at taxes again. Whether it's a wealth tax or a sugar levy, these things do need to be reviewed."



# Soana Muimuiheata

Soana is a dietitian consultant and is completing her doctorate in health science at Auckland University of Technology (AUT).



## How did you start in public health?

I have always been interested in health. After completing my nutrition and dietetic training at the University of Otago in 1993, I returned to work in the Ministry of Health in Tonga. Public health was part of my role; I provided nutrition education, health promotion, public health policy development, community-based programmes, hospital food services and was also part of the multidisciplinary team at the Centre for Diabetes and Cardiovascular Diseases.

In 2002 I migrated back to New Zealand and have worked as a clinical community dietitian in Pacific primary health, the National Heart Foundation and for ProCare Health Ltd. I'm also involved in a lot of church and community programmes on a voluntary basis.

## What is your area of interest?

I am doing my doctorate in health science, based on Type 2 Diabetes Mellitus (T2DM) management and food practices. My research is with the Tongan leaders – church, community and professionals. I used talanoa [dialogue] and qualitative research to listen and interpret participant's personal stories. I'm trying to find out the meaning of being Tongan with T2DM, the factors that determine food practices and what strategies may help the government and policy makers minimise and prevent the development of T2DM in New Zealand. Pacific people have the greatest amount of diabetes in New Zealand. What can we do to help our people live a healthy life? Health practitioners talk about self-managing diabetes, but Tongans live within

a family, church, community context and rely on others to help with diabetes management.

New Zealand needs a public health approach to improve the health and wellbeing of our people. Everyone needs to work together: the government, non-government organisations (NGOs), the food industry, media, community groups, families and individuals. When a person becomes diabetic, there are many complex issues to consider. We need a holistic approach to address mind, body and soul in a communal context. Food is a major part of all cultural celebration events. As a Tongan, I would like to hold on to my culture, and sense of identity but I also want to be fit and healthy.

Maintaining a strong Tongan identity while living in New Zealand is important to most Tongans and finding that balance can be a challenge. Tongan people can be encouraged to eat more vegetables by adding colours to the green leafy vegetables such as taro leaves, hibiscus (pele leaves), cabbage, and lettuce that are grown and eaten in Tonga. As a Tongan dietitian I try to use cultural norms and science to help Tongan people to eat well.

I come from a strengths-based focus; food is provided for us to nourish ourselves. There is so much more to food than just a source of nutrients. Sometimes it's the amount, the time we eat, or how many times we eat. I don't want to take away treats or pleasures for people. Treats is an interesting concept; in Tonga we might feast once a month but in New Zealand we can have a feast every weekend or attend two to three occasions in one weekend. Our family meal can be a daily feast and we love our food. Our people know what to do, but we need a supportive system in place as we struggle to transform our knowledge into action.

Public health is about having policy in place that supports a healthy lifestyle and creates a supportive environment that helps tackle our food-related health problems.

I encourage people to put effort into their quality of living. I believe in people's ability to change. It may not be the right time now, but it'll come when it's right for them; you can't force them.

## How can more Pacific people be encouraged to work in nutrition?

Many Pacific people don't know what a dietitian is, however, they are very supportive of education. Under-fives learn about healthy eating, and children need consistent messages to keep being healthy, then they'll maintain an interest and might look for food and nutrition as an option for further study.

We must create career pathways and the workforce

**“As a Pacific dietitian, our people need us and so we can come and talk about things that we know is the reality because we live it. The key for us is trying to translate the scientific and technical information into a knowledge that's appropriate for our people.”**

*Soana Muimuiheata*

has to be aligned with training. There may be lots of Pacific public health students at University, but they don't really know what they want to do for a job. When we grow up in Tonga, there are a few traditional careers we know of but in New Zealand there are so many choices including Allied Health. People may think they don't need to study about food as they know what to eat. A dietitian is a New Zealand Registered professional and a health priority career.

## What does it mean to be a Pacific dietitian?

My work is all-hours. It's not only that you're expected to deliver your career but also to be available to your community. The good thing about this is you're respected and appreciated as a trained dietitian and your lived experience is important. As a Pacific dietitian, our people need us and so we can come and talk about things that we know is the reality because we live it.

The key for us is trying to translate the scientific and technical information into a knowledge that's appropriate for our people. People may know what's best for them, we can provide guidance for everyday life. And we can work to remove the barriers and create supportive environments, such as policies to promote and sustain healthier food choices. That's why public health is so important. 🌱



# Shayne Nahu

Shayne Nahu (Te Arawa, Tainui, Irish) chairs the Activity and Nutrition Aotearoa (ANA) board and is the wellbeing and advocacy manager at the Cancer Society of New Zealand.



**I**'ve been working in public health for around thirty years. It's still hugely challenging; there are still so many opportunities to make a difference.

#### **What was your public health career journey?**

I went to university without a clear idea of what I wanted to do. I studied psychology and sociology because I was interested in them, but I came out with a good perspective on the things we do and why we do them.

On returning home after Uni, I got a job as a dormitory assistant at the children's health camp in Rotorua. I worked there for about four years and it really made me appreciate the influence that environment has on people's behaviours. Children would be referred to the camp for six weeks, often because they had social and behavioural problems. There was a real cycle. Kids would push the boundaries in the first week, then there would be four weeks of stable life, then in the last week they'd be getting ready to go home. I could see then that sending these kids back to exactly the same environment that they'd come from meant there wouldn't be any long-term change. The kids were the symptom, not the problem.

My time there really solidified the academic theory I'd studied. Then luck played a part. My sister, who was then a nurse in Gisborne, told me that the drug and alcohol unit was looking for a health promoter. No one knew what that was, but I got all excited about it and applied. I've been working in public health ever since, in various roles within the Ministry of Health, with a city council, and DHBs. I've been at the Cancer Society for the last four and a half years. I really value the partnerships and relationships that I've built up over time.

#### **What does it take to succeed in public health?**

A challenge that we've always had in public health is how we talk to others outside the sector. There are lots of good things happening in our sector, but I don't think we're able to articulate clearly enough how all these different bits of work are needed to achieve the same goal. A key goal is policy change, but we only

**"I think it helps if you can work in an area that you have a passion for, because that helps sustain you through the heartache. But at the same time, you can't be too personally aligned with it because it can burn you out if you don't get the progress you want. It's a real balancing act."**

*Shayne Nahu*

achieve that if there's political will and there's only political will if there's community support. You only get that through engaging with communities. It can be difficult to identify successes in public health if you're only measured on legislative change!

You need patience to work in public health, and to be able to celebrate successes along the way, even if they're small, because it's a long game. You need to understand evidence, and how to appreciate the nuances and limitations of research. Communication is key, especially being able to convert academic speak into succinct messaging and everyday kōrero. We need to understand how communities, talk, engage and influence politicians, and we need to maintain engagement at whānau and community level. Understanding how social media works is really important now.

It helps if you can work in an area that you have a passion for, because that helps sustain you through the heartache. But at the same time, you can't be too personally aligned with it because it can burn you out if you don't get the progress you want. It's a real balancing act." 🌱



A portrait of Alison Pask, a woman with short brown hair and glasses, wearing a black and white patterned jacket. She is smiling slightly and looking towards the camera. The background is a soft-focus outdoor setting with trees.

# Alison Pask

Alison Pask is the executive director of Activity and Nutrition Aotearoa (ANA).

## What was your journey into public health nutrition?

"I've always loved food and people. I studied nutrition at Otago University and for a while I thought I might want to be a teacher, but I qualified as a New Zealand Registered Dietitian instead. I think I got the best of both worlds and in a way, I've come full circle – now I do education in a different way through mentoring and professional development. After 30 years, I still have a real passion for nutrition and public health.

My first jobs were in hospitals and I found it hard to stay positive when working with sick people. I thought, 'there's got to be a lot more to nutrition than treating people who are sick'. I wanted to be the ambulance at the top of the cliff, not the bottom. My first role in health promotion at the Heart Foundation cemented my desire to work in public health. I could see the return on investment and felt like I'd found my niche.

## What keeps you motivated?

Since then, my whole life has been dedicated to working in public health, mainly in the NGO sector; it's values-based work. I've got a passion for bringing people together. I'm terribly curious, I always want to know more about people and their passions. I've got a lot of patience and an awful lot of persistence. I think that's important in this work because public health is a long-term game and it's all about the relationships you have and your circle of influence. I see ANA as an important organisation for connecting and bringing voices together, helping to inspire people to flourish.

I've got a really creative streak; I like to try different things and experiment. I like to reframe what we do. I like asking questions. My favourite one is, 'what's the purpose?' I think you must be clear about your purpose in public health and what you want to achieve.

It's never been in my plan to work in a certain place, but if the opportunity is there, I'll give it a go. I'm always keen to embrace change and I've challenged myself to move out of my comfort zone a lot in my career. That means being confident and not being afraid to pick up the phone and ask hard questions. When I was at Diabetes New Zealand, I asked Alison Holst if she'd be interested in writing a diabetes cookbook. She was an idol for me – she was a famous TV cook when I was growing up – so asking her was quite a bold thing to do but she was delighted to have the opportunity.

One of the key things that has kept me going is the wonderful mentors I've had. I've been able to repay that by mentoring others as well. I'm a great supporter of finding someone who can challenge you, who can influence what you do and give you some confidence to take the next step. If you're starting out in public health, I recommend you find yourself a mentor. Look for someone who you relate to who can take you to the next level. Surrounding yourself with great advisers is paramount to staying positive in a world where progress can be a bit like finding a needle in a haystack.

I strongly believe the health sector won't change the health status of Kiwis; we need to re-orient systems outside of health. We can already see that happening with political policies tackling poverty, which will have a greater impact on people's ability to choose

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healthy food. Improving access to affordable fruit and vegetables will have a greater long-term impact on the most vulnerable populations. It's important that we have more of an equity focus and that we're aware of our own privilege.

## What skills do public health professionals need?

Being politically savvy is a core skill I'm still developing, and I encourage others new to public health to think about how they can be more strategic in seeking change. I'd recommend someone new to public health to think about how they can strengthen their advocacy skills by building strong networks, learning the art of storytelling, and finding emotional connections to issues that can sometimes be more powerful than presenting yet more evidence.

More than anything, you need to be able to celebrate successes. Our public health wins might be small, but we're in this for the long game.

I've enjoyed filling up my kete with new tools over my career. I value continuous learning and broadening my skill set has challenged me and given me the guts to do things differently. I love the idea that something is a learning opportunity not a failure. The more experiences you can draw on in this work, the better. I'm inspired by Henry Ford's quote: "If you always do what you've always done, you'll always get what you've always got." 🌱



# Darrio Penetito-Hemara

Darrio Penetito-Hemara (Ngāti Haua, Ngāpuhi, Ngāti Tamaterā) has been with the Māori health agency Toi Tangata since 2015. He was the pouārahi (training and education manager); in April 2021 he became Kaiwhakahaere Matua/CEO.



**What was your journey into public health?**  
I didn't ever think I'd work in health, but I found my way in through te ao Māori. I'm a product of kōhanga and kura kaupapa and where kura. Te Reo Māori was my first language. I did a Bachelor of Sport at Unitec and that was my first real mainstream education experience.

Before I was at university, I spent some time in Montreal, Canada. I connected with the indigenous people there, and I was watching how they were doing things, which made me think 'I wonder what's happening at home?' Going to Montreal was a big learning experience for me as a young Māori boy – the culture shock of being around people who spoke French as their first language made me realise that that's how people who didn't speak Te Reo felt when they came to the kura or the marae and realised they couldn't speak English there.

I sort of just fell into this work. I was standing in line at graduation and got a phone call for a job that I'd forgotten I'd even applied for. I was very lucky; the job was with Oranga Poutama (Sport New Zealand), for a

role that at the time included teaching traditional Māori games in the Auckland area. That role, which evolved into helping create He Pī Ka Rere, was co-funded with Te Hotu Manawa Māori, which is now Toi Tangata.

## What is He Pī Ka Rere?

When I started working on He Pī Ka Rere in 2011, it was a joint-funded kaupapa looking at creating a kōhanga-specific movement and nutrition programme. He Pī Ka Rere is designed to fit into the way they deliver things and align with their world view, instead of being something that was produced by a mainstream group and translated into Te Reo.

He Pī Ka Rere refers to the manu (bird) preparing for its first flight. It's about learning to fly – how can we prepare our tamariki so they're able to participate in a lifelong connection to the joy of movement? We want to set them up with some good foundations, for whatever kind of activity they want to do. We have the signoff to deliver it across all kōhanga reo and we're looking at moving into the mainstream space as well.

I've got four children and this kaupapa has raised them.

Seeing them thrive is what I want to be able to achieve for all tamariki. My first baby was born after I'd been in the job about a year and so she was my 'guinea pig'. Every other day, I'd be testing something on her and no one's more honest than a child! We feel very privileged to be able to share it with kōhanga and we're very fortunate to be doing the type of mahi that we do. I'm so proud to be able to contribute towards something that has gifted me so much.

## How can public health be inclusive of Te Ao Māori?

Within Toi Tangata we provide foundation kōrero for people to be able to grow and start to learn the pūrakau and kōrero that align best to them. Coming to a place and saying 'this is how you should do things' is not our approach. We look to draw on the existing knowledge systems that they have and provide a platform for them to grow a bit more.

Te Ao Māori has been the guiding driver of my kaupapa. For me, it's about being able to support whānau to make healthy lifestyle changes within themselves without having to put aside their whakāro about tikanga and taha Māori. It would be amazing to go and get your haircut in Te Reo, or if you could go to the doctor and speak Māori to them. Being able to normalise all that stuff in the health space is a big thing.

A lot of spaces are attempting to include as much Te Reo and tikanga into things as possible, but we really need to look at how people can step up their game and not rely on the single Māori in the room to do it for them. Equity across the board is one of the biggest issues in public health, from all angles. I do get a sense that cultural connectedness and awareness is growing in slow, small increments across the health sector. I think we're quite fortunate to have some leading Māori health providers showing what the high-performing level might look like.

From what I've been seeing over the years, people are genuinely making attempts to start to think about how they can empower themselves. There's a massive increase in people attending Te Reo Māori classes, for example. In the public health space, Te Reo and tikanga should be treated like any other competency. They should be included in the induction processes when you join an organisation so you can get fully comfortable with them.

## What skills do you need to succeed in public health?

Navigating multiple relationships is a big skill needed in public health, especially when coming

**"In te ao Māori whakapapa plays a big part in everything that we are. All the different strands from my tipuna have created me and I think you need to think the same way about how you approach public health. You need to be able to bring together a lot of different aspects of who you are to flourish in a public health role."**

*Darrio Penitito-Hamara*



between mainstream and Māori organisations, and spaces like marae. You need to understand how each one functions so you can uphold their mana when you are attempting to connect with them. I think you need to be quite open-minded when you're thinking

about different approaches in this space. The skills you need to work in public health are the same skills that you need to work in a lot of different industries and areas: communicating, creating relationships. I would encourage people to keep up their cultural practices when they're working in public health, regardless of where you're from.

In te ao Māori whakapapa plays a big part in everything that we are. All the different strands from my tipuna have created me and I think you need to think the same way about how you approach public health. You need to be able to bring together a lot of different aspects of who you are to flourish in a public health role. 🌱



A portrait of Nicola Potts, a woman with short blonde hair and glasses, wearing a patterned scarf and a light-colored top. She is smiling and looking towards the camera. The background is dark and out of focus.

# Nicola Potts

Nicola Potts is the teacher in charge of Food, Nutrition and Hospitality at St Patrick's College, Silverstream and HETTANZ Home Economics Kaiārahi.

## What was your career journey?

"I went to Otago University and did Home Science, then became a supervisor at a University hostel and an assistant lecturer. When I married and moved to Wellington, Tawa College was looking for a reliever teacher, and I found I really enjoyed it. After teacher training, I taught at Aotea, Whitireia Polytechnic, Newlands, Correspondence School, Porirua College and now I've been at St Pat's Silverstream for 12 years.

While at St Pat's I've been able to continue with my studies; completing a post-graduate diploma in Public Health and Community Nutrition. I like to keep up to date and relevant. Currently I'm the Home Economics kaiārahi for The Home Economics and Technology Teachers' Association of New Zealand. This means I'm the subject expert, to look after Home Economics teachers, replying to emails asking for advice, doing visits, writing and grading school exams so there's standardisation throughout the country. We have a Facebook page, which I indexed so teachers have a resource to find valuable information that's right up to date.

## What do you like about teaching?

Interacting with the students and passing knowledge on is what inspires me. It's so interesting watching them get their 'aha' moment.

I'm a kinaesthetic learner; and use cooking to demonstrate what I'm teaching. For example, for a unit on sports nutrition, we discuss the value of eating vegetables and carbohydrates. I might make a carrot or a courgette muffin and show them why I'm making that. I don't recycle my work, I always think of something new, it's always changing.

My advice for nutrition teachers is to be passionate about what you do. It's one step forward, two back. I make time to have good discussions in class. I say, 'this is in the news today, what do you think?' We've been called a 'cabbage' subject, but I embrace that. If the cabbage is my unit, the cabbage leaves are all intertwined, and I teach the boys to pull back the layers to get to the core of the learning, teaching them critical thinking skills.

## How do you make your subject relevant?

Covid-19 has helped students realise that what we teach is so relevant to today's world. Some people who are getting Covid are obese or malnourished – why is that? We look at sustainable nutrition during lockdown and continuing. I change my teaching to what's relevant to today – especially societal influences and sustainability. My boys get good results because they know they're writing about themselves and their worlds.

I am the 'school nutritionist' which can also mean to some 'the food police'. I enjoy helping staff and

**"Home economics has evolved from cooking, to an academic course that teaches attitudes and values, well-being, socio-ecological perspectives and health promotion – all with a food focus. We are teaching our students to be critical consumers, users and producers of food in the future."**

Nicola Potts

students with their food choices, but some see me as someone who makes them feel bad about their food choice. I am often heard saying, "no food is bad, it is just some foods are better!" The school has a nutrition policy, and that needs to be reinforced within school and with the boarders at the hostel. My 'F-word' is 'feed'; I dislike the use of the word 'feed'; a concept like a service station when you fuel up and leave again. How do we stop that? We need to see food as something that nourishes us, helps us with academic and sporting ability, not just fuel. Until boys understand what food does for them, they won't appreciate good food.

I'm excited about the Ministry of Education's review of the Home Economics Achievement Standards. This should showcase the hard work home economics teachers have done in the last twenty years since the New Zealand curriculum was written. Home economics has evolved from cooking, to an academic course that teaches attitudes and values, well-being, socio-ecological perspectives and health promotion – all with a food focus. We are teaching our students to be critical consumers, users and producers of food in the future." 🌱



# Vishal Rishi

Vishal Rishi is the director for The Asian Network Inc (TANI).

**What was your pathway into public health?**  
“When I came to New Zealand from India 19 years ago, I’d never heard of ‘public health’, but I managed to get a job as a part-time public health coordinator at The Asian Network Inc (TANI).

I was so pleasantly surprised to be selected for this role and asked the Board chair why they chose me. She smiled and explained that they were looking for someone who could work with the community and had passion for this work. They knew I didn’t have

any formal qualifications in public health, but they were impressed by all the extra-curricular community services work I had done in India, like going door-to-door collecting money so we could buy essential commodities for poor/needy people, collecting donations for orphanages, organising blood donation camps for a leading hospital blood bank and so on.

My Board chair said, “Don’t worry if you do not have any formal public health qualification at the stage, you’ll soon learn about the New Zealand style of

public health!” I was also fortunate to get a part-time role in the Centre for Asian Health Research at the same time. It was a great combination of translating research into practice and telling the researchers what the community needed at grassroots level. I’ve slowly moved up the ladder in public health since then.

## **What does it take to succeed in public health?**

I think one needs to have PPP (triple Ps) i.e. a lot of Persistence, Passion and Patience, to work in this sector. Without this, I don’t think anyone can survive for long. In addition, I’m a people person by nature. If I can be of any help to anyone, that makes me happy. I think that’s what’s led me to community development work, advocacy and public health. I want to bring community voices to the decision-making tables. In 2009, I left a permanent DHB national manager job, at SafeKids NZ (now SafeKids Aotearoa), to come back to community health for that reason.

While working for the DHB I was also continuously working at the grassroots, advocating for Asian and migrant health. Fortunately, after 18 months of advocacy, our funders increased their support to TANI because they could see the Asian needs. At the time my colleagues told me I was making a huge mistake, leaving a permanent job and the security of the DHB, but I’m happy because I like the challenges of my role.

## **Are the needs of the Asian community being met?**

We’ve come a long way, in terms of understanding the needs of the diverse Asian community in New Zealand. When I first came to New Zealand there wasn’t enough translated Asian material, and it felt like the Asian population was ignored. Those things have certainly improved, but data collection is still the biggest challenge for Asian public health in New Zealand. Data collection has been strategically designed at higher levels and regardless of the migrant history of the Asian community in New Zealand, that goes beyond 100-plus years, Asian leadership is not visible at those decision-making tables yet. It took more than 15 years to introduce the ‘Asian’ category itself within Statistics New Zealand.

Data collection at primary and secondary care level is not collected and compiled in a way that can be used to further address the needs of the community. In addition, data is only collected from people who have accessed any health services. With family violence, for example, only the person who has reported to the police appears in the data. But the majority of Asian people don’t report it. However, this kind of anecdotal information about first-generation migrants is very important. Without it, if you go to the Ministry of Health or a funder to say, ‘this is a big issue’, you don’t

**“I think you need a lot of passion to work in this sector. Without it, I don’t think anyone can survive for long. I’m a people person by nature. If I can be of any help to anyone, that makes me happy. I think that’s what’s led me to community development work, advocacy and public health. I want to raise community voices and take them to the decision-making tables.”**

*Vishal Rishi*

have the numbers to support it. Fifteen years ago, the government said ‘you don’t have the population numbers’. Today we have the numbers and the population, but now they say ‘you don’t have the data’. It’s been a very strategic approach to avoid a big part of the New Zealand population, which I’m sad about.

## **Is progress being made?**

We are on the right track, but we’re a small waka in a big ocean. Sometimes it feels like it doesn’t matter whatever we do, the waves will anyways take us back to where we started from. Tokenism funding or responses don’t work to address broader public health issues and there are big decisions to be made. For initiatives to work, the community needs to be in the room first. Without that grassroots community connection, there will be no progress.”



# Julia Rout

Julia Rout is the national health promotion manager for the Stroke Foundation of New Zealand.



## What was your journey into public health?

I always knew I wanted to work in health. I really liked hospitals and wanted to work in one, because I was fascinated with how the human body works and the clever things we can do to make people better. I decided to go down the dietetic training route.

My first role after I graduated was as a community diabetes dietitian, where I found that I was telling the same people the same things day-in, day-out but the environment was working against people changing their behaviours. [The desire to do more for population health] was how I got into public health. I worked at Activity and Nutrition Aotearoa (ANA), while I did my diploma in public health. That study and work experience gave me the knowledge I needed to support populations to lead healthier lifestyles. I haven't looked back since.

## What's the value of public health nutrition?

I think if you're working in nutrition, the best way to make a big difference is to work in public health instead of one-on-one. At the Stroke Foundation I oversee all our efforts aimed at preventing stroke, particularly for Māori and Pacific communities, because they experience a disproportionate burden of stroke in comparison to non-Māori and non-Pacific. We run several campaigns, like The Big Blood Pressure Check every October, offering free blood pressure checks through pharmacies and supermarkets around the country. We also have our Big Blood Pressure Check vans, which operate year-round. The vans attend shops, events and workplaces which have a high number of Māori and Pacific attendees, offering free checks.

People who don't work in health promotion think that it's all about education, but education doesn't change behaviours by itself, you've got to have a supportive environment as well. Obviously, we can't diagnose someone in one visit to a van at an event, but the van helps start conversations with people and removes the barriers of cost and convenience. We talk to them about what influences high blood pressure and discuss small goals they could set. In our follow up evaluation, about 50 per cent of the people we see in the vans say they go on to do something about their blood pressure.

**“Often progress in nutrition is long-fought and hard-won. It can take a while to see the fruits of what you do, and it can be hard to keep funders interested when you can't necessarily see immediate results. It's the small wins that help you stay motivated.”**

Julia Rout

## What does success look like?

As the pressure on the health dollar gets greater and greater, it's more and more important to show 'progress'. The problem with public health is that it's not like surgery or a pill, there aren't immediate results. Often progress in nutrition is long-fought and hard-won. It can take a while to see the fruits of what you do, and it can be hard to keep funders interested when you can't necessarily see immediate results. It's the small wins that help you stay motivated. It's great when you do something small, like The Big Blood Pressure Check concept, and get to see it grow and flourish over time.

I really admire the Robert Wood Johnson Foundation in the US, for developing a new way to talk about the social determinants of health. They went through a process of unpacking what those things are, unpeeling the onion if you like, to make it so simple that everyone could understand it. They came out with key phrases which are politically neutral, so rather than talking about health equity, they talk about everyone having the same choices available to them. Framing the way we talk to different audiences is so important.”



A portrait of Boyd Swinburn, a middle-aged man with glasses, smiling. He is wearing a blue collared shirt under a dark red sweater. The background is a light green wall with a decorative pattern of concentric circles at the top.

# Boyd Swinburn

Boyd Swinburn is the professor of Population Nutrition and Global Health at the University of Auckland and Alfred Deakin professor and co-director of the World Health Organization (WHO) Collaborating Centre for Obesity Prevention at Deakin University in Melbourne. He is also co-chair of World Obesity Policy & Prevention section (formerly International Obesity Task Force).

## What has been your career journey?

**W**"I fell into medicine. I managed to be the last one into medical school before they closed the door. It seemed like a good thing to do and I just scraped in.

Medicine's just fantastic to be able to open up possibilities for people in a career. There's just so many things you can do with a medical background.

I went down the route of specialist training into endocrinology, especially diabetes, because it's a real diagnostic and management challenge. I went into the research, looking for the drivers and the causes of diabetes by looking inside people. I was in the United States at that time and doing research with the Pima Indians. I took a few trips down to the reservation and saw the marginalisation of the

population and the poverty and the unemployment, and all of the problems that go along with marginalised populations: the obesity, the diabetes, the alcoholism, the mental health, the suicides.

It made me realise that actually the causes of diabetes were not inside the body where I was looking, but they're outside, they're in society. So, I pulled my head out from inside metabolic pathways and started looking at the wider society to try to understand where diabetes was coming from and what you could do about it. That leads into obesity and that leads into diet and that leads into food systems and food policy. And that's where I've ended up.

I've worked out about something about myself, which is that I do think in big picture terms and it's just suited the way I think, to be able to shift into the big picture spaces. I love the metabolism and I love all of that level of detail as well, but if you want to make a difference you've got to shift to the big picture. The trade-off of course is that the big picture is much, much harder and needs much longer timeframes and much broader alliances. But actually, that's where I believe the changes will happen.

## What drives you to keep going?

A couple of things, the reason I got into research is research in itself is very intellectually challenging and stimulating. And I love that discovery part. I love the combination of creativity of thinking about the research question and how you can answer it and the scientific detail and discipline of implementing it. I love that challenge. That's matched up with trying to try to make an impact and trying to do something in this health space where I am, and particularly social justice.

We need to make a difference at a societal level and make a difference to the health equity challenges we face. And no more so than in obesity and diabetes.

## What's your vision of the future for the health of Aotearoa?

If you look at the stats at the moment, we're not doing too well on nutrition and health. Our obesity rates are shocking, and our diabetes and our diets are just a disaster and the nutritional inequities and the health inequities which flow from that just speak for themselves. So, we're starting from not a good set of statistics.

But we are also starting with a lot of positive attributes. We're a small country; we're a smart country. We produce a lot of food; we've got multi-cultural cuisines here; we have a lot of excellent science. We have an indigenous population that is undergoing a revival. We have the Pacific nations on our doorstep

**"We need to reimagine food systems that provide better human health, greater social equity, sustainable environments, and economic prosperity. If we refashion food systems to try to deliver those four outcomes, not just feeding people and making money, then I think that if we can get that to flow through our food systems, then I think we'll be world leaders."**

*Professor Boyd Swinburn*

and in our country. All this gives us a platform of vibrancy that if we really capitalise on it, I think we can be a world leader in healthy, sustainable, equitable, prosperous food systems.

We need to reimagine food systems that provide better human health, greater social equity, sustainable environments, and economic prosperity. If we refashion food systems to try to deliver those four outcomes, not just feeding people and making money, then I think that if we can get that to flow through our food systems, then I think we'll be world leaders. So that means the nutrition people sitting down with the farmers; sitting down with communities; sitting down with the health system; all of these groups.

Post-COVID is a perfect time for action as everybody seems to be talking about the need for healthy, sustainable food systems. Let's make it a reality in New Zealand. That's what I want to see now, now's the time. Right now! If there's any time we need to step up, it's these next three years." 🌱



A portrait of Paula Takiwa, a woman with short dark hair, smiling. She is wearing a dark purple top. The background shows a bookshelf with various books and a small framed picture on the wall.

# Paula Takiwa

Paula Takiwa is team leader – health advice for Arthritis New Zealand, and is on the committee of PIFNAG (Pacific Islands Food and Nutrition Action Group)

## How did you get started in public health?

'My public health career really took off when I started working for Diabetes Auckland.

I was educating people about Type 2 Diabetes self-management and diabetes prevention. I found that everything I'd learnt up to that point, through study and work, could be applied. Earlier, as a new graduate in Human Nutrition, I lacked confidence, but once I started working, and with the support of mentors, I was able to share my knowledge and help people.

I soon realised that through education we're only reaching a few people, we can only do so much. I joined PIFNAG (Pacific Islands Food and Nutrition Action Group), with Mafi Funaki-Tahifote and Sione Finau back in 1998. PIFNAG members all work in different areas of health but together we can get our voice out there and take a strategic view for all Pacific people.

I'm conscious that as a Fijian Pacific person, I have to keep myself healthy, and maintain a positive image. Relationships are important too; I always try to sustain relationships, and make sure that people know what's happening with our programmes.

## What's your focus now?

I'm now working with Arthritis New Zealand. Māori and Pacific people are more likely to suffer from gout arthritis, the second most common form of arthritis in New Zealand. For Pacific people, there's a lot of misinformation about the causes of gout, for example, eating seafood gives you gout, whereas there are a lot of other causes, such as family history and being overweight.

I keep motivated by little successes; if you can encourage one change in someone, that's one person who won't be going through the health system.

**“To be successful in public health you have to find the core of what you love and enjoy, and I love nutrition and food! I also enjoy providing a window on the Pacific worldview and how to work with Pacific people.”**

*Paula Takiwa*

Giving people hope is the biggest thing. Especially working with young people, advisors need to work with the whole family, and consider social issues, the affordability of food and food environments. Interventions have to be bigger and wider.

## What motivates you?

To be successful in public health you have to find the core of what you love and enjoy, and I love nutrition and food! I also enjoy providing a window on the Pacific worldview and how to work with Pacific people. My key message is to give people hope and show that you care, if that's your basic value you'll be great at your job.

I recently became a registered nutritionist. I had to remind myself, as I get older, that I've done a lot and deserve to get my registration. I'm thinking of doing a Master's in Public Health next year. I'd like to be in public health management, being there with the decision-makers; it's where I'm needed and can make the most difference for Pacific people.”



# Linda Taylor

Linda Taylor was the executive officer of Garden to Table Trust for five years. In 2021 she's completing her PhD at the University of Otago.

## What has been your career journey?

"I started out in the hospitality industry for ten years. I married a chef, and when we started having children, I moved into financial services until the Global Financial Crisis hit. Then we hit the road and did four months backpacking around Europe with a 10-year old and 8-year old, which was fantastic.

When I came back to New Zealand, I really wanted to do something that was more meaningful than selling mortgages. I decided to see what was on offer in the not-for-profit world. It was something I'd always been interested in: we'd volunteered as a family and were involved in our local community, and we were foster parents. I joined the management team of Lifeline and worked there for six years; quite an intense experience. I had a naive idea that I'd have a good work-life balance, but it turned out to be the hardest job I'd ever had, working the longest hours I'd ever worked.

They were amazing people, and to discover the passion people have for the work they do was inspiring. It really opened my eyes to some of the systemic issues we face in NZ and internationally, around mental health and suicide prevention.



However, working in this space is challenging on you personally; we'd also had my youngest daughter join us, we adopted her through the Home for Life programme – permanent fostering.

## What impact does Garden to Table make?

I then moved into the executive officer job at Garden to Table: teaching kids to grow and cook fresh vegies ticked all my boxes. There's so much to do; when you start looking at the obesity crisis, food insecurity, the importance of nutrition to our children and the long-term impacts that good nutrition can have. It became clear to me there was a lot we could do to make a long-term impact on the health and welfare of the next generation.

What's different about Garden to Table is that we teach the hands-on skills that children need to put other nutrition education into action. Teaching children about the importance of good nutrition, how to read labels, what are good foods and sometime foods, are just not enough if children don't have the skills that they need to be able to grow, choose and prepare good food. You can have all the knowledge in the world, but if you don't have the skills, you're not going to make sustainable, long-term change.

How do we integrate food education into a crowded school curriculum with teachers that are overwhelmed? How do we work with the Ministries of Health and Education to appreciate and resource food education for children? Part of the challenge is we're not an immediate impact organisation, so we're hard to fund. It's the same for all elements of public health; everything takes time. But we have to invest in organisations looking to make systemic changes.

We've got over 13,000 children each year taking part in Garden to Table. Every week they are growing, preparing and eating food they've prepared themselves. We link that back into the curriculum, by providing resources teachers need to integrate real-world learning examples. By the end of the year, kids have done at least 30 hours of growing, cooking and eating fresh fruit and vegetables. Kids take that home; they work with parents to cook at home and share food with their families.

## What's your advice for those working in public health?

The public health/not-for-profit space is constantly resource-constrained and you're working towards long-term change. If you're going to work in this space, you need to be passionate and committed to what you're trying to achieve. On the flip side, you have to

**"Teaching children about the importance of good nutrition, how to read labels, what are good foods and sometime foods, are just not enough if children don't have the skills that they need to be able to grow, choose and prepare good food. You can have all the knowledge in the world, but if you don't have the skills, you're not going to make sustainable, long-term change."**

Linda Taylor



learn when to step away and look after your own wellbeing, it can become all-consuming, there's just so much work to do. You've got to be able to manage boundaries and support your team to do so.

## What are some of the rewards?

One of the most fantastic things is to see kids in the

garden, smiles on their faces, or eating things they wouldn't usually, because they've grown and cooked it themselves. That sense of pride, achievement and self-worth that comes from growing and nurturing a plant is tremendous. If they love working in the garden, if they love cooking, they will do more of it, because they want to do it. We're setting them up for a life of good nutrition." 🌱



# Carolyn Watts

Carolyn Watts is a public health consultant. She chairs the board of The Common Unity Project.

## What has been your public health career journey?

"My segue into public health came from a deep interest and passion in research. I first trained as a dietitian and worked as a paediatric dietitian for several years, I loved working with families.

Then I went on my OE to London. I had that great Kiwi delusion that I could do anything, and I ended up with a couple of really interesting part-time research positions. One was working with a group of psychologists looking at eating behaviour predictors

in children, and the other was working with a medical professor who had done a lot of work in obesity, looking at the efficacy of different types of diets. That was my introduction to the wider causes of health conditions, particularly the role they played in children's eating behaviour.

When I came back to New Zealand, I took on a research role at the Ministry of Health, then moved sideways to work for the Cancer Society. I didn't know anything about health promotion at the time, but I loved that work and the ability to influence some of

the determinants of health. After being there for about four years, Rob Quigley and I formed our consultancy, Quigley and Watts, which is centred in public health. Our work supports wellbeing in lots of different ways. Some of the most interesting work has happened when we've been working with other organisations outside of the health sector.

## What does public health mean to you?

The terms 'public health' and 'health promotion' are misunderstood and both need a rebrand. Rob and I used to say that we were 'public health specialists', but we found that that limited people's thoughts about why they might work with us. People who work in this area have a broad range of skills that are applicable across a wide range of areas, but when most people hear 'public health' they think of the physical health system, such as hospitals and primary health care. Really, what we do is work to support community wellbeing.

One of the most satisfying projects I've been involved in is Common Unity. Initially I was just asked to help them out by evaluating an initiative, fast forward a few years and I'm currently chairing the board. Common Unity has taught me that you can never know exactly how things will play out; it's about letting things emerge and having strong positive relationships that enable you to maximise what's possible. It's about accepting that the people who come to the table are the right people.

## What can communities do to help themselves?

Each community has its own version of something like Common Unity. There are amazing champions and community leaders everywhere, it's just a matter of getting in behind them and seeing what you can offer. You need to be prepared to get alongside the people in your community and learn a huge amount. It pushes me right to the edge of my comfort zone because this way of working is new for me. I am used to working with other organisations who do things in a planned way. It can be very uncomfortable, but I've learned that you have to let go and realise that's where the magic happens, that the answers we are looking for are not solely the territory of inter-agency work. Communities have their own answers if you ask them how they want to do things.

At Common Unity we have a real mix of things going on, but it always comes back to the connection between people. When we leave our organisational hats to one side, and be people first, that's when we can think more adaptively and respond more quickly. That's the power of not having too much of a set plan at the start.

**"If you care about fairness and you're interested in making a long-term difference, public health a good area to get into. I'd love to see us getting wiser about how we work – I'd love us to appreciate academic evidence in the context of community wisdom. We need to reach out beyond the people we would normally gravitate towards. Everyone has something to offer, sometimes you just need to step back and let it unfold."**

Carolyn Watts

## What advice do you have for people working in public health?

If you care about fairness and you're interested in making a long-term difference, public health a good area to get into. I'd love to see more people from different backgrounds coming into it. You find public health champions in the most interesting places; they can be prison officers, school principals, business owners, anyone. I'd love to see us getting wiser about how we work – I'd love us to appreciate academic evidence in the context of community wisdom. We need to reach out beyond the people we would normally gravitate towards. Everyone has something to offer, sometimes you just need to step back and let it unfold." 🌱



# Carol Wham

Carol Wham is professor of Public Health Nutrition, Massey University.

**What was your public health career journey?**  
“My expertise ranges from paediatrics to gerontology. I was a lead author for the Ministry of Health background papers for the Food and Nutrition Guidelines for Healthy Infants and Toddlers (2008) and Healthy Older people (2009); and an expert reviewer of nutrients for the NHMRC Nutrient Reference Values for Australia and New Zealand (2005) and have authored numerous published research papers.

I was in Dunedin doing the four-year Bachelor of Home Science, thinking I'd like to be an interior designer! It wasn't till my fourth year where we really got into applied nutrition. John Birkbeck was my lecturer then, and I just got so excited and passionate about nutrition, and particularly the whole concept of nutrition education, and for that reason I applied to do dietetics.

Working at Auckland Hospital I specialised in paediatrics and completed an advanced course in paediatric nutrition at the Institute of Child Health in London. I later was invited to join the private sector through Douglas Pharmaceuticals to head up a new Nutrition Division. I embraced the opportunity and really enjoyed the commercial experience, but also applying technical innovation was so exciting, particularly when we became market leader.

I spent some time with New Zealand Dairy Foods, and then later Fonterra, involved very much in milk communications, and that inspired me to do my PhD. Then I set up my own business, Nutrition Communication Ltd, consulting, while I started part-time at Massey. It's been a 14-year journey at Massey too. I was very pleased to be promoted to professor in 2019 as the first NZ-trained dietitian to become a professor.

A lot of my work has been to provide the evidence to inform policy and practice, and that's what I'm very committed to doing.

## What is the focus of your research?

As an academic, I identified that older adults was an untapped area of nutrition and I embraced that and that's what I'm now passionate about.

My mother had dementia and I've seen the catastrophic effect of malnutrition in action. I've been engaged with two longitudinal studies to understand about how everything conspires against older adults to not eat enough food to maintain their nutrition status. This, as we know, has an adverse effect on health outcomes.

Some of the work I've done to demonstrate the degree of malnutrition in the community, hospital and rest home settings has informed policy and practice and made changes. And it's good to see that, for example, in the Waitemata DHB most people are screened for malnutrition on admission to rest homes. This is important because malnutrition increases the length of hospital stays and it causes more co-morbidity and that doesn't help people recover.

I've been working in that space because I think it's so relevant. And it's not taken seriously enough to be honest, by health professionals. We've got these high-cost treatments, but they're not going to be effective if people aren't well nourished or if they're not hydrated properly.

**“We’ve got a lot to learn from Māori. Kaumatua are revered for their wisdom and knowledge, aren’t they? I think if we’re truly Treaty-led in this country, we will learn from that and care for older people in a more holistic way.”**

*Professor Carol Wham*

## How can we improve the health of people of Aotearoa?

In ten years' time, 25% of the New Zealand population is going to be over 65 and there's going to be a smaller number of under 15-year-olds. Paul Spoonley, the Massey demographer, calls it the ageing disruption because there's no planning for it. There's no planning for the alarming rise in dementia. And there's going to be relatively fewer tax-paying adults to pay for all of us.

I think it's important that we can do the work in schools and get younger people much more aware of the food and nutrition issues and hopefully create some consumer power to improve the way we eat and drink.

We've got an increasing prevalence of people who live alone; older people living alone and eating alone is a real risk factor. We've got to think about that in terms of the way we live, the way we town plan, the way we need to be more age friendly. And hopefully younger people will embrace this.

We've got a lot to learn from Māori. Kaumatua are revered for their wisdom and knowledge, aren't they? I think if we're truly Treaty-led in this country, we will learn from that and care for older people in a more holistic way.

My overwhelming goal is to increase the public health nutrition workforce. We could be much more proactive in primary care to prevent problems before they occur.”



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# Mā tō rourou, mā tōku rourou, ka ora te iwi

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*With your contribution and my contribution, the people with thrive.*