

# Activity & Nutrition Aotearoa

Kia Hono, Kia Tipu

Connecting people and knowledge

## The history of ANA

Connecting people and knowledge

# Activity and Nutrition Aotearoa, fondly known as ANA. (1993-2021)

Respected NGO in the public health nutrition and physical activity sector for more than 25 years and well known for bringing people together from academia to grass roots communities. ANA will be remembered for delivering high quality, relevant and practical professional development to the public health workforce in Aotearoa. As a membership organisation ANA thanks the member organisations who governed and guided ANA through the last quarter of a century.

This book was launched at The Museum of New Zealand Te Papa Tongarewa, Wellington on Friday 25 June 2021.

## Titiro whakamuri, kōkiri whakamua

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## Ehara taku toa i te toa takitahi, engari kē he toa takitini

*Success is due to the support  
and contribution of many*



## Tēnā koutou

*Ka mua, ka muri: Looking back in order to move forward*

When I knew ANA was closing, I wanted to capture the history – not only of ANA itself, but of all the many twists and turns of the health sector over the past 25 years. Understanding the past is vital to move into the future.

When I gave the author, Niki Bezzant, the names of the many people who've been involved with ANA since its inception, it read like a 'who's who' of public health. All these people have influenced my public health career, and I thank them for contributing their knowledge to this historical collection.

These are passionate, committed people – many of them strong women – who have dedicated their lives, in many cases, to public health nutrition and physical activity.

As you read through this book, and hear their voices, this passion shines through.

The story of ANA has not been an easy journey with many of the same issues resurfacing. Achieving the vision of ANA: "That everyone in Aotearoa can and does eat well and leads an active life" has been an ambitious challenge due to multiple factors. The strong barrier to achieving this has been the impact of the yo-yo effect of policies of successive governments.

We have brought people together for a common purpose and have much to celebrate. This history aims to capture a snapshot of the past 25 years.

Every effort has been made to give an accurate picture of the people, places, times and events. As so much happened during this time, I hope we have provided an accurate reflection of the past 25 years, but please forgive any omissions.

Ngā mihi nui,

**Alison Pask**

*Executive director ANA*







# ANA: How it began

In Aotearoa in 1993 the time was right for collaboration in the public health sector

A group of organisations focusing on public health nutrition met to discuss working together; initially to collaborate on a joint project: a campaign to combat obesity. The initial meeting was the brainchild of Boyd Swinburn, then representing the Heart Foundation. A working group was set up and named Nutrition Action Group (NAG).

**The NAG members were:**

- > The National Heart Foundation of New Zealand
- > The Cancer Society of New Zealand
- > Te Hotu Manawa Māori
- > The New Zealand Dietetic Association
- > The New Zealand Nutrition Foundation

Representatives from the Public Health Commission (a Crown Agency responsible for purchasing which was disestablished in 1995) and the Hillary Commission (which was superseded by Sport and Recreation New Zealand (SPARC), now Sport NZ) were also involved in early discussions as observers.

These groups had many shared goals and similar kaupapa: all were dedicated to improving the health of New Zealanders; and all had a focus on nutrition in some form. It was the early days of public health nutrition, and evidence was building on the importance of nutrition for health.

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Heather Fear, then with the Heart Foundation and present at those early meetings, says, “The time was right, I think, to start something. So, when we first started getting together, it was really just to discover what we had in common”.

She recalls the agencies were all giving the same nutrition messages to the public, “but very much with their own little tweak... And there was quite a lot of public health knowledge coming out then about the importance of diet in general health”.

Those discussions quickly coalesced into a series of strategic objectives and a NAG mission statement:

*‘To work as a group to improve the health of all people in New Zealand through good nutrition as part of a healthy lifestyle.’*

‘Health’ was defined as ‘the energy and enjoyment that comes from physical, mental and spiritual wellbeing’.

NAG resolved to start a campaign to run in 1995 to ‘encourage all people in New Zealand to maintain a healthy body weight throughout life’.

The campaign was to be very much public facing; its main objective being ‘to bring about a positive change in the knowledge, attitude and behaviour of the population aged between 18-35 towards nutrition and lifestyle.’ Secondary objectives included influencing the food environment, encouraging physical activity, and increasing the percentage of the population with a healthy Body Mass Index. There was also a need to pull together research on body size, body image, attitudes and behaviour.

To get the project kicked off, Robyn Cameron was appointed coordinator, reporting to a management committee of Heather Fear, Helen Glasgow and Belinda McLean (of Network Communications). The founding organisations all contributed seed funding for the group, or funding in kind in the form of personnel.

Between 1993 and early 1996, the group moved progressively forward. Research was commissioned, an advertising agency was hired, and objectives were refined. Early discussions were also had on sponsorship; this was a priority for the 1994 committee with members networking their contacts in media, banking, insurance and the food industry; a philosophy that later changed as the organisation became independent of commercial interests.

The ambitious proposed advertising campaign was eventually put on hold, but the collaboration continued.

By 1995, after many meetings and much discussion, NAG had become the incorporated society, Agencies for Nutrition Action (ANA).

On 11 April 1996, a press release announced the formal launch of ANA with – in hindsight – a prophetic warning:

“Five major health agencies have joined forces to combat obesity and related diseases, which they say will reach epidemic proportions in the 21st century unless action is taken now”.

ANA’s work was underway as the organisation embarked on what has become a 25-year mission to achieve the vision: Everyone in Aotearoa can and does eat well and leads an active life. 🍏



## Our vision will be realised as we:

- > increase our collective understanding of what works to promote healthier lifestyles
- > inspire the development, delivery and evaluation of health promotion activities based on evidence and best practice
- > transform the places where New Zealanders live, learn, work and play into settings that support healthy eating and regular physical activity.

# Shaping ANA

The early days of ANA were shaped by some key people from its member organisations



## Judith Ka'ai

Judith was a valued member of the ANA management committee (later the Board) during its first five years.

Hiki Pihema who worked at Te Hoto Manawa Māori (THMM) with Judith says:

"Judith Ka'ai was an amazing woman whose passion for better health outcomes for Māori drove all the nutrition programmes delivered by THMM at that time. She was a real educationalist who looked at the bigger picture and was a strong proponent of education for Māori with a tikanga focus. Plus, she was there to do a job and woe betide anyone who stood in her way. She was impatient for change!"

In 2001, Judith Ka'ai retired as nutrition and physical activity manager at Te Hotu Manawa Māori.

"Judith, I think, saw the benefit in groups advocating for change, because this would also benefit Māori. Anything that promoted nutrition won Judith's support because of the role nutrition played in better health outcomes for Māori. That was why she featured prominently in the earlier days of ANA.

"Judith saw ANA opened the door for opportunities in advocating for Māori health. This was at a time when nutrition, especially for Māori was still new."

Sue Zimmerman (ANA's first executive officer) recalls:

"Judith nurtured us all and her organisation to champion Māori-based approaches to health, movement, and nutrition. I particularly remember her help with pre-testing our 'Game of Two Halves' campaign poster with Māori men, providing feedback that was full of revelations."

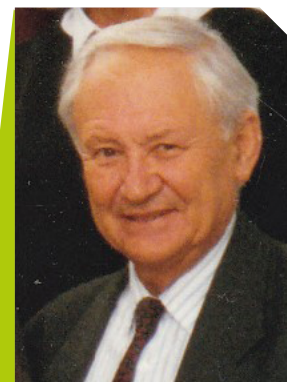
Judith nurtured many talented wahine along the way, including Christina McKerchar, then ANA executive officer (see page 31) and Laurie Wharemate-Keung (see page 47), who would go on to chair the ANA Board.



## Robyn Cameron: ANA's first Honorary Member

On 17 July 1998, the ANA Executive Committee accepted the nomination of Robyn Cameron, who was the CEO of the NZ Nutrition Foundation from 1994 to 1998, as its first Honorary Member with the following acknowledgment:

'Robyn was one of the inaugural group whose vision and dedication saw the formation of the Nutrition Action Group (NAG) in 1993. Since then, Robyn has contributed enormous talent, energy and commitment to turning this vision into a reality. With a background in the corporate sector and close links with the food industry Robyn contributed a unique perspective on nutrition to ANA. Her sense of humour was a great asset to a group finding their way together, while her resolve ensured we didn't stray too far from the task at hand. This nomination acknowledges the outstanding contribution Robyn has made to ANA over the past five years.'



## Dr Cliff Tasman-Jones

Cliff Tasman-Jones was one of the founding forces behind ANA. Representing the NZ Nutrition Foundation, he was an original signatory of the ANA constitution and provided much guidance in its formative years. He had an active and influential role on the ANA Board, acting as Chair from 2000 to 2003.

Jeni Pearce (ANA's first coordinator) remembers:

"He was a very good mediator. He was exceptionally patient. And he had the history. Cliff always likes to give context to what he was speaking about for people who didn't have that. He had an exceptional memory for detail.

"He had that lovely way of making sure that everybody felt included," she says.

Carolyn Watts (board chair 2003-5, and 2006-7) agrees:

"Cliff is such a generous and gentle and knowledgeable man," she says.

"He was an amazing force within ANA, and I think a real voice of reason. He was somebody who would help us to see the similarities as opposed to focusing on our differences. He committed a lot of time too and it felt like his presence there gave the work a lot of mana." 🌱



# The history of ANA

For more than 25 years ANA has been an important part of the public health landscape in Aotearoa

## Early days

In 1996 when Agencies for Nutrition Action, Nga Takawaenga Kapai Kai Hauora, (ANA) was officially launched to the public, the public health landscape looked different from today's.

Until the mid-90s, obesity wasn't really a focus in health. According to Professor Boyd Swinburn, then the medical director of the Heart Foundation, "it wasn't on the map".

"These things go a decade at a time," he says. "It took a decade for the scientists to work out it was an epidemic, because we didn't have many studies... We knew there was a big problem, but it took a decade to get it on the front page."

"In those days we were dealing in a total vacuum of even understanding that this was a problem. So, what we wanted to do [with ANA] was to try to get obesity on the agenda with a small, vocal, co-ordinated group."

Heather Fear, Board chair in 1996 – and from whom Swinburn says he learned much about public health – says the founding members of ANA had a lot in common, which made collaboration easy. But politics shifted the landscape.

"The big idea at the beginning [in the early 90s] was that we would do some big joint project that was going to save the world in terms of nutrition," she recalls.

Changes in government meant a change in thinking, however.

## Politics and public health: the 90s reforms

To understand the environment at that time, it's necessary to take a step back.

In 1993, when early meetings of ANA's founding organisations were beginning, the then National government re-jigged the health system. Four Regional Health Authorities (RHAs) were established. Purchasing and the provision of health services were separated, and the 14 Area Health Boards of the day were reconfigured into 23 Crown Health Enterprises (CHEs) structured as for-profit organisations and subject to ordinary company law.

Public health services were unbundled and a separate public health purchasing agency, the Public Health Commission, was established.

The newly established RHAs each took different approaches, including their approaches to working with Māori health providers on fulfilling the government's stated goal of improving Māori health status. The Northern RHA established three Māori coordinating and co-purchasing organisations, called MAPOs, funding Māori health providers; the Midland RHA established four joint Māori venture boards; the Central RHA established 50 health nests, Hauora Oranga, involving Māori health providers; and the Southern RHA worked with Ngai Tahu on its purchasing decisions.

Other changes followed. In 1993 Te Kete Hauora, the Māori Health Directorate, was established in the Ministry of Health, and the Health Research Council funded two Māori research units including establishing a Māori Health Committee.



ANA's board and management in April 1997.

Back row: Gillian Tustin (NZDA); Helen Glasgow (Cancer Society); Jenny Reid (MOH). Middle row: Boyd Swinburn (NHF); Judy Wood (NZDA); Heather Fear ANA Chairperson (NHF); Belinda McLean (Cancer Society); Judith Ka'ai (Te Hotu Manawa Māori). Front row: Jeni Pearce (ANA Coordinator); Christina McKerchar (Te Hotu Manawa Māori); Cliff Tasman Jones (NZ Nutrition Foundation). Absent: Robyn Cameron – ANA secretary (NZNF); Diana O'Neill (Hillary Commission)

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## Ideology over efficiency?

The 90s health reforms were controversial.

In a 2002 paper, *The New Zealand Health Reforms in Context*, Brian Easton wrote:

*It was hard, even at the time, not to see the primary driver of the reforms as ideological, for the commercialist (neo-liberal) philosophy was then rampant.*

The reforms had the effect of suddenly making the public health sector a competitive space. This affected the founding members of ANA.

“All these people we were collaborating with [in ANA], suddenly became our competitors,” says Heather Fear.

“The agencies themselves would only go so far on collaboration because they didn’t want to lose their own identity. So that idea that we would do something big together and save the world; we had to soon moderate that kind of thinking.”

The Public Health Commission – which was involved in early talks about ANA’s formation – was short-lived. It was disestablished in 1995, mainly due to political lobbying, in Swinburn’s view. It was, looking back, an opportunity lost.

“That was a serious public health institution, which was saying a lot of good things, and was putting out great reports and plans for action,” Swinburn says.

“It also had all the intelligence and capacity for writing the big strategic documents that were filled with policy recommendations.”

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**The reforms had the effect of suddenly making the public health sector a competitive space.**  
**This affected the founding members of ANA.**

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That was partly the reason for its demise, he says.

“The Commission started talking about taxing food and alcohol.... they had one strategic document that mentioned as one of the potential strategies the possibility of taxing unhealthy food and increasing the tax on alcohol. And the industries just got together, knocked on the door of the National Government and said, ‘take this thing down’. And they did.”

By the time ANA was officially launched in April 1996, it was into a turbulent political environment.

## The MMP approach

It wasn’t long before more change. The 90s health reforms were an acknowledged failure. According to Easton’s paper:

*The promised productivity improvements did not occur, and there has been no evidence of the sector’s productivity increases accelerating. The public were deeply suspicious of the reforms, seeing them as an attempt to ‘privatise’ their much-trusted public health system.*

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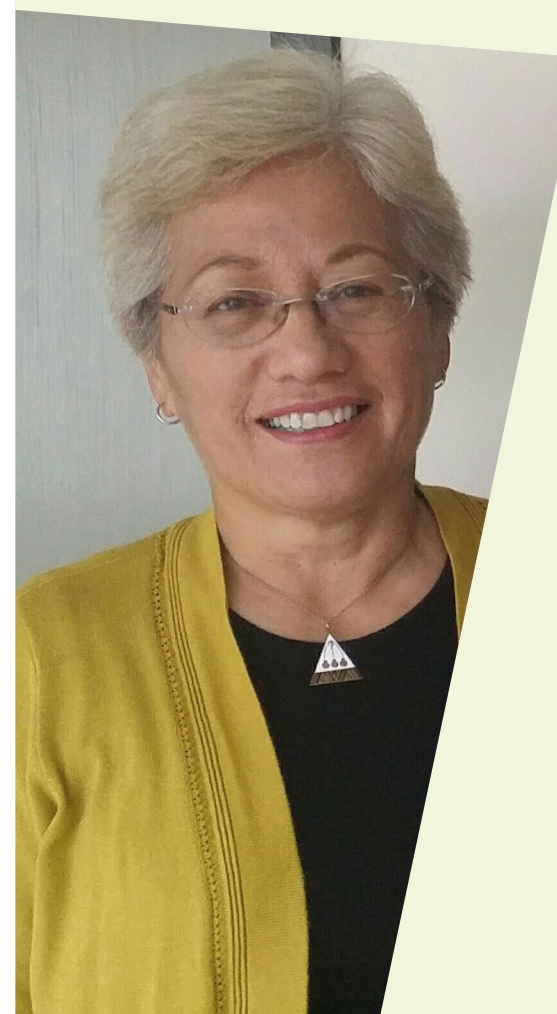
## PEOPLE

# Hiki Pihema

*Te Whanau a Ruataupare, Te Aotāwarirangi*

## Early memories

Hiki Pihema casts her mind back to the early days of ANA – and before that to the early 1990s and the Nutrition Action Group (NAG)



Pihema – currently working as team leader for dietitians at Gisborne Hospital and a member of the Tairāwhiti DHB – says, “ANA was a new concept for all the national groups involved, and I believe it was the right time for such a group to be set up”.

She was involved in the very early discussions between the organisation’s founding members in her capacity as nutrition lead at Te Hotu Manawa Māori (THMM), then a young organisation.

Pihema recalls that in the late 1980s the National Nutrition Taskforce recommended to the Ministry of Health a nutrition policy that included Māori nutrition.

“Up until then very little existed in the way of nutrition policies or providers for Māori,” she says.

Following the Nutrition Taskforce, THMM was established within the National Heart Foundation.

“I was approached by Papaarangi Reid to see if I could come to a couple of meetings to be a part of a group known as THMM. The focus of their programmes was healthy lifestyle for

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Māori in nutrition, smoke free and physical activity. THMM would provide training for Māori in each of these areas of health,” Pihema says.

Pihema says ANA benefitted hugely from THMM being established as a key player in the development of nutrition policies and practices for Māori.

“By that I mean ANA was in the process of becoming the face of a collective of influential Non-governmental organisations (NGOs), whose role was to advocate for healthier outcomes in population health for all New Zealanders.

“By the time ANA came along, THMM was already a recognised provider at a national level

**“ANA benefitted hugely from THMM being established as a key player in the development of nutrition policies and practices for Māori.”**

Hiki Pihema

with resources and training programmes and had a strong presence in some regions. This is what ANA needed in the beginning, especially to have recognition in Māoridom. ANA already had a network in the other groups involved.”

Pihema was in charge of the nutrition arm of THMM initially. “But I was already employed by Gisborne Hospital so my role was limited. Makuini McKerchar became involved with planning and delivering the regional nutrition training programmes, as did Phillippa Willard. Judith Ka’ai (see page 8) came along after Makuini finished. There was lots of travelling throughout the regions and a lot of time away from home”.

Pihema recalls the CEO of THMM at that time, Moana Herewini, who was also on the ANA board in 1996 when ANA was launched.

“She was a real ball of energy, and staunch in her beliefs and practice of tino rangatiratanga. We all learnt heaps from her during this time. She was a passionate believer in mana motuhake and the earlier programmes reflected that belief.” 🌱

In 1997 the first MMP government, a National-New Zealand First Coalition, was formed. Under the Coalition Agreement on health, the structure of the health system was reformed once again.

In 1998, the four RHAs were combined into one national purchasing agency, the Health Funding Authority (HFA). The 23 CHEs were reconfigured as 24 not-for-profit Crown-owned companies and renamed Hospital and Health Services (HHSs).

The Māori Health Commission, which had been established in 1997, was also disestablished.

For ANA at this time, the opportunity was in advocacy.

“Advocacy was the thing that all the member organisations could accept comfortably,” says Heather Fear, “because advocacy allowed us to champion the idea of good nutrition and accessibility for everybody.”

ANA started to develop a strong voice in the media at this time.

“We began a lot of conversations...to bring nutrition to the forefront,” Fear says.

### Ramping up activity

The late 90s was a busy period for ANA. Jeni Pearce was appointed as the organisation’s part-time coordinator and its first employee, in 1997.

She recalls:

“A lot of the work was around getting people working together and trying to have a common goal but having different arms. I explained it to



ANA's first employee Jeni Pearce.

**“ANA was like the octopus head... and then the six organisations were the tentacles. They’re all connected, but we all had our own reach.”**

people that ANA was like the octopus head... and then the six organisations were the tentacles. They’re all connected, but we all had our own reach.”

Pearce believes this was a time when Mātauranga Māori started to become visible in public health nutrition.

“Te Hotu Manawa Māori was evolving”, she says – the organisation having been originally established as part of the Heart Foundation – “and for them to have a full seat at the table... I think was an evolution of the development.

“In my recollection, particularly in nutrition, it was the earliest time that cultural diversity and different ways of doing things [based on that] were actually put on the table.

“It was an evolving mindset for all of us to think about at that time”, says Pearce. “You forget but that was the 90s; now it is just a given.”



## ANA's early work

In 1997 ANA released its first major report, *Healthy Weight New Zealand*. This was a consultation document, with sponsorship funding from Kellogg's, 'outlining and suggesting possible approaches to increasing numbers of New Zealanders who maintain a healthy weight throughout their lives'. The consultation process for *Healthy Weight New Zealand* went on for several years, with a revised final version of the report being released in 2001.

At the same time work was underway on a strategic plan for the organisation to work on its 'major mission to enlist the support of all relevant sectors in and overall national plan to increase healthy eating and activity'.

The priority group for action at that time was identified as men aged 24-40; the plan was to develop a 'comprehensive health promotion plan to improve healthy eating and activity in the kiwi male'.

By early 1998 ANA had secured a contract with the newly established Health Funding Authority and was researching the 'triggers for dietary and lifestyle change' in men.

It also appointed the organisation's first full-time executive officer, Sue Zimmerman. ANA's popular regional forums got underway to provide education and collaboration for the public health nutrition workforce.

The National Diabetes Forum joined ANA as a member in 1998. At that time, it was reported that diabetes affected 2-5% of New Zealanders; diabetes awareness, too, was starting to grow.

In July 1998 ANA chair Heather Fear reported in a newsletter that ANA was changing its focus "from heightening awareness about obesity, to encouraging interaction between those able to prevent its increase". She was upbeat about the potential for collaboration in the face of health sector change.

"The pathway of multi-sectoral action is full of potential and possibilities," she wrote.

## A game of two halves

The end of the century saw the roll-out of the Fit Food Challenge – ANA's men's health campaign in conjunction with the Hillary Commission. The Challenge, timed to run during the Rugby World Cup in 1999, included activities and media coverage throughout the country, along with a nationwide radio campaign and a 'Life's a Game of Two Halves' competition, encouraging men to eat better and be more active.

The campaign was part of a larger partnership with the Hillary Commission, which was developing Push Play, a national physical activity campaign focussed on getting New Zealanders more active. Its key messages and social marketing approach were based on evidence that everyone can benefit from even small amounts of daily physical activity.

Sue Zimmerman says the Fit Food Challenge was "ill fated", in light of the All Blacks' loss to France in that Rugby World Cup.

"The nation was literally in mourning until the America's Cup win in 2000 redeemed us", she remembers. "Context is everything."



ANA Executive Committee 1998

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## PEOPLE

# Professor Boyd Swinburn

## The campaigner

NAG founding member  
ANA board: 1996-1998



When Boyd Swinburn first started talking about getting public health groups together to collaborate, he himself was at the start of his public health career. Swinburn started at the Heart Foundation in 1993.

"I needed a job and they were brave enough to take me on. And I was kind of learning public health on the job, there."

Creating advocacy organisations has been an ongoing theme in his career – he started the Residents' Doctors Association "and then we went on strike as doctors", he recalls. "Then I started Smoke-free Coalition when I was in the [Heart Foundation] medical director's role, and in Australia I started the Obesity Policy Coalition and other things.... Now I've started Health Coalition Aotearoa. There seems to be a little bit of a pattern of trying to enlist multiple organisations on to the common ground."

Swinburn acknowledges this is a problem in the world of NGOs, where "everybody is doing their own little bit with very low money, and they're uncoordinated."

In the early 90s Swinburn was researching obesity. "I was sort of shifting sideways out of metabolism through clinical, into public health."

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And I guess I just saw that we have all these little nutrition agencies around the place.”

Though it was intended as an advocacy organisation – “that’s what I always thought it should be”, Swinburn notes, there was a shift driven by some members towards public-facing campaigns in the early days of NAG, before ANA officially launched.

“It morphed quickly into that, which wasn’t the vision that I’d had, but I was just one party,” Swinburn recalls.

By the time ANA launched, however, the focus had swung back to advocacy, with the press release from the launch warning of an impending epidemic of obesity if action wasn’t taken.

Swinburn has spent his career sounding the warning again and again.

“It is amazing how long these things take”, he says of the struggle to get action.

“It took a decade of the 80s for scientists to work out there was an obesity epidemic. It took decades of agitation to get to get it on the front page.”

**“It took a decade of the 80s for scientists to work out there was an obesity epidemic. It took decades of agitation to get to get it on the front page.”**

Boyd Swinburn

He sums up the history of the following decades in a few sentences; the 2000s, he says “was the decade of writing reports – all these reports came out on what we should do.”

“Then the 2010s was just trying a few little bits and pieces from these reports... We had the Parliamentary inquiry into obesity and diabetes. And in Australia they had the Preventative Health Task Force... they all came out with all these big plans, which then get whittled down over the years to what the [food] industry wanted all along.”

“Now here we are in the 2020s and we still haven’t got large scale, mass campaigns, policies or funding to deal with it. It’s amazing.”

Swinburn acknowledges some of the people he worked alongside in early ANA days as being hugely influential in his own public health knowledge, with ANA’s first chair, Heather Fear being a particular mentor. The Cancer Society’s Helen Glasgow, the chair when ANA was still NAG, was also important.

“Helen was great; she was a campaigner of old”, he recalls. “I learned a lot of public health from her as well, when we set up the Smokefree Coalition. She was my teacher.”

Swinburn has now started Health Coalition Aotearoa, an advocacy group he wants to be “at the sharp end” of shaping health policy change.

“We look at four pillars: sector coordination; communication; science and social lobbying or policy advocacy.”

Swinburn thinks ANA’s contribution to the sector will leave a gap.

“As a sector support and professional development group over all those years, I think that was valuable... the idea of having the sector working together; pulling them together into conferences and that sort of thing, it’s all valuable in the background; valuable infrastructure.”

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In 1999 ANA went online for the first time, with the launch of its very own website. Until then, communication with members had been in the form of printed newsletters via post.

In public health nutrition, a key event of 1999 was the release of the National Nutrition Survey. This highlighted a rapid increase in rates of obesity from 11% in 1989 to 17% in 1997. It was acknowledged this was a particular issue for Māori and Pacific people. The survey also uncovered an issue with food security and low intake of vegetables and fruit among young people.

Some ANA members at the time were already involved in public health advocacy around food insecurity. This was highlighted in Anne Else’s report *Hidden Hunger: food and low income in New Zealand*, also published in 1999 by the New Zealand Network Against Food Poverty.

Another highlight that year was the release of an important new model for Māori health promotion.

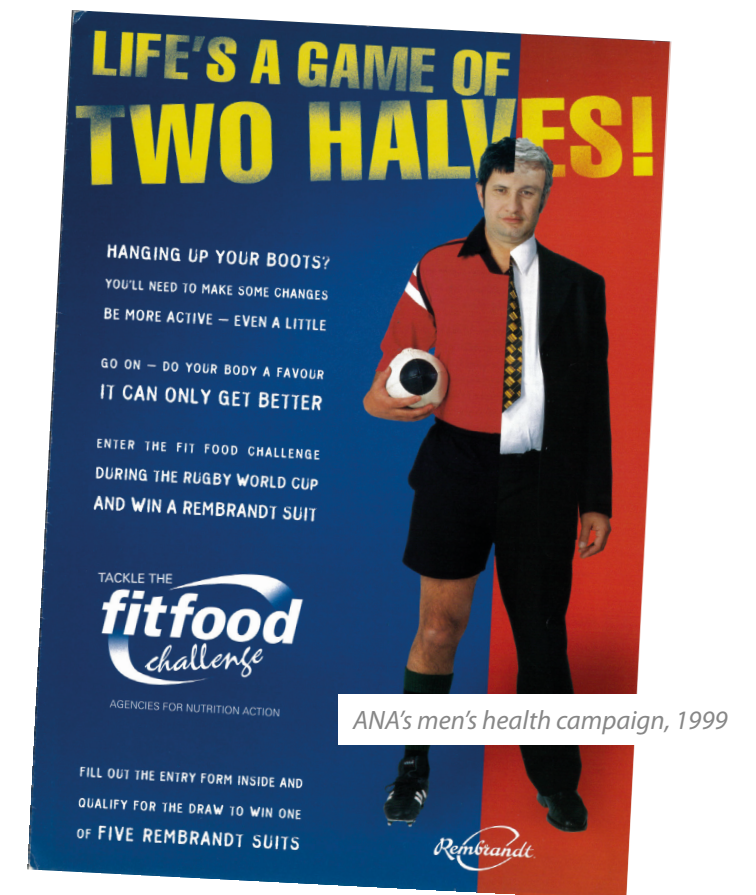
## The development of the Māori model of health promotion Te Pae Mahutonga in 1999 was really something new and challenging.

Sue Zimmerman recalls:

“These years were between the development of WHO’s [World Health Organization] global models for public health the Ottawa Charter (1986) and the Bangkok Charter (2005).

“We knew about Mason Durie’s Whare Tapa Whā Māori health model (1984) but the development of the Māori model of health promotion Te Pae Mahutonga in 1999 was really something new and challenging. It provided a strong focus for our work that resonated with the glaring inequalities revealed in the National Nutrition Survey.”

Te Pae Mahutonga became a hugely influential model, informing subsequent work by many organisations working in public health, and is still referred to today. It brought together elements of modern health promotion by relating them to the constellation of stars, Te Pae Mahutonga (the Southern Cross). Te Pae Mahutonga has long been a navigational aid and is closely associated with the discovery of Aotearoa; its four central stars are used to promote the four key tasks of health promotion: Mauriora (access to te ao Māori), Waiora (environmental protection), Toiora (healthy lifestyles) and Te Oranga (participation in society).



ANA's men's health campaign, 1999

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2001 Healthy Weight NZ launch Wellington

Judith Ka'ai, Heather Wright, Gill Tustin, Sue Zimmerman, Bronwyn Hannay, Annette King, Carolyn Watts

## The 2000s: a turning point

The year 2000 was a turning point for one big public health issue, Boyd Swinburn says. Obesity hit the headlines.

"From 2000 onwards you can see it just skyrocketed...and the global hits on news stories on obesity just took off. And they've never left the front page."

The turn of the millennium in New Zealand also marked a change in government, with Helen Clark's Labour government coming to power in late 1999.

In 2000 the new government came up with a National Health Strategy discussion document, something the new Minister of Health, Annette King, said at the time "sets the direction for action on health by providing a unifying national framework within which the health sector will develop. It places emphasis on improving population health outcomes, reducing disparities in health status between population groups, and addressing Treaty of Waitangi issues".

**It was a major achievement getting obesity prevention included as a population health priority in the Strategy.**

The Health Strategy was an opportunity for advocacy on the part of ANA and its member organisations for a properly supported national obesity prevention strategy. ANA representatives met with the Minister and other MPs 'to emphasise that policies, guidelines, resources, programmes and partnerships need to be co-ordinated if the priority objectives are to be seriously addressed', wrote Sue Zimmerman.

She says now it was a major achievement getting obesity prevention included as a population health priority in the Strategy.

In 2001, the New Zealand health system reverted in part to the 1980s model, with 21 geographically based District Health Boards (DHBs) established. In 2002 Primary Health Organisations (PHOs) were developed to manage primary care, including general practice, to focus on the health of their population. By 2008, 82 PHOs had been established but by 2020 this had reduced to 30.

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## PEOPLE

# Heather Fear

## A bold move

ANA Board chair 1996-1998



"I've always been a big picture kind of person," says Heather Fear.

That's why, she says, she gravitated away from clinical dietetics, where she was trained and worked in the early part of her career, towards public health.

Fear was involved in the very early days of ANA in the early 90s, before the organisation was launched with that name. She worked for the Heart Foundation in community nutrition and public health nutrition.

"It was very, very early days for dietitians to be working in that kind of area," she says.

"Really, health promotion was just getting underway. And I guess I was one of the early people to take an interest in that area. Dietitians traditionally were in hospitals running the food service or in the clinical side. To step out was quite a big, bold move."

Fear recalls that even in the 1980s health promotion wasn't really a focus. It was all about health education – "the experts told everybody what to do and how to do it".

Health promotion appealed, she says, because "it took that much wider advocacy, environmental approach".

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The Ottawa Charter (1986) was hugely influential on Fear at the time.

"I identified with that. I could see it straight away. A lot of people couldn't...but I connected with it right from the beginning."

A dietitians' conference in Perth focusing on health promotion helped her find her niche in the space, and there was no looking back.

"It was very easy for me to move into health promotion and very easy to take on the ideas of ANA and champion them."

Heather Fear was ANA's Board chair when the organisation was launched as ANA in 1996. She recalls the turbulent time of the 90s, with its restructures and changes to the health system, as being frustrating – "because the rules kept changing" – it was also a time of opportunity for ANA. She recalls the Public Health Commission as briefly promising.

"It started to get into health promotion and started to broaden its outlook. That was a great opportunity for ANA, but then a government change occurred... then all that got chopped and everything got changed again."

## **"Dietitians traditionally were in hospitals running the food service or in the clinical side. To step out was quite a big, bold move."**

Heather Fear

In terms of her own career, Fear says she was lucky to have the opportunity to be part of ANA at a pivotal time.

"It was a real comfort zone to me too, because it wasn't very easy [then] to be a dietitian who stepped outside the traditional mould... So being with other people who kind of felt like you did; it gave me that opportunity to develop confidence and to move on. From a personal growth point of view, it was very good for me."

During the mid to late 90s, Fear says, "Probably the biggest contribution ANA made was that it brought nutrition to the table of some of those decision makers and policy makers."

It's something she'd like to see happening more now.

"I think we've definitely lost traction in some of the public health agendas involving nutrition," she says.

"And I think the current government recognises things like poverty and child health problems and obesity, but the problems have got so big now; where to start and how to tackle it is mind-boggling really. What I would really like to see would be if there was a real commitment from the government, from the prime minister, whoever else is making the decisions about public health nutrition, to have a lens by which you looked at policies – whether they were policies about land use or whatever – to make sure that they did not decrease the affordability and the accessibility to healthy food. Because so many other government decisions have done just that." 🌱

ANA was active at the time in continuing to advocate for joined-up thinking, a consistent messaging approach on obesity prevention, and in 2001, 'an urgent need for increased workforce capacity' in nutrition, physical activity and healthy weight, particularly for Māori and Pacific people at local and regional levels.

In December 2001 Christina McKerchar took over from Sue Zimmerman as executive officer, moving from her role at Te Hotu Manawa Māori.

## **Obesity advocacy**

In 2002, ANA was instrumental in the formation of the Obesity Action Coalition (OAC). This collaboration between many groups involved in nutrition and physical activity advocacy was set up specifically to 'advocate for government policy, regulations and legislation that will positively influence obesity rates'. The coalition's intention was 'to be a strong and united voice that cannot be ignored at a political level'.

The concept for the OAC was modelled on the success of the SmokeFree campaign, and Carolyn Watts, who was then on the ANA Board (and later its chair), recalls the contribution of the Health Sponsorship Council's Ian Potter, who had been involved in tobacco control.

"He encouraged and mentored us to try and do something similar. It was a lot more complicated of course; that's always the difficulty because it's food; it isn't tobacco. But [Ian] really encouraged us to try and get that connection across government, across the NGOs to work together."

ANA's Board chair at the time, Cliff Tasman-Jones, was strongly in favour of the new Coalition. 'The task is huge', he wrote. 'There can be gains made through legislation and ANA must support the coalition in its moves to achieve these'. OAC represented more than 70 organisations and was largely funded by the Ministry of Health. However, it was a short-lived organisation ending with a statement in June 2009:

*We have been advised that the continuation of the contract has been considered, along with other nutrition and physical activity services that the Ministry funds, and as part of the Government's line by line review of departmental expenditure and the efficiency, effectiveness and value for money of programmes such as ours. Unfortunately, as a result of this review our contract will not be renewed after 30 June 2009.*

Another advocacy group, Fight the Obesity Epidemic (FOE) was also launched, reported in ANA's October 2002 newsletter as 'dedicated to changing public opinion so that the public will start to demand the necessary legislative, regulatory or economic measures needed to turn the obesity epidemic around'. FOE was disestablished in 2016 with a statement from chairperson Robyn Toomath headlined, 'I quit. After 14 years fighting New Zealand's obesity crisis, nothing's changed'.

*"I've been campaigning for an environment that favours slimness over obesity for 14 years and nothing's changed. It's time to call it quits."*



Robyn Toomath & Boyd Swinburn

## Holding Fast

In 2003 a research paper – *Holding Fast: the experience of collaboration in a competitive environment* written by former ANA chair Heather Fear and Pauline Barnett, was published in the journal Health Promotion. The paper was an evaluation of the early days of ANA and discussed the challenges and successes of the organisation's first few years in a changing political landscape.

"We went back and interviewed quite a lot of the people involved. It was quite amazing to capture that," Fear recalls.

The paper concluded:

*It is possible that the collaboration could have been more effective if agencies had been willing to surrender some autonomy and commit themselves to supporting a more independent new organisation. However, this would have compromised not only their individual integrity but also their commitment to a relationship of equals. In 'holding fast' to a belief in health promotion, the ANA resisted being co-opted by a now discredited market system, and emerged with its integrity and that of its participating agencies intact. ANA is now well positioned to work within an emerging policy environment that is more supportive of health promotion.*

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### The advent of Healthy Eating: Healthy Action, Oranga Kai – Oranga Pumau (HEHA) was a watershed moment.

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## The era of HEHA

In 2003 an important policy was announced that many look at as the catalyst for a 'golden age' for the public health nutrition workforce. The advent of Healthy Eating: Healthy Action, Oranga Kai – Oranga Pumau (HEHA) was a watershed moment.

HEHA was a wide-ranging, comprehensive national strategy, with its own communication strategy and logo. It was launched to address three of the health objectives from the New Zealand Health Strategy: to improve nutrition, to increase physical activity and to reduce obesity.

The Strategy articulated a vision of 'an environment and society where individuals, families and whānau, and communities are supported to eat well, live physically active lives, and attain and maintain a healthy body weight'.

It was supported by a HEHA Implementation Plan for 2004-10, which drew on the health promotion model set out in the World Health Organization's Ottawa Charter for health promotion. The plan identified target priority groups including Māori and Pacific peoples, lower socioeconomic groups, and children, young people and their whānau.

Work on the implementation plan was led by the Public Health Policy team at the Ministry of Health, in particular Megan Grant.

"We were trying to take that really broad approach to get things moving," she recalls.

The Implementation Plan included the three priorities, eight objectives based on the Ottawa Charter, 26 outcomes and 87 areas for action.

"Because there were so many different players, we needed to warmly engage to change things. So, we had a 'start here' list – because with 87 actions, what else could we do," Grant says.

The HEHA implementation plan was well-funded with approximately \$10 million in 2004/05. In addition, \$7.2 million was allocated to fund four work areas including the Fruit in Schools programme, the District Health Board/PHO Innovations Fund, a public awareness campaign, and research.

A further \$19 million per year ongoing funding was approved in April 2006 for the further implementation of HEHA. This enabled work programmes in leadership and coordination, actions in school and early childhood education (ECE) settings, breastfeeding, communication, primary health care, industry, monitoring, research and evaluation.



## HEHA-related campaigns

There were many examples of campaigns that contributed to the implementation of HEHA.

Push Play started in 2000 and was SPARC's nationwide social marketing campaign aimed at getting more New Zealanders active more often; the key message was that everyone should aim for a least 30 minutes' moderate intensity physical activity a day. It involved promotion in the media through television, radio, print, billboards and bus shelters. The campaign was supported by both promotion and initiatives that were run through the 17 Regional Sports Trusts around New Zealand, many in partnership with local authorities. By mid-2009, the Push Play era was over as John Key's National-led government overhauled the sporting sector, including SPARC.

A move from the Ministry of Health, SPARC and the Ministry of Education to work collaboratively to improve student wellbeing was known as the Tripartite Agreement. A memorandum, known as Partnerships in Action, was signed in 2004.

Another well-known programme was Mission On which was a package of ten initiatives aimed at improving the lifestyles of young New Zealanders aged under 25 years. The outcomes sought were improved health, high educational achievements and a valued 'Kiwi lifestyle.' The campaign was launched in September 2006 by then Prime Minister Helen Clark, and was led by SPARC and the joint officials group made up of the Ministry of Education, SPARC, the Ministry of Health and the Ministry of Youth Development. The ten Mission On initiatives were:

1. improving health and nutrition within schools and early childhood environments
2. student health promotion
3. lifestyle' ambassadors
4. youth-branded websites
5. government walking the talk
6. television and computer-free time
7. control of advertising
8. use of television and radio to encourage change
9. health impact assessments
10. expanding the Green Prescription programme.

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*The Baby Friendly Hospital Initiative started during the HEHA era and still thrives today.*

The Live Smart campaign was a joint project between the Cancer Society and Foodstuffs to encourage healthy eating and was promoted and run through New World supermarkets.

The Baby Friendly Hospital Initiative (BFHI) is one of the programmes that has continued beyond HEHA. The BFHI is an initiative set up to increase breastfeeding rates by promoting and protecting breastfeeding. It gives women access to supportive pro-breastfeeding hospital environments, educated health professionals and personal education about breastfeeding.

BFHI is an international programme launched in 1991 by the World Health Organization (WHO) and the

United Nations Children's Fund (UNICEF) to ensure all maternity services become centres of breastfeeding support worldwide. It is mandatory for NZ maternity services to be BFHI accredited. This has led to the programme thriving nearly 20 years after HEHA disappeared. Breastfeeding rates on discharge from all services were around 50% in 1999. They now sit at 75% largely due to the BFHI says Jane Cartwright, executive officer of NZBA.

In 2004 the Food Industry Accord was signed. It encompassed food producers, distributors, retailers, marketers, advertisers and media.

The 5+ A Day Charitable Trust was established in 2007 for the benefit of all Kiwis, especially children. The Trust is committed to increasing the consumption of fresh fruit and vegetables for better health in all New Zealanders. The Trust was a long-standing supporter of ANA conferences.

DHB initiatives that contributed to the implementation of HEHA included Counties Manukau DHB's Let's Beat Diabetes, and Project Energize that was delivered in primary schools to improve children's physical activity, nutrition and overall health.

## ANA steps up a gear

As HEHA rolled out, an expanded public health workforce was employed to implement it in every region. So for ANA the HEHA era was one of expansion. New members joined – including Pacific Island Food and Nutrition Action Group (PIFNAG), the Home Economics and Technology Teachers' Association (HETTANZ) and Recreation Aotearoa (formerly the NZ Recreation Association).

ANA had received some funding from the Ministry of Health since 1997; in 2003, to support the implementation of HEHA, this was increased. The funding supported more of ANA's activities including regional forums, hui and fono, and its newsletters and website. ANA supported national hui, run by THMM, and national fono run by PIFNAG.

"ANA would often be the enabling vehicle", recalls Megan Grant. "I can remember when we were trying to work out how we could mesh the Treaty into the HEHA implementation plan; what that would look like; and doing workshops around getting people's thoughts on what would be helpful. And ANA helped with that."

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## PEOPLE

# Carolyn Watts

## True collaboration

ANA Board chair 2003-05, 2006-07



Carolyn Watts has had a long career involved with public health. She looks back on her time working with ANA as a particularly active time in the sector.

"It was certainly an optimistic time", she says of her involvement, which spanned from her first term on the Board in 2001 and as Board chair from 2003-05, when working at the Cancer Society, through to 2006-07 when she served again as chair while working from her newly established consultancy business Quigley and Watts.

"There was a lot of work being done [in the sector] and some real leadership coming out from the Ministry and being devolved out regionally through HEHA."

She recalls a strong collaborative spirit prevailing among ANA members and government.

"We [ANA] had a really good relationship with the Health Sponsorship Council. So, it felt like we were a sector that was trying to pull together across NGOs and government organisations; I guess trying to emulate what Smokefree had been able to do. We understood

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our respective roles, and the fact that we had different roles, but also that we could work together to achieve a common purpose. So that felt strong. And we really rallied.”

An example of that rallying was in response to food industry lobbying. The Food Industry Group (FIG) was formed in 2005 in response to the threat of regulation of the food industry, and was active in criticising ANA’s work, including the reports of the Scientific Committee.

Watts recalls FIG organising a symposium featuring a US lobbyist from the alcohol and tobacco industries.

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**“It was the sense of being able to achieve things;  
to be able to speak up on issues and also to  
collaborate in the truest sense of collaboration.”**

Carolyn Watts

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“It was at the Beehive and they convinced [one of the Ministers] to host it. So, there was quite a lot of activity amongst ANA, standing up and saying, well, that’s not an approach we would support. There was still quite a lot of advocacy going on. We were actively really pulling together”.

Members tended to support each other’s work, too.

“There was quite a lot of work going on in the Cancer Society, the Heart Foundation, the Nutrition Foundation. We worked together to try and put forward cohesive programmes and campaigns that were not isolated.”

Watts says her involvement with ANA contributed “hugely” to her career by allowing her to work with exceptional women.

“When I joined ANA, I was lucky to be surrounded by amazing, mainly women, who were real leaders in terms of nutrition and physical activity and nutrition. People like Heather Fear and Judith Ka’ai. People like Christina [McKerchar] were really, really key and Laurie Wharemate from Te Hoto Manawa Māori at the time, and Bronwyn Hannay from the Nutrition Foundation. There was a very strong core group of like-minded people.”

“It was the sense of being able to achieve things; to be able to speak up on issues and also to collaborate in the truest sense of collaboration.”

“There was lots of learning about how to work with people; you may not have all of the same agenda or objectives, but you have core things that you want to achieve and how to do that... The realisation that we do have slightly different messages but how do we actually compromise so that we can carry nutrition messages that are clear to the whole of New Zealand?” 🌱

More funding also allowed for more staff. Christina McKerchar stepped into a new national coordinator role and Nikki Chilcott came on board as executive director.

Chilcott was to have a long tenure, from 2003 to 2014, and she oversaw the growth and development of the organisation.

ANA was actively involved in the planning for HEHA, with Chilcott becoming a member of the HEHA Steering Group. In 2006 she was invited to represent the Ministry of Health at the World Health Organization’s Asia Pacific Obesity Prevention Meeting in Manila, where she presented an overview of HEHA.

“At the time New Zealand was seen as a forerunner in population-based interventions in obesity,” she says. “Very few Asia-Pacific countries had government-led strategies then.”

ANA also made submissions to the 2006 Health Select Committee Inquiry into Obesity and Type 2 Diabetes. The Inquiry’s report was released in August 2007. In response, the government tabled a wide-ranging plan, ramping up the activities of HEHA further and investing in workforce development, particularly aimed at building the Māori public health nutrition workforce.

Supporting the workforce was an increasing focus for ANA, and in 2005 it held its first national conference, Kawea ake te wero – Call to Action.

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**“At the time New Zealand was seen as a forerunner in  
population-based interventions in obesity,” she says. “Very few  
Asia-Pacific countries had government-led strategies then.”**

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## Sharing the science

Another important development for ANA was the formation of the Scientific Committee (see page 68) which was set up in 2004 to review evidence and create systematic reviews on key nutrition and activity issues for the use of members. The Committee released six reviews between 2005 and 2012.

The first of these was 2005’s *Do sugary drinks contribute to obesity in children?* which was launched at the national conference.

The report attracted pressure from the food industry, with sugary drinks manufacturers demanding advance copies of the report (a request which was denied) and industry players registering for the conference. It was the first time for many working in ANA that they’d been the focus of industry attention.

Carolyn Watts was Board chair of ANA from 2003-07. She recalls the spirit of collaboration that prevailed during the mid-2000s:

“There was a real feeling of working together...and close relationships between the organisations. And we really did try and stick with those kinds of principles of being a united voice and having our discussions internally, but externally being united. Which was no mean feat because there were quite substantial differences between the organisations. So, at that point, it felt like it was attached to its original purpose of being a united voice for nutrition and physical activity while still doing some advocacy work.”

## Inequity in focus

Issues society is still grappling with now were being highlighted by ANA over 15 years ago. One of these was inequities in health.

In 2005, Board chair Carolyn Watts wrote: 'Equity should be a focus for us all... in the past two decades inequalities in health, particularly between the rich and poor and Māori and Pakeha have increased in New Zealand. In order to reduce inequality in health we need to think not only about enabling people to improve their nutrition and physical activity but also use our combined voice to advocate for a fairer distribution of the determinants that directly impact on health including income, education, employment and cultural wellbeing.'

## Te Ao Māori and ANA

At the time HEHA was ramping up, there was also more discussion in public health around Mātauranga Māori concepts as drivers for health and wellbeing programmes. ANA's founding member Te Hotu Manawa Māori (THMM) played an important role, offering members insight into not only the value of self-determination for Māori, but how everyone in Aotearoa might benefit from understanding the Māori world view.

In December 2007 Leonie Matoe, then manager of the nutrition and physical activity team at THMM, wrote in the ANA newsletter:

*I believe that many of the solutions to ill health and ill behaviour exist in our culture. A return to our own cultural values and norms actually presents us with a blueprint for intervention and successful transformation... Promotion of nutrition and physical activity can draw upon the richness of contemporary and traditional Māori values.*

*The process of engaging with Māori communities and whānau should at the same time be a process of Rangatiratanga. If participation from communities and whānau is encouraged at development phase in building the programme or strategy, the programme in turn builds the people.*

In 2008 THMM took over the contract to run the national hui directly with the Ministry of Health, with ANA remaining committed to supporting that work.

## Future focus

In 2007 the Ministry of Health commissioned the Health Sponsorship Council (HSC) to develop and deliver a social marketing programme to improve nutrition and promote healthy weight as a part of the HEHA Strategy. The programme, with a budget of \$6 million, was funded through the Cancer Control Action Plan and was named 'Feeding our Futures'. It aimed to give parents tips on what to feed their children and how to get them to eat healthy foods.

The Feeding our Futures advertising campaign was supported by \$500,000 worth of free advertising per year for two years provided by the New Zealand Television Broadcaster's Council as part of a voluntary agreement to improve food advertising to children. HSC consulted ANA on the programme and Nikki Chilcott reported at the time: 'ANA values its relationship with the HSC to ensure the NGO voice is heard in the national messaging of healthy eating.'

Christina Mckerchar recalls ANA "had a big part" in Feeding Our Futures, with the campaign being launched at ANA's 2007 Ngahuru conference in Rotorua by the HSC's Michelle Mako, and Mckerchar herself on an advisory group for the campaign. Its most controversial ad, perhaps unsurprisingly, was "Snacks don't have to come in packets".

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## PEOPLE

# Christina Mckerchar

*Ngāti Kahungunu, Tūhoe, Ngāti Porou*

## Bringing people together

ANA Board member 1997-2000

Executive officer 2001-2003

National coordinator 2003-2007



Christina Mckerchar has always loved the practical side of her work.

Mckerchar worked at ANA for seven years from 2001, and switched roles in the middle of that time, from executive officer (a solo role) to national coordinator, a more hands-on role, when more funding was made available to ANA and Nikki Chilcott was brought on as executive director. In her previous role at Te Hotu Manawa Māori, she had served on the ANA board.

"I liked finding out what work people were doing in the nutrition space," she says.

"At that time there was some really great stuff being done and it was nice to find out about it and highlight it. I'd come from Te Hotu Manawa Māori, where my first job was a travel role, where I'd been doing nutrition training around mainly the North Island with Māori communities that wanted to know more about food and nutrition. That role very much had you going out and about to marae and the smaller Māori providers. I really liked that. And in a way that part of the ANA role that was about co-ordination and bringing people together felt like a continuation of that."

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She was in the coordinator role at a time when there was a lot of energy in the sector, especially after Healthy Eating Healthy Action (HEHA) was launched in 2003. McKerchar organised regional roadshows to help establish HEHA groups in communities large and small all around the country.

"I remember running regional forums at the time and heaps and heaps of people coming and it was awesome. Because it was funded! And the Ministry just grew and grew."

McKerchar says ANA was important in connecting people within the sector.

"I think what ANA did really well was to make those connections between the people out there delivering for communities and the people kind of trying to figure out what works... it was one of the few things that actually brought people together."

For herself, ANA sparked a renewed interest in research.

**"I think what ANA did really well was to make those connections between the people out there delivering for communities and the people kind of trying to figure out what works... it was one of the few things that actually brought people together."**

Christina McKerchar

"I'd always been a bit ambivalent about research after I'd finished my Master's. I didn't want to go near anything vaguely related to research. But then when I worked for ANA and I had to organise regional forums, I realised people did want to hear from researchers and the best programmes were ones that had had a degree of evaluation and could say 'this worked, and this is why it worked and here's our numbers.'"

McKerchar says another eye-opening thing she learned from her time at ANA, was "the absolute power of the food industry in controlling what a government does and changing the narrative".

"Seeing that up close was quite interesting for somebody who – you know, my mum was a Māori dietitian, my dad was a GP – I just wanted to help people, I just wanted to work helping people with food and nutrition and their diabetes and things like that. And seeing all of that ugly stuff, it was quite a wake-up call for a kid from Invercargill; all the politics."

McKerchar, who's now working on her PhD on food availability for tamariki Māori, a rights-based approach, says ANA also taught her the importance of something we still don't have: a national strategy in nutrition.

"Because just being around it at the time and seeing the work that was done [on HEHA], and the energy, and it was just starting to get out to Māori communities and then they [the government] got rid of it". 🍋

In 2008 ANA employed a part-time administration officer, Kim Tucker, to support the ANA office. Kim has been keeping things running smoothly ever since.

Tucker says it's always been challenging to keep the member organisations engaged. "I don't think that's changed, right through to today," she says. "Members have always brought their own agendas to the organisation, and that is really challenging."

Workforce support continued and expanded in 2008, with ANA's first Asian Nutrition and Physical Activity forum attracting over 120 people. The Asian forums were popular but did not survive past 2017 in the face of funding limitations.

The regional forums have been popular throughout ANA's life.

"They were popular with everyone, and we always received positive evaluations," Tucker says.

At this time, ANA had four main streams of funding: the Ministry of Health, Sport and Recreation NZ, the Health Sponsorship Council, and member organisation subscriptions. In 2008 Sport and Recreation NZ changed its strategic direction to focus on sport, so funding from the organisation ceased.

## Times changing

By 2008, there was a groundswell of opinion that HEHA was having positive effects.

Evaluation of the strategy was just getting started, and a first report on an evaluation framework had been published, noting:

*The HEHA Strategy Evaluation has the potential to identify interventions that could be adopted internationally, and could promote better health not only in New Zealand, but around the world.*

The evaluation was not to continue, however, along with the strategy itself.

2009 marked a turning point, with politics again shaping the landscape for ANA and its membership. A National government was elected under John Key in 2008. One of the new government's first acts was to dismantle HEHA, with funding for it 're-prioritised' to other areas.

Megan Grant recalls the impact of the change on her team at the Ministry of Health.

"That was pretty tough, because we had a very big team who all disappeared. All that investment had to be unpicked and stopped. We'd put in roles in all the DHBs – at least two FTE staff in each DHB – and their funding had stopped as well."

HEHA had been in place for close to six years, and "a lot of it was really getting up a head of steam", says Grant. "We'd put up quite a lot of money for community development and for Māori health initiatives at a DHB level. For Pacific and Māori, obesity prevention, community initiatives: good things were starting to happen there. But then, once you take the funding away, it's tricky."

Funding was also pulled from Mission-On. A New Zealand Press Association report of the time noted:



Kim Tucker

*Canning Mission-On is part of National's winding back of various Labour anti-obesity schemes, including scrapping the target for District Health Boards on increasing people's consumption of fruit and vegetables; ending state funding for the Obesity Action Coalition; allowing the daily sale of unhealthy foods and drinks at schools; and ditching the Public Health Bill's provisions that would have allowed the Government to rewrite food industry recipes and control placement of unhealthy foods in supermarkets.*

*The Government says some Mission-On money will be shifted to sport in schools. Funding for high-performance sport was maintained but listed as a separate output in the Budget. Overall, SPARC got about \$9 million less.*

### National Administrative Guidelines (NAG 5)

In 2007, as part of Mission-On, the Ministry of Education added two new clauses on food and nutrition to its National Administration Guideline (NAG 5). These required boards of trustees to: 'promote healthy food and nutrition for all students; and where food and beverages are sold on school premises, make only healthy options available.'

NAG 5's purpose was to ensure schools provided a safe physical and emotional environment for students. Schools set to work preparing to change, and in an ERO report of June 2008, it was found 'almost all schools were well prepared to meet the amended NAG 5 requirements.'

However, in February 2009 Education Minister Anne Tolley announced the removal of NAG 5, explaining 'the government considers regulation in this area unnecessary.'



**"They came together thick and fast. When we hit adversity, the members worked really well together."**

### A time to regroup

For ANA, the dismantling of HEHA meant a time to re-group, and support the workforce through the time of change.

Nikki Chilcott remembers it as a time of coming together "when there was adversity on the outside – like when HEHA ceased within months of a new government coming into power – at the time we had a national conference and we went ahead with the conference, knowing that HEHA was going to be axed."

She recalls the feeling at the conference being one of coming together for support.

"People were saying 'well, you know, we've worked really long and hard for HEHA. We've established relationships in our communities. We've gone to schools and said this is really important, we have to improve the nutritional environment of your schools. And we've got HEHA and NAG 5'...and then they had to turn around and say, 'actually, I've lost my job'."

"But they came together thick and fast. When we hit adversity, the members worked really well together."

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## PEOPLE

# Nikki Chilcott

## Working together for a common good

ANA executive director 2003-14



Nikki Chilcott acknowledges she was executive director of ANA during 'the heyday' of public health nutrition.

"It was a productive time," she says.

"We were frantic with work. On a professional level we got involved in quite a few national advisory groups. I was even sent over to a WHO meeting in Manila to represent the government. It really was quite heady days."

Chilcott was at the helm of ANA for ten years, from 2003 until 2014. It was the era – now looked at fondly by those in public health nutrition – of HEHA (Healthy Eating Healthy Action). The government of the day was actively interested and investing in the sector, and it looked like progress was being made.

It was also when ANA started getting more Ministry of Health contracts.

ANA was originally funded by its membership, but "because it was seen to be – and it was – a successful collaboration, the Ministry quite quickly funded us to do work for the sector", says Chilcott.

"So, I had two hats on my head. One was to represent my membership. And the second

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## Strengthening each other: Leonie Matoe

Leonie Matoe represented Te Hotu Manawa Māori and was a Board member between 2012 and 2014. Leonie gave her time generously to advise ANA and ensure ANA's mahi was culturally responsive, meeting the needs of the sector that engaged with Māori communities and health providers.

Leonie also helped to broker relationships for ANA with iwi to allow ANA to work with Māori in regions new to them. Leonie was instrumental in crafting the Sector Vision with a new approach, the weaving together of core strands of Māori health and humanism with western positive psychology.

While serving on the ANA Board Leonie studied management, which gave her the qualification to take on the role of CEO of Te Hotu Manawa Māori. In this role and with her passion and vision for advancing Māori health, Leonie led the establishment of Toi Tangata.

"It was an absolute pleasure and privilege working with Leonie," says Chilcott.

**E tū kahikatea,  
Hei whakapae ururoa. Awhi  
mai, awhi atu, tātou tātou e**

*Kahikatea stand strong, their roots intertwine,  
strengthening each other. We will help one  
another and together we will be strong.*

one was to meet my contractual outputs for the Ministry of Health, which was basically providing the glue for the physical activity and nutrition sector; to provide professional opportunities; to translate research into information that they could use."

In the early part of the relationship, ANA had three-year contracts with the Ministry of Health, something which changed in 2011.

"Short-term contracts have really high costs associated with them", Chilcott says. With one-year contracts "you spent your whole life negotiating contracts to ensure that you're going to exist in the new year".

Despite this, she says, a lot was achieved in her ten year-tenure.

"We were successful at working with the public health nutrition and physical activity sectors. They saw the benefits of the type of work that ANA does... the professional development opportunities; people saw the benefit of working together for a common good."

She also felt committed to supporting the membership organisations in their work.

"I am committed to health equity. One of the strengths of ANA was that we had Māori and Pacific membership and my role as executive director often was to support them to do the work that they needed to do.

"[I found] I don't need to be the front person, but I can be the person who can support them in an application. I could be a person that can provide the infrastructure... for example we worked with our Māori and Pacific members to run hui and fono through our membership.

The spirit of collaboration was always strong," Chilcott says.

"ANA on its own couldn't do anything. We were blessed with people who were prepared to work alongside us. And I don't recall asking someone for help and them saying no." 🌱

## A new vision

Over the years, many ANA staff have been among those to complete the Ministry of Health funded Public Health Leadership Programme, (PHLP) established in 2010, developed by Catapult (a specialist leadership and organisational performance consultancy) and Quigley and Watts (public health specialists). This programme has enabled over 500 people to create a strong foundation for their leadership development and is highly regarded by those working in public health.

Chilcott, who went through the programme in 2010, says it gave her the impetus and time to refocus the work of ANA on how it could work with the sector "while the government had its eyes on other priorities".

With the backing of the board, in 2011 the staff of ANA began work on developing a sector-owned vision.

The spirit of collaboration was strong, Chilcott recalls, and many people in the sector gave their time and expertise to craft a vision that resonated with the public health nutrition and physical activity workforce.

"We put out an expression of interest and we got the most amazing people who wanted to be part of a vision drafted by the sector, for the sector."

The Sector Vision was launched in 2014 and was described as pulling together the strands of work being undertaken by a number of groups and agencies passionate about healthy living, nutrition and physical activity, describing three priority areas and suggesting strategies to achieve gains in these.

The Vision stated:

**We seek a future in which three  
priorities are achieved:**

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

## Healthy Communities, Healthy Lives:

*New Zealand Public Health  
Nutrition and Physical Activity  
Sector Vision 2024*

### VISION:

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

### KEY MESSAGES...

Healthy living is everyone's business – we all benefit when we get it right.

**Toiora toi tangata – ko te toi o ngā ora ko te whānau ora**

We all need access to healthy, affordable and safe food for ourselves and for our families.

**He nui kai, he iti kawenga tapu**  
(a lot of food but very little sacred substance)

Let's keep schools and places of recreation, sport and other activities free of messages marketing foods and beverages to our children.

**Ruia taitea toitū ko taitaka**  
(strip away that which is useless)

We will be healthier if we spend more time standing and on the move.

**Tama tū tama ora, tama moe tama mate**  
(he/she who stands lives)

Families are the right people in the right place to encourage children to eat healthily and be active.

**Ko te toi o ngā ora, ko te whānau ora**  
(the pinnacle of health is whole family wellbeing)

By working together, we can make a difference.

**Mā pango, mā whero ka ora ai te iwi**

## Shifting ground

From 2011 ANA's annual contract of \$315,000 from the Ministry of Health changed from a three-year term to one year.

Barbara Lusk, who managed the Ministry contract with ANA for 20 years, recalls this being part of a Ministry plan to bring in new providers with new perspectives, something which didn't ultimately eventuate. The one-year contracts however, stayed, making long-term planning difficult for ANA. Contracts signed late in the piece prevented planning.

"ANA had a strong reputation for co-design and the last-minute annual contracts impacted on our ability to do this in a timely manner", says current executive director Alison Pask.

One-year contracts do not provide stability for staff or building ongoing relationships with communities and stakeholders, something Pask says is vital in public health.

"The last thing we wanted to do was promise something we could not deliver."

Kim Tucker worked with three ANA executive directors, and she recalls the stress of the uncertainties with the change to one-year contracts and the uncertainty of future contracts. "The staff lived with a threat of uncertainty."

## The funding change accelerated the evolution of ANA from an advocacy organisation to a connecting one within the sector

The funding change accelerated the evolution of ANA from an advocacy organisation to a connecting one within the sector; advocacy not sitting comfortably with Ministry funding.

Barbara Lusk says organisations with government funding doing advocacy "was not a good idea. It was frowned on by politicians".

Despite this – and despite funding not being increased at all since 2011, "for the amount of funding ANA got, I always felt that they did an amazing job", says Lusk.

Pask said employing passionate staff with experience of working with shoestring budgets certainly helped ANA stretch every dollar. "We worked in collaboration with many partners which meant we could pool funds to enable us to achieve more. ANA has such a credible reputation; individuals and organisations were keen to work with us. ANA's 28-year history is full of examples of this collaborative style of working."

## New work

Despite the shifting landscape, ANA didn't stop innovating in its work. In 2011 it held a Workplace Wellness Workshop – a new stream of work undertaken following a request by the Ministry of Health. The purpose of the workshop was 'to support publicly-funded providers to deliver best practice, evidence informed approaches to workplace wellness'.

In 2011 ANA embarked on another new project, the Knowledge Translation and Exchange Project.

'We considered that significant opportunity existed to improve the effectiveness of New Zealand's public health projects and policies, through bridging the gap between the research evidence and utilisation of this knowledge at the community level', reported Dr Jan Pearson, Board chair.

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## PEOPLE

# Diana O'Neill

## Bringing activity & nutrition together

Observer member 1997-2003



Diana O'Neill remembers when nutrition and physical activity were not the natural partners they are today.

She represented the Hillary Commission (later to become SPARC; now Sport NZ) in ANA's early days, and she says in those days, nutrition and physical activity "were two totally different worlds".

"I was trying to steer the conversation towards more physical activity, and I advocated for that to be more of a presence. Recreation Aotearoa, or NZRA as it was called then, they had a representative, but the [physical activity] presence around the table was pretty patchy. Even though the Cancer Society, Heart Foundation, Diabetes New Zealand – they did have a physical activity focus, sort of."

O'Neill says the events including regional forums and national conferences were a real strength for ANA and were hugely valuable for participants. The Hillary Commission provided funding for ANA for these from 1998 until approximately 2001.

"It was the first time the two worlds had come together, and it was just amazing. And the programme was set by the sector, which was really good."

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## Green Prescription

O'Neill recalls the early forums and conferences were around the time of the beginning of Green Prescription, a project she was involved with.

"But it was broader than Green Prescription. It brought together, for the first time, the people from the sports trusts and obviously nutrition and public health as well, and Māori and Pacific people. And my people – the physical activity sector – were buzzing. They loved it because the networks that were formed during that time, well, some still last today."

Green Prescription had its genesis in ANA's early days. The Canadian programme, Participaction, was the model for Green Prescription in Aotearoa.

Following a randomised control trial which discovered that written advice in the form of a Green Prescription – including access to personalised advice and support via an 0800 number – was more effective than a GP simply giving verbal advice to a patient to get more active, a trial was conducted in Northland and Auckland. A core group of prescribing GPs came on board, and the programme was rolled out around the country, via the regional sports trusts.

"We had annual surveys then of patients and GPs," recalls O'Neill.

"The information we got from them was a really good steer on how to shape Green Prescriptions in the future. If they said 'we need more resources on this', we followed that advice."

The patient survey "was fantastic", she says.

"The results were the same, even though they were different people. It was not longitudinal at all, but the results were the same and really, really valuable. And that was fantastic for Ministers and anyone else who wanted to see the success of Green Prescriptions."

Subsequent research backed that up, with the programme gaining international attention when studies by Dr Raina Elley in Waikato and Dr Yvonne Anderson in Taranaki were published in influential journals.

When HEHA was launched in 2003, says O'Neill, "it all seemed to make sense. [Green Prescription] fit really nicely with HEHA."

She was part of an external HEHA group within the Ministry of Health working with Megan Grant and Harriette Carr.

Green Prescription was moved from SPARC to the Ministry of Health in 2003, and O'Neill went along with it. The programme went from strength to strength, despite the changes of political direction along the way.

"It's really unusual for health initiatives to survive so many changes of government," she says.

Green Prescription was the only initiative to survive in 2009 when the rest of HEHA was disestablished by the incoming Key National government. It's gone on to thrive, having been devolved to the DHBs, and now includes programmes for whānau (Active Families) and maternal health. And the regional teams doing the implementation have formed really strong bonds between them.

Strengthening the regional workforce is where O'Neill sees ANA's legacy, too.

"I think that meeting of the physical activity and the nutrition and the public health interface at the national and regional levels...I know at the regional level that that link has continued.

"I am sad to see ANA go, but maybe it was of its time. And I think now the strength is sowing the seeds at the regional level. And that to me is its legacy." 🌱



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There were two aims of the project. Decision makers and frontline staff would have increased access to research that had been tailored and translated into actionable messages. Secondly, it was hoped the public health nutrition and physical activity research agenda would be shaped through feedback from decision makers and frontline staff to researchers.

The first ANA Evidence Snapshot, on food labelling, was produced as a part of the Knowledge Translation project. This involved a literature review and translation of the research into a succinct, plain English snapshot. It was peer reviewed by five experts and launched through a webinar.

In 2011 ANA's popular fortnightly e-updates via email started; over 260 were produced over the next ten years.



Dr Jan Pearson

## Doing the mahi

By 2012 with HEHA close to fully dismantled, ANA could have expected a quieter time. But as Dr Jan Pearson, Board chair, reported, 'While we had expected to struggle with attracting the numbers of participants due to constraints in the sector, we had slightly higher numbers than in previous years' at ANA's regional forums held in Northland, Tairāwhiti, Hamilton, Hawkes Bay, Christchurch and Dunedin'.

As the year progressed towards June 'there was definitely uncertainty in the regions as to what work would continue when the majority of HEHA funding ceased', Pearson reported.

In 2012 the Health Sponsorship Council (HSC) was disestablished, and along with it went ANA's funding from the organisation. The newly formed Health Promotion Agency (HPA) retained a commitment to physical activity and nutrition programmes, and ANA continued to collaborate with HPA, however this did not involve any funding.

In 2013, ANA began work on establishing a Kaupapa Māori Knowledge Translation project team, in partnership with Te Hoto Manawa Māori and Massey University Research Fellow, Geoff Kira. The project built on the existing Knowledge Translation project and aimed to get producers and users of Kaupapa Māori nutrition and physical activity research working together to shape the research agenda. Due to limited resources, this project was not continued.

May 2014 saw ANA say farewell to Nikki Chilcott from the organisation. ANA chair Maggie McGregor noted Chilcott's contribution at the time, saying she "contributed hugely to the success of ANA over many years and leaves a strong legacy of achievement in shaping the organisation".

Siobhan Molloy took over as ANA's executive director from 2014-18.

She recalls the regional forums being particularly powerful learning and networking opportunities during her tenure.

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“Each one was tailor made, based on the identified learning needs of an area. At times you could feel the energy pumping in the room as a wide range of physical activity and nutrition health promotion experts gathered together.”

Likewise, the evidence-based fortnightly e-newsletters went from strength to strength, delivering bite-sized key information “after a thorough sift and distilling of the myriad bits of information that were around. I know this was viewed as enormously helpful for folk who we so busy doing the work”, she recalls.

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**“At times you could feel the energy pumping in the room as a wide range of physical activity and nutrition health promotion experts gathered together.”**

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### Action delayed

In 2014, a report was published by Professor Boyd Swinburn and colleagues entitled *Benchmarking Food Environments: Experts’ Assessments of Policy Gaps and Priorities for the New Zealand Government*. The report’s expert panel rated the extent of the implementation of policies on food environments and infrastructure support systems by the New Zealand government against international best practice. They also identified and prioritised actions needed to address critical gaps in government policies and infrastructure support.

The report card was not good. The document noted:

*An enormous gap in New Zealand is the lack of a comprehensive national action plan to address unhealthy food environments and to reduce obesity and NCDs. The Healthy Eating Healthy Action implementation plan was prematurely terminated along with its funding and evaluation in 2010 and no plans have been announced to replace it. New Zealand will be expected to report to WHO in 2015 that it has a fully funded, comprehensive plan to reduce NCDs. This must be the highest priority for action.*

The panel recommended 34 actions, prioritising seven for immediate action. Number one was to implement a comprehensive national action plan for obesity and non-communicable disease (NCD) prevention.

### Healthy Families

In 2015 a new strategy was introduced aimed at filling some of the gaps, with a goal of preventing obesity and chronic disease – the rates of which had increased steadily in the years since ANA’s inception.

Healthy Families New Zealand was modelled on the successful Australian initiative, Healthy Victoria Together, which took a complex systems approach to reducing population-level chronic disease risk. Healthy Families builds on existing action underway in the community to create an integrated, community-wide ‘prevention system’ for good health. The focus issue areas include increased physical activity, improved nutrition, smokefree environments and reduced alcohol-related harm. Healthy Families continues today and is currently in place in ten communities around Aotearoa.

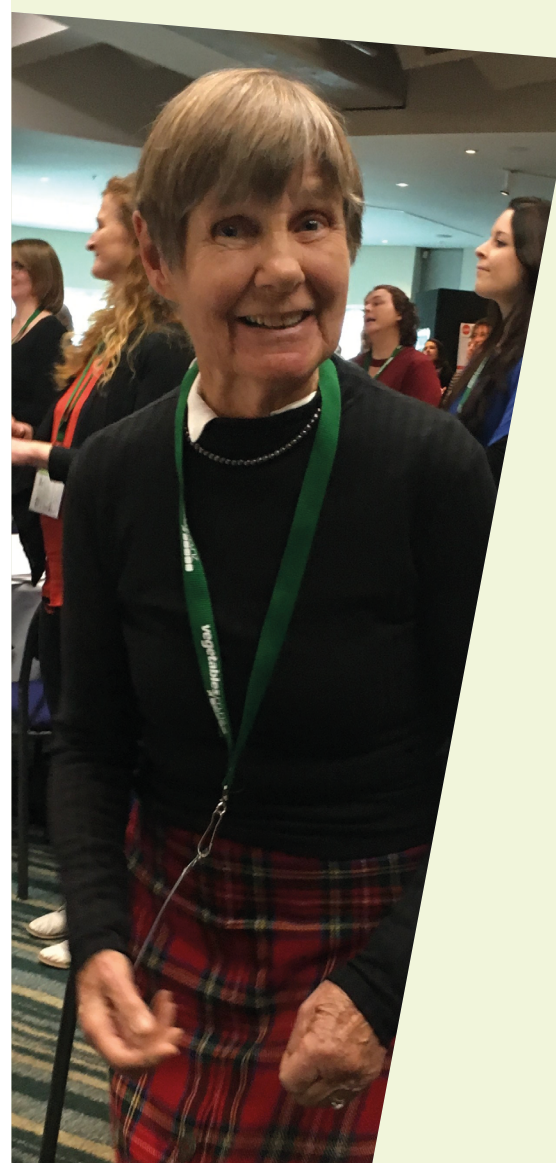
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## PEOPLE

# Barbara Lusk

## Connecting with the sector

Portfolio manager, Ministry of Health, 2001-2020



Barbara Lusk has a better understanding than many of how the winds of political change can blow and batter public health organisations.

Lusk worked for 20 years managing ANA’s contracts with the Ministry of Health, where she was portfolio manager working with Non-Government Organisations (NGOs) and supporting around 24 providers at any one time to deliver health promotion services to address wellbeing.

“When I was working as a portfolio manager, I was always of the belief – and I hope my practice followed – that there were no hard and fast rules,” she says.

“You had to work collaboratively with the provider: what was the best thing that they could do to help communities and populations?”

“We did change over time depending on the current political situation, but also what seemed to be upcoming issues that needed to be addressed.”

Lusk says she was always impressed with how much ANA achieved with limited funding. She cites the events as particularly impressive.

“I think the conferences were important and I think the regional forums were critically important,” she says.

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“Not everyone can get to a conference. So, in the [ANA] contract, there were six forums around New Zealand each year. And I would negotiate with whoever the CEO was as to where the need was, and who hadn’t had a forum for the last year or so. And I think they were hugely successful.”

Lusk says the way ANA approached the forums – consulting with each community about what it wanted – was a great approach.

“You don’t go to a population and say, this is what’s going to be good for you. [Instead] it’s: ‘what would you like? And I’ll arrange it.’ And I think that was hugely successful.”

“With a small amount of money, ANA delivered a huge amount,” she says.

“And it was hard sometimes to cut something out.”

**“You don’t go to a population and say, this is what’s going to be good for you. [Instead] it’s: ‘what would you like? And I’ll arrange it.’ And I think that was hugely successful.”**

*Barbara Lusk*

It was also incredibly frustrating for the whole sector when politics changed the landscape. “With HEHA, I think most of us within the sector thought that here at last we’re addressing the whole obesity thing. And then [Minister of Health] Tony Ryall pulled it; said it was dead. And then – what did we do? How did we start off again?”

“Since then the Ministry funding for nutrition services – the operational funding which is given to providers – has been whittled away and whittled away and whittled away. So, it’s a very sad sector now, I think.”

Nikki Chilcott, who worked in her capacity as executive director with Barbara Lusk for over ten years, says:

“Barb had a genuine desire for the sector to thrive. She commanded a huge amount of respect with her vast knowledge and her belief in the power of collective action to achieve common goals. She worked tirelessly behind the scenes, to craft contracts to ensure resources and funding were directed at populations with the most need.”

Lusk says it’s sad for the sector that ANA is closing.

“What would replace ANA, which is bringing people together and also keeping them up to date with the latest research, especially New Zealand studies? Who’s going to do it?” 🌱

## New ANA vision

Mafi Funaki-Tahifote became ANA’s Board chair in 2015. She brought with her the experience of a 20-year career with the Heart Foundation focusing on Pacific communities (see page 51 for more).

“When ANA did its strategic planning, looking back and reviewing, what does it stand for? What should it be?.... The main thing that it always came back to was that ANA was really good at demonstrating coordination and bringing people together”, she remembers.

In 2016 a new strategic vision for ANA was developed.

‘Our new strategic direction calls for new ways of thinking and doing things that will be enable us to thrive, be visible, and increase our reach as well as advancing knowledge within and across sectors’ reported Funaki-Tahifote at the time.

The Vision: Everyone in Aotearoa can and does eat well and leads an active life.

The organisation’s strategic priorities for 2016 – 2020 were also clear:

- Knowledge Advancement: Inform, engage, mobilise and link people to each other and to research and ideas, resources and knowledge.
- Visibility & Reach: Build broader alliances to strengthen our strategic position and enable wider sharing of information.
- Organisational Sustainability: Enable ANA to thrive.

## A new name

After having been known as Agencies for Nutrition Action for 20 years, ANA rebranded in 2016 as Activity and Nutrition Aotearoa, Kia hono, kia tipu.

This was ‘to better reflect our roots firmly in physical activity as well as nutrition’, while maintaining the well-known ANA initials.

The name change was the result of much debate and consultation amongst the Board and member organisations.

“There was the strong reflection from the members that they wanted the name to reflect the membership of ANA”, recalls Funaki-Tahifote. “And it’s not just about nutrition... but also that when you’re thinking forward, a recognition that you need both for good health and wellbeing.”

In March 2017 Alison Pask joined ANA in a health promotion manager role, and started asking strategic questions which changed how the organisation functioned.

In October 2017, the national election saw a new Labour-led coalition government take power. This was cause for optimism in public health circles and among ANA’s member organisations that more focus might be put on public health nutrition and physical activity. However, the nature of coalition politics meant the time will be remembered as one of inaction on meaningful public health policy.

Meanwhile, ANA and its member organisations continued doing the mahi on the ground.

In 2017 two new members joined the ANA fold: Hāpai Te Hauora and Healthy Futures.



Kim Tucker, Alison Pask, Siobhan Molloy and Chelsea Slobb

## Ko tō hoe, ko taku hoe, ka tere te waka e

*With your paddle and my paddle, the waka will travel quickly*

2017 saw the start of a conscious journey for ANA, towards becoming a more culturally aware organisation through a commitment to engaging with Te Tiriti.

The 2017 Annual Report recorded:

*According to Ngā Rerenga o te Tiriti (2016), embracing the Treaty is about engaging in a process of change at both the organisational and personal level. Through two facilitated workshops, the ANA Board and operational teams have raised their knowledge and awareness as a useful way to build a shared understanding about what Te Tiriti means for the organisation. As a result, ANA has begun to articulate more meaningful expressions of their engagement with Te Tiriti in the context of public health nutrition and physical activity.*

**“I think we’ve got the intent and goodwill of our Māori partner organisations, who are really fundamental to us helping achieve anything in that space”**

An initial step was a review of the ANA governing institution to address the imbalance of power at the Board table. This was followed in 2018 with the organisation enhancing its governance structure by ensuring one designated Māori board member position.

ANA also focused on fostering closer relationships with its two Māori provider organisations, Toi Tangata and Hāpai Te Hauora, ‘in a genuine intent to better understand Māori aspirations and be open to a Māori world view at both an operational and governance level’.

Shayne Nahu, ANA Board chair (2018-2021), comments, “I think like a number of organisations, ANA has always been committed to addressing inequities in some way or form, but maybe not really knowing how. And I think that’s reflective of a wider societal change. We’re all up-skilling in respect of what that really meant.

“We’ve done some good things to get there. I wouldn’t say we’re perfect in any regard, but I think we’ve got the intent and goodwill of our Māori partner organisations, who are really fundamental to us helping achieve anything in that space,” Nahu says.

## Having an influence

Alison Pask ensured ANA continued to have a voice in larger public health discussions by making submissions on several key policy initiatives. In 2017 this included: submissions on the energy labelling of alcoholic beverages; a sugary drink tax for New Zealand; the five-year review of the Health Star Ratings; and pregnancy warning labels on packaged alcoholic beverages.

A key part of ANA’s influence on policy has been as a member of the Consumer Public Health Dialogue group with Food Standards Australia NZ.

Some of ANA’s proposals to the Advertising Standards Authority on marketing to children made it through to the final recommendations from the advisory panel, including the inclusion of children under 18 in the code; occasional food and beverage sponsorship being banned; restrictions on sponsorship advertising to young people; and a definition and increased guidance for occasional food.

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## PEOPLE

# Laurie Wharemate-Keung

*Ngāpuhi, Ngāti Rehua, Ngaiterangi*

## Supporting the kaupapa

ANA Board Member: 1999-2005

ANA Chair: 2005-2006

OAC Chair: 2003-2005



The memories come flooding back for Laurie Wharemate-Keung when she thinks back to her involvement with ANA from the late 90s to the mid-2000s.

As a recent nutrition graduate, her first job was at ANA member organisation, Te Hotu Manawa Māori.

“I’d always wanted to work with my people within the Māori community, with a view to supporting us as a people to develop, health-wise. That was always my passion at university. So I was so stoked to be part of THMM”, she recalls.

The role was a massive learning curve. Wharemate-Keung worked with Christina McKerchar, under Judith Ka’ai, then National Nutrition Manager for THMM.

“She just would just throw us into these advisory positions, [including the ANA board] where you would learn very, very quickly how to collaborate and make sure your voice was heard. So it was an exponential growth curve for me.”

THMM was in a unique position, Wharemate-Keung points out, “because we were a national organisation. So we had a role in upskilling those Māori community workers and Māori

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health workers who had any kind of involvement in health promotion, nutrition and public health, but we also played an advisory role because of our national status.”

“And ANA was a big part of that; we had so many different players around the table and there was a real spirit of collaboration and cooperation amongst us.”

Wharemate-Keung remembers the strong voice she and others from THMM had in ANA, and the respect with which their perspective was regarded.

“I have a real fondness as I reflect on those times with ANA”, she says.

“Looking back at THMM, our whole focus was on the needs of Māori and ensuring that we were doing our very best for our people. And that’s the hat we wore within ANA. And reflecting on that, we had such a central role there, because of our connection to the Māori community and our cultural experience and knowledge. And it was really respected.

**“I don’t recall any arm wrestling. Whereas I can recall many arm wrestles with other groups that we were involved with. It was just a really easy relationship that we had within ANA. And they really supported our kaupapa.”**

*Laurie Wharemate-Keung*

“I don’t recall any arm wrestling. Whereas I can recall many arm wrestles with other groups that we were involved with. It was just a really easy relationship that we had within ANA. And they really supported our kaupapa.”

She remembers the national hui THMM would organise each year with Māori community and health workers, which fit in nicely with the work ANA was doing with its conferences and forums.

“What was cool was that we could connect our communities and our people with what ANA was doing, covering kind of the general public health, health promotion and nutrition area. And then we could really focus on Kaupapa Māori content with what we were doing.

When she looks back on that time, she says, “it’s a great example of being able to work well in a really good Treaty-based practice, where you’ve got your Māori partners involved in the organisation and they have a strong voice and they’re involved in the decision-making, and they’re able to advocate on behalf of Māori. And it worked really, really well with ANA. I can’t say that about many organisations or collaborations that we’ve been in. I reflect on that and I think it’s something to be proud of.”

She was also deeply involved with the founding of the Obesity Action Coalition (OAC), becoming its first chairperson.

Wharemate-Keung cites the work she did with ANA and THMM as being influential in her future direction. She co-founded the charity Feed the Need, focusing on food insecurity, something she first learned about through work she did in the 2000s.

“I ended up going into the area of food insecurity with children because of all of these experiences that I had through ANA and through THMM. And that influenced me in the pathway that I took.

ANA also continued to grow its reach among the public health workforce, with over 2,000 nutrition and physical activity practitioners, policy makers and academics subscribed to receive its e-updates by 2017, and hundreds of people continuing to attend national conferences every two years.

Shayne Nahu noted in the organisation’s annual report of 2018-19 that ‘the ANA Board’s biggest concern is ensuring we are relevant for our member organisations in the future. There have been real challenges around funding and uncertainty over contracting, which I am sure many other organisations also face.

‘This has resulted in the Board making some tough calls’.

That included natural attrition and not replacing staff, including the professional development coordinator. ANA also held off appointing a permanent executive director ‘until we have clarity of strategic direction’.

Alison Pask, who had been acting executive director since October 2018, was appointed to the position in December 2019. She led some innovation in the organisation, in particular around developing regular professional development for the wider public health sector.

“The ANA Focus newsletter now is fantastic,” says Kim Tucker. “I think it is a great read for people who don’t have time. Since Alison took that over, it has gone streets ahead. It’s a huge highlight as evidenced by results from our annual survey.”

## New voices for advocacy

In 2018 a new advocacy group was founded by Professor Boyd Swinburn and other experts in the not-for-profit, healthcare and academic sectors. The Health Coalition Aotearoa (HCA) was established to advocate for greater health and equity for all New Zealanders through reduced consumption of harmful products (tobacco, alcohol, unhealthy foods and beverages) and improved determinants of health. ANA and some of its member organisations are founding members of the HCA.

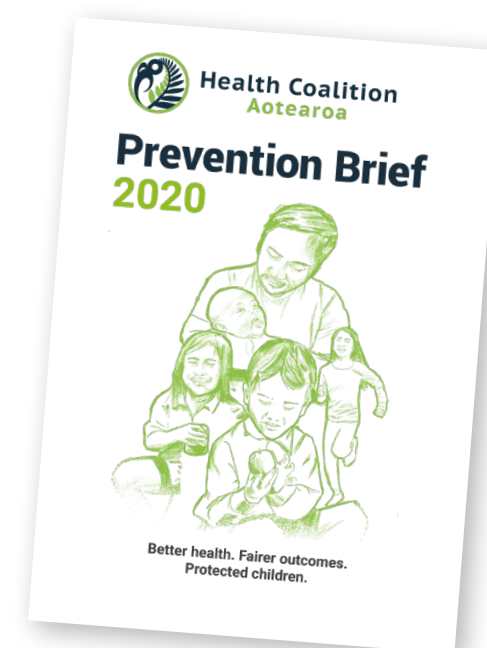
## Review and reform

In 2018, then Health Minister David Clark announced a wide-ranging review of the health system. He said at the launch:

“The Review of the New Zealand Health and Disability Sector will be wide-ranging and firmly focused on a fairer future. It will look at the way we structure, resource and deliver health services – not just for the next few years but for decades to come.

“We need to face up to the fact that our health system does not deliver equally well for all. We know our Māori and Pacific peoples have worse health outcomes and shorter lives. That is something we simply cannot accept.

“We also need to get real about the impact of a growing and aging population, and the increase in chronic diseases like cancer and diabetes. Those issues in turn create pressure on services and the health workforce that need to be addressed for the long-term sustainability of our public health service.”





Dr Mary-Ann Carter

## Healthy Active Learning and Ka Ora, Ka Ako

In 2019 the government announced Healthy Active Learning, a \$47.6 million initiative to be delivered as part of the Government's 2019 Wellbeing Budget. Driven by the Ministry of Education, it also involved the Ministry of Health, and included a range of initiatives mostly focused on physical activity in schools and kura. There was also new Healthy Food and Drink Guidance for schools.

Dr Mary-Ann Carter, Ministry of Health manager for wellness, nutrition and physical activity, says the new initiative was huge. "We haven't had that since HEHA; that was new money, and that was great. A workforce

of 30 health promoters in public health units (PHUs); sport got a lot more [investment]...and the Ministry of Education got a whole lot of money for new health and physical education curriculum resources, including nutrition and physical activity. And the three agencies are working together."

Another initiative announced in 2019 was Ka Ora, Ka Ako/healthy school lunches programme. This aimed to reduce food insecurity by providing access to a nutritious lunch in school every day to primary and intermediate aged students in schools with high levels of disadvantage.

By March 2021, over eight million lunches had been served in 542 schools to over 132,600 students. In response to the COVID-19 pandemic, Ka Ora, Ka Ako is being expanded to reach around 215,000 students by the end of 2021, including secondary students.

**"We need to face up to the fact that our health system does not deliver equally well for all. We know our Māori and Pacific peoples have worse health outcomes and shorter lives. That is something we simply cannot accept."**

## Global Pandemic

People working in public health are well versed in pandemics, though until early 2020 likely at the top of most people's minds was probably addressing social determinants of health, rather than a virus.

Before the world and Aotearoa went into lockdown as a result of the COVID-19 pandemic, ANA released an Engagement Toolkit, developed following the successful 8th Activity and Nutrition Conference in May 2019. That gathering was themed 'Collaboration: Everyone's Business – Te Mahitahi: Hei Painga Mo Te Katoa', and the toolkit was the practical result: a web-based resource designed to be a hub of useful tools and activities to enhance collaboration.

ANA also held two one-day forums for Healthy Active Learning staff in early 2020.

In March, though, everything changed.

Once normal life ceased and lockdown life began, ANA did what everyone in the country was forced to do: pivoted. Work that could be done online moved there, and ANA continued to engage with a wide variety of stakeholders via new channels such as weekly webinars.

Pask says innovative ways to address food insecurity and strong community networks were two of the positives that resulted from the lockdowns.

However, a large portion of the public health workforce was transferred to COVID-19 front line services, and this resulted in public health nutrition and physical activity becoming a lower priority from government to grassroots.

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## PEOPLE

# Mafi Funaki-Tahifote

## Being visible

ANA board 2003-2008  
Board chair 2015-2018



Mafi Funaki-Tahifote first became involved with ANA in its early days when she worked for the Heart Foundation.

In those days, she recalls, it was more of an advocacy organisation, but over the years, and by the time she was appointed to the Chair in 2015, the organisation had evolved to be a connector within the sector.

Still, she says, "It had an independent voice, even though it was funded by government".

It's this, she thinks, along with the connection factor, that will be missed when ANA is gone.

"The ANA conference was probably the only focused nutrition conference across the country for New Zealand," she points out.

And, she says, the work of the Scientific Committee showed "ANA's drive and perseverance to be that independent voice."

Funaki-Tahifote worked for twenty years within the Heart Foundation, working on Pacific health and heading up the Foundation's Pacific Heartbeat arm. In her seat on the ANA board, she represented the Pacific Islands Food and Nutrition Action Group, which she says was hugely important.

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“Reflecting back, I probably didn’t realise at the time, but just being Pacific; whether I said anything or not, just being visible, gave people a reminder to consider ethnic groups like Pacific, like Māori, and include us in the conversation.”

Her time on the Board revealed, she says, a ‘pull and a push’ in terms of the relationship with ANA’s member organisations, which was a challenge. Member organisations were all themselves stretched and time poor.

“The results of the surveys were always really positive about ANA and why it should be there and what services it should provide. But then when it came to invitations to put names forward to the Board, it was the opposite.”

**“Hopefully through the reflections on what ANA has been through, others can learn and use it as another way of looking forward and thinking about what things could be done to improve health and wellbeing, which was always ANA’s goal.”**

Mafi Funaki-Tahifote

Funaki-Tahifote is sad, she says, that ANA is coming to an end. But “hopefully through the reflections on what ANA has been through, others can learn and use it as another way of looking forward and thinking about what things could be done to improve health and wellbeing, which was always ANA’s goal.”

She’s now taking a broader health and inequity focus in her work, working for the MAS Foundation, a charitable foundation focused on promoting equitable health and wellbeing outcomes. She’s also kept up her practice as a dietitian, one day each week, currently in Auckland’s Onehunga at the Tongan Society. “I’m still keeping my foot in the door in nutrition”, she smiles. “I haven’t left it totally behind.” 🌱

## A major review

In June 2020, amid the COVID-19 pandemic, the final report of the Health and Disability System Review (known as the Simpson review), was released. The report made a series of far-reaching recommendations.

They included shifting to a greater focus on population health; creating a new Crown Entity, provisionally called Health NZ, focused on operational delivery of health and disability services and financial performance; reducing the number of DHBs from the current 20 down to 8-12 within five years, and moving to fully appointed Boards. The report also recommended the creation of a Māori Health Authority to advise on all aspects of Māori Health policy and to monitor and report on the performance of the system with respect to Māori, and called for greater integration between primary and community care.

On 21 April 2021, Health Minister Andrew Little announced major changes to the health sector that went beyond what was recommended in the Simpson review. “The Government will create a national health organisation, akin to the United Kingdom’s NHS, and also a Māori Health Authority with spending power, and a new Public Health Authority to centralise public health work”, Little announced.

Pask is enthusiastic about the changes as the focus will now be on promoting good health and wellbeing, early prevention of disease and putting equity at the centre of decisions. “I am hopeful this system will enable Māori to have control over issues that will result in improved health outcomes”, she says.

## A call to action

In October 2020 ANA released an important and extensive evidence snapshot authored by Dr Leanne Young and Dr Sally Mackay, *Kawea ake te wero: Enabling everyone in Aotearoa to eat well*. The collection of three issues papers, for the first time, collated the latest research in one place.

In a press release supporting the release of ANA’s call to action Dr Lisa Te Morenga commented, ‘Poor nutrition is the leading cause of health loss, in Aotearoa and globally. So it is shocking that while we have led the world in protecting New Zealanders from COVID-19 we do not have a national strategy for ensuring that we all have access to healthy, affordable and safe food.’

In conclusion, ANA made a kawea ake te wero/call to action with familiar echoes of calls in the past:

*ANA urgently demands the regular, robust collection of data to monitor food and nutrition trends and identify emerging nutritional issues and ways to address them. In addition, a national nutrition strategy is needed to underpin research, interventions, policies, evaluations and future strategies.*



## A tough decision

In November 2020, Board chair Shayne Nahu made the announcement that ANA would be winding up in June 2021. It was described as ‘a very tough call’ made in consultation with ANA’s member organisations.

Nahu says he is proud of the work ANA has delivered and acknowledged the member organisations, as well as current and former staff and board members of ANA, for their contributions.

“ANA has served the sector well for the past 25 years; however, the reality is that it has become too difficult to continue in the current operating environment,” he said.

There were ongoing challenges within a sector already under pressure, with member organisations not always able to commit voluntary members to the ANA board. Nahu says that’s reflective of how busy the member organisations are.

It was a tough decision, he says, but a proactive one.

“We made the call with the membership to wind down the organisation in a proactive way, to put a hard-line date on it and say: ‘We’re going to deliver this contract. We’ll deliver that well. We’re going to provide the sector with some information, some legacy stuff that hopefully will help them going forward. But ANA’s useful life is coming to an end and we want to celebrate that.’”

“We are rightfully proud of what ANA has achieved and know the legacy of its achievements will be felt for many years to come.”

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**“It wasn’t a shock decision, it was a very considered decision, and I think, a very brave decision.”**

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## ANA: the legacy

The work of ANA will be missed by many in the public health nutrition and physical activity sector.

For many, it will be most missed as a connector of people.

Barbara Lusk recalls research contracted by the Ministry to look at Auckland nutrition and physical activity services in the early 2000s.

“As part of that a ‘spider’s web’ was developed to look at all the contributing players, she says. “And at the centre of that was ANA. When they asked people about key players in this area, almost without exception, they named ANA.”

For some, the decision to wind up was courageous. Heather Fear, one of ANA’s pioneers, says, “I think it’s quite brave winding itself up because I think the landscape is almost overcrowded with organisations with terribly similar goals. And to decide when you’ve done your dash, I think it was quite a brave move.”

Pask agrees, “One of the things that I’m really pleased about is the way ANA member organisations looked at the evidence and came to a unanimous decision to close down with a hundred percent agreeing that this was the right thing to do.

“There was a lot of background work and talking and getting people on board and bringing people along to the decision to make to close down. It wasn’t a shock decision, it was a very considered decision, and I think, a very brave decision. Given that ANA was seen in such positive light by the sector and delivering the newsletter, the website, the conferences, the forums, where we were so well-known for delivering such a great end product.”

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## PEOPLE

# Megan Tunks

*Te Whānau-a-Apanui, Whakatōhea*

## Strengthening the knowledge

Kaiwhakahaere Matua CEO Toi Tangata 2017-2021  
ANA Board member 2016



**M**egan Tunks’s 25-year career in public health has spanned almost all areas, including research, government and NGO work. During that time, she’s seen mātauranga Māori approaches come to the fore in programmes around nutrition and physical activity.

“Originally in those early days of programmes, they had a strong western nutrition focus,” she says.

The journey has moved on.

“I think there’s been a shift to reclaiming some of that cultural knowledge and also supporting the growth of te reo Māori,” she says.

Toi Tangata’s programmes now are strongly grounded in mātauranga Māori. Tunks uses the example of He Pi Ka Rere, a kaupapa Māori physical activity and nutrition approach which nurtures and develops the whole being of a tamaiti in early learning environments. The programme has been designed by Toi Tangata for delivery in kōhanga reo across Aotearoa.

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“That involves looking at Atua Māori and the korero around the Atua,” says Tunks, “and a whole lot of things around that, like physical activity and looking at the kai from the Atua.

“If you take Tangaroa for example, the Atua of the sea, and the kai that’s within Tangaroa, it could be the korero and the karakia that goes alongside that, when you get that kai, and then some of the ways that our tipuna might’ve cooked that kai, particularly from a healthy perspective, and then what does it look like now in a contemporary sense.

“So it’s not just mātauranga around kai – kai, as opposed to nutrition,” she stresses.

“It’s also the mātauranga around te reo Māori and the cultural practices as well. It’s strengthening the reo; it’s strengthening tikanga mātauranga Māori and knowledge.”

Contributing Māori voices to the wider ANA community has been important, Tunks says, in both of the ANA member organisations she has worked with, Toi Tangata and Hāpai Te Hauora. Both organisations contributed advice and expertise in tikanga, and knowledge of the Māori health sector in their governance capacity.

**“I think there’s been a shift to reclaiming some of that cultural knowledge and also supporting the growth of te reo Māori,”**

*Megan Tunks*

“Because Toi Tangata had a contract with the Ministry of Health for some specific things, every now and again there was probably a bit of overlap with ANA,” says Tunks.

“But I think that’s the value of having been part of the governance board and being able to say, well, this is Toi Tangata’s space; we’ll leave them to do these approaches. We’ll link with Toi Tangata as needed – it could be in the policy submissions or policy space, or getting advice for Toi Tangata.”

Tunks says ANA complemented the work Toi Tangata was doing in workforce development.

“I think that there are approaches and things that ANA was able to provide in the workshops and forums, which are really useful to Māori audiences as well, in picking up on some of the things that we might not have covered.

“You have a package of things that people can pick from around what’s going to work and suit them. And I think that’s the benefit from the workshops that ANA ran – obviously Toi Tangata would run theirs a little bit differently, given our strong focus as Māori – but certainly we’d attend or we’d be linked in and help support as and when needed at the conferences.”

Tunks says she thinks ANA will leave a gap “in terms of Pacific and other ethnic groups, but also in terms of the opportunity to bring people together”.

She’s now working as Pou Oranga Ake, a leadership role created by Toi Te Ora, the public health unit for Bay of Plenty and Lakes DHBs, one of five cluster leads for Te Pare ō Toi at Bay of Plenty District Health Board. 🌱

However, she says, the organisation had moved a long way from its original intent and was no longer fit for purpose.

“In the end, it was really clear that we were delivering a Ministry of Health contract that was actually driving us as an organisation. And it was driving us further away from why we were actually set up in the first place. We were set up to support and advocate and collaborate with our member organisations. But we were in fact competing for the same limited funding.

“We were expecting a lot of [the members]... and yet we weren’t necessarily giving anything back to them. So at that point it was, actually, hold on a minute, we’re doing a fabulous job with the Ministry contract. We know we’re serving our sector really, really well. They love what we’re doing but actually that’s not who we are.”

There seems no doubt the ANA baton of connection and collaboration will be picked up by others.

Pask recalls the saying: when one door closes, another one opens.

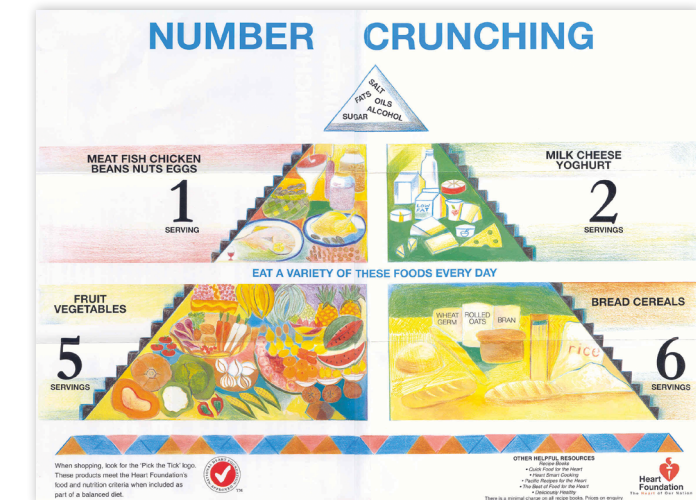
“I truly believe that’s actually what we are leaving space for. We’re leaving an opportunity there for somebody to come in and create something new. And so, I’m excited for what might be next. And I don’t know what that is, but I am absolutely sure there will be something.” 🌱



**‘Mate atu he tētē kura, ara mai he tētē kura’**

# Timeline snapshot 1993-2021

Heart Foundation  
Number Crunching  
(used up until 2005)



## 1993

- Nutrition Action Group (NAG) formed
- Public Health Commission established
- Regional Health Authorities (RHAs) established
- 23 Crown Health Enterprises (CHEs) established
- Te Kete Hauora established in Ministry of Health

## 1995

- NAG becomes incorporated society: Agencies for Nutrition Action (ANA)
- Public Health Commission disestablished

## 1996

- Agencies for Nutrition Action (ANA) Nga Takawaenga Kapai Kai Hauora officially launched as an incorporated society

## 1997

- First MMP government National-New Zealand First coalition elected
- Māori Health Commission established
- ANA's first part time coordinator Jeni Pearce employed
- ANA released its first major report, Healthy Weight New Zealand

## 1998

- ANA's first full-time executive officer Sue Zimmerman appointed
- Four RHAs combined into one Health Funding Authority (HFA)
- 23 CHEs become 24 Hospital and Health Services (HHSs)
- Māori Health Commission disestablished

## 1999

- ANA runs Fit Food Challenge campaign
- ANA website launches [www.ana.org.nz](http://www.ana.org.nz)
- National Nutrition Survey results released
- Te Pae Māhutonga health model launched
- Majority Labour-led government elected

## 2000

- National Health Strategy released

## 2001

- 21 District Health Boards established

## 2002

- Primary Health Organisations (PHOs) established
- Obesity Action Coalition (OAC) established
- Fight the Obesity Epidemic (FOE) launched
- The only national survey of the nutritional status of New Zealand children aged 5–14 years released
- Push Play, Sport and Recreation New Zealand's nationwide campaign begins

## 2003

- Holding Fast: the experience of collaboration in a competitive environment (Heather Fear & Pauline Barnett) published in Health Promotion journal
- Healthy Eating Healthy Action (HEHA), Oranga Kai – Oranga Pūmau launched
- ANA receives funding from MoH for HEHA Implementation

## 2004

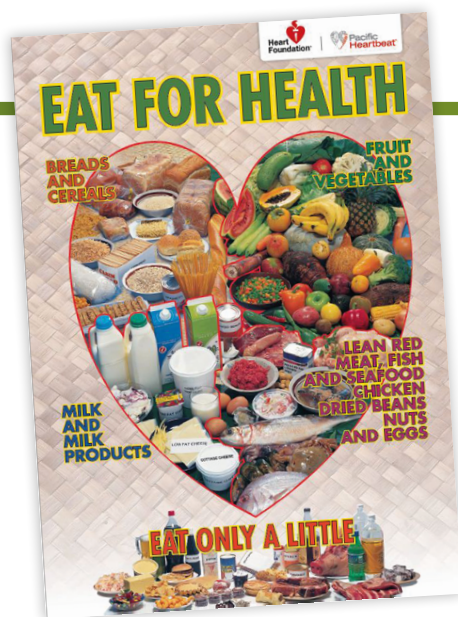
- ANA Scientific Committee established
- Fruit & Vegetables in schools initiative started

## 2005

- First national ANA conference: Kawaea ake te wero – Call to Action
- ANA Scientific Committee's first report: Do sugary drinks contribute to obesity in children?

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Heart Foundation  
Eat for Health  
(2011)

## 2006

- Mission-On launched by MoH
- Healthy Food Guide magazine launched

## 2007

- Health Select Committee Inquiry into Obesity and Type 2 Diabetes
- Feeding Our Futures launched by Health Sponsorship Council

## 2008

- Te Hotu Manawa Māori takes over contract for national hui directly with MoH
- ANA's first Asian Nutrition and Physical Activity forum
- National-led government elected
- ANA becomes a registered charity, CC29361
- Garden to Table established

## 2009

- HEHA disestablished
- NAG removed
- Health Promoting Schools achieves 67% participation rate
- OAC closed

## 2011

- MoH changes ANA to an annual contract
- ANA starts Knowledge Translation Project

## 2012

- Health Sponsorship Council (HSC) disestablished
- Health Promotion Agency (HPA) established

## 2013

- Te Hotu Manawa Māori rebrands as Toi Tangata

## 2014

- ANA Sector Vision launched
- Voluntary Health Star Rating introduced

## 2015

- Healthy Families NZ launched
- Ministry of Health childhood obesity plan

## 2016

- Agencies for Nutrition Action rebrands as Activity and Nutrition Aotearoa Kia, hono, kia tipu
- National Health Food & Drinks policy supports the health sector to normalise healthy food environments in DHB's
- FOE disestablished

## 2017

- Labour-led coalition government elected
- Heart Foundation retired the Tick programme after 25 years

## 2018

- Health Coalition Aotearoa (HCA) formed
- Government announces Review of the New Zealand Health and Disability Sector
- Food Industry taskforce report identified actions industry could take to address obesity

## 2019

- Healthy Active Learning launched
- Government announces Ka Ora, Ka Ako a free healthy school lunches programme
- Healthy Food Guide magazine ceases print publication
- New Zealand's first Child and Youth Wellbeing Strategy launched
- The Disability Action Plan 2019–2023 launched

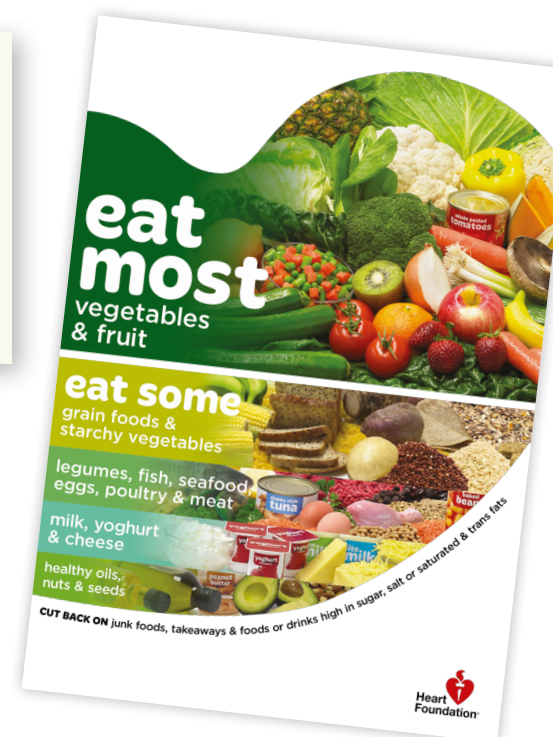
## 2020

- ANA releases an evidence report Kawea ake te wero, Enabling everyone in Aotearoa to eat well.
- Review of the New Zealand Health and Disability Sector report released
- Ministry of Health releases Whakamaua: Māori Health Action Plan 2020–2025 and Ola Manuia: The Pacific Health and Wellbeing Action Plan 2020–2025
- ANA Board Chair Shayne Nahu announces the closure of ANA

## 2021

- Government announces community water fluoridation to be centralised
- Government announces major revamp of the health sector
- ANA closed June

Heart Foundation  
Visual Food Guide  
(2016)





# ANA conferences

ANA is well known for delivering quality bi-annual conferences, bringing together a wide range of people working in public health

Brian Sagala – ANA Conference 2019

"I've been absolutely amazed at its wide audience. Going to a conference, there would be people from local bodies, transport, recreation, sport nutrition, there'd be Māori, Pacific, Asian, a huge collection of different organisations and different people with different roles. And my memory of the conferences is that they were very, very useful affairs for networking, for hearing new ideas. People met people and saw that they had common interests, and can we work together?"

The speakers were almost without exception very good. The keynote speakers offered some challenging ideas. And the mixture of workshops, breakout sessions and talks to the whole group; it was always very well organised".

Barbara Lusk



2015 Pacific Fono



2017 Asian Forum



## The first forum

In April 1997 ANA held its first two-day Healthy Eating and Activity forum **"Towards a Healthier New Zealand"** in Auckland. The forum was for anyone involved with or concerned about health in New Zealand and for those who wish to take an active part in shaping a healthier future. Day one featured researchers, behavioural change speakers, strategy for Māori and for Pacific Island Peoples, and food and physical activity environments. Two international keynote speakers were the highlight. Linda Omichinski – a Canadian dietitian who founded the international Hugs™ programme (a non dieting approach to eating, activity, and self image) and a programme for teens 'Teens and Diets; No With'. Professor Garry Egger – an obesity expert well known in the field of health promotion and social marketing from Australia. Day two was designed for active participation in commencing the development of a strategic plan for the sector. A networking function launched a corporate nutrition policy.

"The conferences have always been highlights. ANA has always found new speakers that people haven't heard about before for their conferences. They've thought outside the box and got quite left-field speakers, not just from the public health sector, trying to get attendees to look at things in different ways".

Kim Tucker

"People enjoyed learning about the latest research. I know the researchers appreciated being able to communicate research with people. And it was really fun to get the international people. It was lovely to make that kind of knowledge available to someone working, say, for a Māori health provider in Rotorua."

Christina Mc Kerchar



ANA Conference 2019

"The conferences were just buzzing. It was so noisy when you were all together at lunch. It was very special. The networking benefits and the speakers and everything were fabulous".

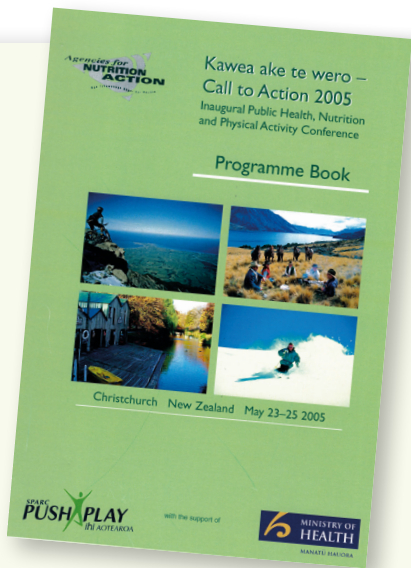
Diana O'Neill

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# ANA National Nutrition and Activity Conferences

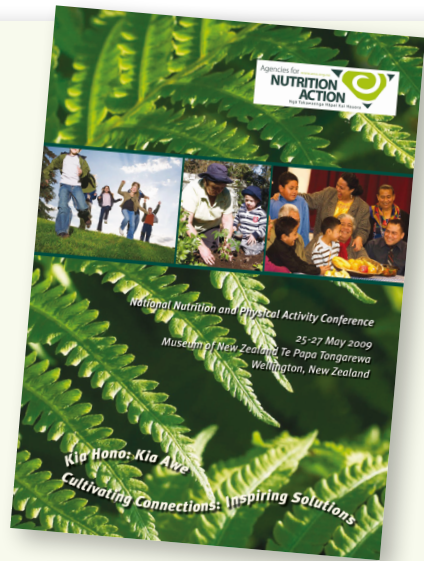
ANA conferences were held bi-annually from 2005 and were always a highlight for those working in public health nutrition and physical activity



**2005 / Christchurch**  
Kawea ake te wero – Call to Action 2005  
(Inaugural Public Health, Nutrition and Physical Activity Conference)



**2007 / Rotorua**  
Ngahuru



**2009 / Wellington**  
Kia Hono: Kia Awe  
Cultivating Connections: Inspiring Solutions



**2011 / Auckland**  
Rethinking Our Future  
Titiro ki muri kia whakatika ā mua  
Look to the past to proceed to the future



**2013 / Rotorua**  
It Starts with Us  
Ma Mātua E Timata



**2015 / Auckland**  
Connect Grow Thrive  
E Hono E Tipu E Rea



**2017 / Wellington**  
Working Together Inspiring Change



**2019 / Auckland**  
Collaboration: Everyone's business  
– Te Mahitahi: Hei Painga Mo Te Katoa

**2021 / Wellington**  
Titiro Whakamuri, Kōkiri Whakamua, ANA Closing Conference



## Alison Pask

### The privilege of sharing

Health promotion manager 2017-2018  
Executive director 2018-2021



**A**lison Pask is a keen gardener. And it's in the garden that she finds inspiration for what's to come after ANA closes.

"I love my plants. And I have thought about an analogy of gardening; that it's like planting a plant and about growth. If a plant dies, you don't just dig a new hole and put another plant in. You actually have to look at everything, the whole environment: if it's got enough sun; if it's got enough water; if the soil is good enough. And I actually think that ANA could be likened to a garden needing to be replanted. Having a strong foundation is vital for an organisation to thrive."

She has tended the organisation through the difficult process of coming to the decision to wind up. But her involvement with ANA stretches back to 2003, when as the dietitian for Diabetes New Zealand, she served on ANA's Board.

When she started as ANA's health promotion manager in 2017, she says she started out "doing what was expected of me".

Soon, however, "I started questioning, why are we doing it like this? There were some quite big pressure points within the organisation where everybody got incredibly stressed, for example, the newsletter production".

"At that time ANA was still creating four newsletters a year as well as the ANA eUpdate;

I asked why we produced both. This is quite a big cost to us as an organisation, getting it designed, getting all the material to meet a tight timeframe. How about we look at doing it a bit differently?"

Thinking differently paid off. The switch to electronic newsletters was a successful change that saved money and took pressure off the small ANA team.

Pask stepped up to lead that small team as executive director, initially in an acting role and then permanently. She says she's proud of what the organisation has achieved during her tenure.

"I'm proud of the professional development that we've delivered, and very proud of the conferences."

The challenges of 2020 offered more chances to do things differently.

"I think the webinars [initiated in October 2020] are a really good example of how you can take something good and change it up."

"There's been a lot of networking, a lot of collaborating", she says, during her time, culminating in the creation of the ANA Engagement Toolkit resource.

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**"Public health nutrition is a long, hard game  
and you have to be strategic with what you do."**

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Alison Pask

"But probably the latest highlight is the three nutrition papers *Kawea ake te wero: Enabling everyone in Aotearoa to eat well* because that was a big, big job. And I think that's a great legacy. It shows the gaps. It's a very well-evidenced paper that got some good feedback and good traction."

Things have been challenging, too, especially with uncertain funding.

"Public health nutrition is a long, hard game, Pask reflects.

"And you have to be strategic with what you do. And that's where the challenge comes in, with having a one-year budget, short-term staff and with no long-term plan. Being strategic is impossible as 99% of our income was from the Ministry of Health and we delivered what they contracted us to deliver."

Nevertheless, she says, ANA has made a positive contribution to the sector.

"ANA has been in a very privileged position. We've been able to share some of the amazing stories that have happened and I feel privileged to have been able to share those. To be able to have forums so that people can share, and to be that point of contact that enabled some of those networks to happen".

As for the future, she looks back to the garden.

"I have no doubt that somebody will come in and plant a new plant," she says.

"But it will be different and it will be more suited to the conditions of today."

**"Kia kaha, kia maia, kia manawanui."**

"Be strong, be brave, be steadfast." 🌱



# Sharing the science

ANA's contribution to evidence-based science

In 2004, ANA set up its Scientific Committee to develop systematic reviews on a variety of topical issues around nutrition and physical activity. These evidence-based reports were funded by the Ministry of Health until 2009. In 2012, ANA self-funded the last report before the Committee disbanded. This work continued in-house as the Knowledge Translation project of evidence snapshots.

The goal of all these projects was to provide public health practitioners with practical evidence-based summaries to help inform their work.

The Scientific Committee produced its first review in 2005 on sugary drinks and children, and then five more over the next six years.

The Committee members were:

- Robert Quigley (director, Quigley and Watts)
- Dr Rachel Brown (senior lecturer, Human Nutrition, University of Otago)
- Professor Grant Schofield (AUT University)
- Professor Robert Scragg (University of Auckland)
- Associate Professor Rachael Taylor (University of Otago)

## Scientific committee reviews

### 2005 – Do sugary drinks contribute to obesity in children?

*"Heightened promotion of the benefits of milk (particularly low-fat milk for those over two years of age) and water, and the potential adverse effects of beverages high in sugar, is required."*

### 2006 – Does watching TV contribute to increased body weight and obesity in children?

*"New Zealand children are watching large amounts of TV; most of this viewing is occurring outside the hours designated as children's programming times and exposes children to considerable amounts of food advertising. There is considerable evidence that watching TV contributes to increased body weight and obesity in children."*

### 2007 – Is consuming breakfast important for academic performance, body weight and lifestyle habits in children?

*"There is considerable evidence that regular breakfast consumption improves academic performance. There is reasonable evidence that the overall pattern is for regular breakfast consumption to be associated with optimal lifestyle behaviours and mental health. However, these associations do not prove cause and effect, and it is possible that some other unmeasured variable is influencing choices affecting both breakfast frequency and other lifestyle patterns."*

### 2008 – Does the family environment contribute to food habits and physical activity in children?

*"Although parents know they are hugely important in determining the eating and physical activity patterns of their own children, Agencies for Nutrition Action (ANA) believed it was timely to undertake this review of the evidence on the role the home environment and families have on healthy eating and physical activity. Unhealthy eating and low levels of physical activity are unevenly distributed throughout New Zealand society, and the causes of this are largely structural. This review acknowledges that fact and presents the findings as part of the evidence for the influence on food and physical activity levels in families."*

### 2009 – Does sedentary behaviour contribute to chronic disease or chronic disease risk?

*"There is a marked lack of measurement of sedentary behaviour in New Zealand's large nationwide surveys."*

### 2012 – Are lifestyle interventions in primary care effective at reducing health risk factors?

*"Over half of all the primary prevention interventions in this primary care setting on this individual adult population, aiming to change particular endpoints, had no effect." 🌱*



## Evidence Snapshots

**2021** Nutrition for the person with dementia living at home

**2020** Kawea ake te wero: Enabling everyone in Aotearoa to eat well

**2020** Preventing Dementia – the role of nutrition in dementia prevention

**2020** Healthy Brains – the role of nutrition in helping New Zealanders maintain positive mental health

**2018** ANA Engagement Toolkit

**2018** What can be done to protect our children from unhealthy food marketing

**2018** Active Transport: A reflection for Aotearoa

**2016** Promoting healthy eating at the local government level

**2015** Promoting physical activity at the local government level

**2013** Food and beverage marketing to children

**2013** The effectiveness of online and mobile technologies for changing health behaviours

**2012** Food labelling



## Shayne Nahu

*Te Arawa, Tainui, Irish*

### A commitment to change

ANA Board: 2017-21  
Board chair 2018-21



Shayne Nahu's career in public health has been driven by a desire to see real changes in people's environments.

"You can't expect sustained change if the environment or whatever the key influences are on people doesn't change. It just doesn't work. And that's what public health at its core is about", he says.

His work throughout the sector – from starting out working at a children's health camp in Rotorua; through local and national public health roles to his current work in the Cancer Society as Advocacy and Research Manager, has been informed by that.

Nahu emphasises that empowering individuals with skills and knowledge is important, but change comes from looking at the broader picture, including community empowerment.

"The emphasis recently on equity and inequities is really great, but we've been talking about it for years now in different ways; the issue of community empowerment [whether it is] Māori, Pasifika, poor, rural.

"I'm particularly supportive of the current

emphasis on prioritising need, yes, but also as Aotearoa New Zealand, the role of Māori within that is special, as tangata whenua but also as the Treaty partners."

Nahu says we need to consider what that special place really means.

"I think there's been some good progress on it, but we've got to move beyond rhetoric to actual real change and sustained change, because if we can get that right, it's going to increase the health outcomes for everybody."

His time on the ANA Board has seen part of the organisation's journey towards embracing Te Tiriti o Waitangi, with the commitment to a process of change and addressing the imbalance of power on the Board.

He has also been part of ongoing discussions around the role and purpose of ANA.

"At the core ANA was meant to be a membership organisation. This is the ongoing debate ever since I joined the Board: what does being a membership organisation mean? What do the members get out of it?"

"We became more of a service organisation funded by a contract from the Ministry to deliver workforce development."

"The members still got the benefit of that," Nahu says. "But the added value of membership wasn't necessarily there."

**"I'm particularly supportive of the current emphasis on prioritising need, yes, but also as Aotearoa New Zealand, the role of Māori within that is special, as tangata whenua but also as the Treaty partners."**

*Shane Nahu*

"That [the added value] is that advocacy space we were originally set up for. And while we still undertook that – we still provided advice to inform policy – it probably was not with the strength that some members would hope for".

In the wake of the decision to close, Nahu reflects on ANA's legacy:

"ANA has contributed so much to the sector over the past 25 years. I'm hearing some acknowledgement of the sense of the decision to wind down. And I'm also hearing there's a great deal of sadness and concern around who's going to do the stuff that we did. I think that's reflective of the importance and the value of what has come from ANA."

He pays tribute to ANA's staff over recent years.

"Particularly in the last in the last few years, Alison and the team she's had with her at different times deserve huge kudos. We wouldn't be able to do anything we're doing now, including the proactive wind down, without Alison's commitment and her passion and her tremendous ability to do the mahi. I can't speak highly enough of what she's done".

ANA, says Nahu, has been "at the fore, bringing organisations in the sector together. We have provided a glue for that for a number of years. And now it's time for us step aside and let others take on that work". 🌱



# Voices from today's public health leaders

"We're a small country; we're a smart country. We produce a lot of food. We have a lot of excellent science. We've got multi-cultural cuisines here. We have an indigenous population that is undergoing a revival. We have the Pacific nations on our doorstep and in our country and all this gives us a platform of vibrancy that if we really capitalize on it, I think we can be a world leader in healthy, sustainable, equitable, prosperous food systems."

**Professor  
Boyd Swinburn**

"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 prevention. So you can't say when Middlemore hospital is leaking, we'll just take a bit more money. There needs to be ring-fenced public health, and public health nutrition needs to be an incredibly important part of it. What we've got now is that food is everybody's business and nobody's business."

**Professor Jim Mann**



"The lack of a long-term strategic vision for nutrition and physical activity is fairly apparent. So we get these big influxes of funding to the programme of the day that isn't always that well connected with the other work of the sector."

**Carolyn Watts**

"I think to fully achieve anyone's potential, they need to be really comfortable and competent in who they are and where they are. And if you've been colonized, you're instantly feeling as though you're lesser, because of the way things are structured around you."

Te ao Māori is saying there's a special connection in Aotearoa NZ on a number of planes: with environment; with culture; with te reo, with language; with social interactions and responsibilities; which as a lens has not been able to be used as well as it could be. And if we use that in our decision-making processes and, in how we do things, it allows a richer tapestry of thought and discussion and actual decision.

Whereas if you're looking through one lens, you only see one view, you know, if your telescope's only pointed in one direction, you're only going to see what's there. But if you have a telescope which is wider, you see more breadth of the ocean and there's more opportunity."

**Shayne Nahu**

"The health sector itself isn't ever going to improve wellness. The potential for improving health sits outside of the health sector; and changing the environment and actually influencing other sectors to take action is how we're going to get the change."

**Alison Pask**

"Poor nutrition is the leading cause of health loss, in Aotearoa and globally. So it is shocking that while we have led the world in protecting New Zealanders from COVID-19

we do not have a national strategy for ensuring that we all have access to healthy, affordable and safe food."



**Dr Lisa Te Morenga**

"The need is great in terms of nutrition. There's a whole range of approaches needed. It's not just the individual and whānau support around nutrition, it's the policy change and the environmental change and the cost of food and knowledge and education and [dealing with] poverty. I [also] think not enough effort is put into the psychology of food and what that means in the situations people live in, the social environment; where we can support the cultural beliefs and values around food in the design of programmes and initiatives and environments."

**Megan Tunks**

## Kua hua te marama

# ANA staff & board members

EXECUTIVE OFFICER/EXECUTIVE DIRECTOR		
Mar 1998 - July 2001	Sue Zimmerman	Executive Officer
Dec 2001 - Oct 2003	Christina McKerchar	Executive Officer
Dec 2003 - May 2014	Nikki Chilcott	Executive Director
July 2014 - Oct 2018	Siobhan Molloy	Executive Director
Oct 2018 - Dec 2019	Alison Pask	Acting Executive Director
Dec 2019 - June 2021	Alison Pask	Executive Director
NATIONAL COORDINATOR/HEALTH PROMOTION MANAGER		
Jan 1997 - Mar 1998	Jeni Pearce	National Coordinator
Dec 2003 - Dec 2007	Christina McKerchar	National Coordinator
April 2008 - Oct 2013	Julia Rout (Lyon)	National Coordinator
Nov 2013 - Dec 2014	Hayley Goodin	National Coordinator
Feb 2015 - Feb 2017	Annaleise Goble	National Project Manager
Feb 2017 - Oct 2018	Alison Pask	Health Promotion Manager
EVENTS COORDINATOR/PROFESSIONAL DEVELOPMENT COORDINATOR		
Aug 2011 - June 2013	Rachel Meikle	Events Coordinator
July 2013 - July 2016	Diana Pedlow	Events Coordinator
July 2016 - Mar 2019	Chelsea Slobbé	Professional Development Coordinator
BUSINESS DEVELOPMENT MANAGER		
July 2016 - Oct 2016	Diana Pedlow	
COMMUNICATIONS ADVISOR		
August 2020 - May 2021	Margaret McLachlan	
ADMINISTRATOR		
Feb 2008 - June 2021	Kim Tucker	Contract
ANA CHAIRPERSONS		
1993 - 1995	Helen Glasgow	
1996 - 1998	Heather Fear	
1998 - 2000	Belinda McLean	
2001 - 2003	Dr Cliff Tasman-Jones	
2003 - 2005	Carolyn Watts	
2005 - 2006	Laurie Wharemate	
2006 - 2007	Carolyn Watts	
2007 - 2008	Janice Burton	
2008 - 2009	Kate Sladden	
2009 - 2013	Jan Pearson	
2013 - 2015	Maggie McGregor	
2015 - 2018	Mafi Funaki-Tahifote	
2018 - 2021	Shayne Nahu	

## Agencies For Nutrition Action: Executive Committee 1996-2003

	NAME	ORGANISATION		NAME	ORGANISATION		
1996	Helen Glasgow	Cancer Society of NZ		Cliff Tasman-Jones	NZ Nutrition Foundation NZ		
	Belinda McLean	Cancer Society of NZ		Judith Ka`ai	Te Hotu Manuawa Māori		
	Gillian Tustin	NZ Dietetic Association		Christina McKerchar	Te Hotu Manuawa Māori		
	Judy Wood	NZ Dietetic Association					
	Boyd Swinburn	NZ Heart Foundation					
	Cliff Tasman-Jones	NZ Nutrition Foundation NZ					
	Robyn Cameron	NZ Nutrition Foundation NZ					
	Judith Ka`ai	Te Hotu Manuawa Māori					
Moana Herewini	Te Hotu Manuawa Māori						
1997	Jeni Pearce	ANA National Coordinator	Observers	2000	Helen Glasgow	Cancer Society of NZ	
	Helen Glasgow	Cancer Society of NZ		Belinda McLean	Cancer Society of NZ		
	Belinda McLean	Cancer Society of NZ		Dr Russell Scott	National Diabetes Forum		
	Gillian Tustin	NZ Dietetic Association		Gillian Tustin	NZ Dietetic Association		
	Judy Wood	NZ Dietetic Association		Christine Cook	NZ Dietetic Association		
	Boyd Swinburn	NZ Heart Foundation		Leanne Young	NZ Heart Foundation		
	Cliff Tasman-Jones	NZ Nutrition Foundation NZ		Bronwen Hannay	NZ Nutrition Foundation NZ		
	Robyn Cameron	NZ Nutrition Foundation NZ		Cliff Tasman-Jones	NZ Nutrition Foundation NZ		
	Judith Ka`ai	Te Hotu Manuawa Māori		Judith Ka`ai	Te Hotu Manuawa Māori		
	Christina McKerchar	Te Hotu Manuawa Māori		Christina McKerchar	Te Hotu Manuawa Māori		
	Diana O'Neill	Hillary Commission		Diana O'Neill	Hillary Commission		
	Jenny Reid	Ministry of Health		Jane McLennan	Ministry of Health		
David Simmons	National Diabetes Forum						
1998	Helen Glasgow	Cancer Society of NZ	Observers	2001	Carolyn Watts	Cancer Society of NZ	
	Belinda McLean	Cancer Society of NZ		Wendy Fulton	Cancer Society of NZ		
	Dr Russell Scott	National Diabetes Forum			National Diabetes Forum		
	Gillian Tustin	NZ Dietetic Association		Christine Cook	NZ Dietetic Association		
	Judy Wood	NZ Dietetic Association		Leanne Young	NZ Heart Foundation		
	Boyd Swinburn	NZ Heart Foundation		Bronwen Hannay	NZ Nutrition Foundation NZ		
	Heather Fear	NZ Heart Foundation		Pamela Williams	NZ Nutrition Foundation NZ		
	Bronwen Hannay	NZ Nutrition Foundation NZ		Laurie Wharemate	Te Hotu Manuawa Māori		
	Cliff Tasman-Jones	NZ Nutrition Foundation NZ		Diana O'Neill	Hillary Commission		
	Judith Ka`ai	Te Hotu Manuawa Māori		Heather Wright	Ministry of Health		
	Christina McKerchar	Te Hotu Manuawa Māori					
	1999	Helen Glasgow		Cancer Society of NZ	Observers	2002	Carolyn Watts
Belinda McLean		Cancer Society of NZ	Wendy Fulton	Cancer Society of NZ			
Dr Russell Scott		National Diabetes Forum	Elizabeth Stewart	National Diabetes Forum			
Gillian Tustin		NZ Dietetic Association	Sarah Thomson	National Diabetes Forum			
Judy Wood		NZ Dietetic Association	Christine Cook	NZ Dietetic Association			
Heather Fear		NZ Heart Foundation	Amanda Wynne	NZ Dietetic Association			
Leanne Young		NZ Heart Foundation	David Roberts	NZ Heart Foundation			
Bronwen Hannay		NZ Nutrition Foundation NZ	Dr Diana North	NZ Heart Foundation			
			Bronwen Hannay	NZ Nutrition Foundation NZ			
			Pamela Williams	NZ Nutrition Foundation NZ			
			Laurie Wharemate	Te Hotu Manuawa Māori			
			Leonie Matoe	Te Hotu Manuawa Māori			
		Diana O'Neill	Sport & Recreation NZ (SPARC)				
		Heather Wright	Ministry of Health				

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	NAME	ORGANISATION
2003	Carolyn Watts	Cancer Society of NZ
	Wendy Fulton	Cancer Society of NZ
	Elizabeth Stewart	Diabetes NZ
	Alison Pask	Diabetes NZ
	Carole Gibbs	NZ Dietetic Association
	Kate Sladden	NZ Dietetic Association
	David Roberts	NZ Heart Foundation
	Mafi Funaki-Tahifote	NZ Heart Foundation
	Bronwen Hannay	NZ Nutrition Foundation NZ
	Pamela Williams	NZ Nutrition Foundation NZ
Observer Member	Laurie Wharemate	Te Hotu Manuawa Māori
	Leonie Matoe	Te Hotu Manuawa Māori

## Board 2004-2008

2004	Janice Burton	Cancer Society of NZ
	Carolyn Watts	Cancer Society of NZ
	Elizabeth Stewart	Diabetes NZ
	Lynne Rowe	HETTANZ
	Carole Gibbs	NZ Dietetic Association
	Dr Kawshi deSilva	NZ Heart Foundation
	Bronwen Hannay	NZ Nutrition Foundation NZ
	Brendan Ward	NZ Recreation Association
	Mafi Funaki-Tahifote	PIFNAG
	Laurie Wharemate	Te Hotu Manuawa Māori
2005	Carolyn Watts	Cancer Society of NZ
	Janice Burton	Cancer Society of NZ
	Alison Pask	Diabetes NZ
	Myf Skuse	HETTANZ
	Carole Gibbs	NZ Dietetic Association
	Dr Kawshi deSilva	NZ Heart Foundation
	Sue Pollard	NZ Nutrition Foundation NZ
	Brendan Ward	NZ Recreation Association
	Mafi Funaki-Tahifote	PIFNAG
	Leonie Matoe	Te Hotu Manuawa Māori

	NAME	ORGANISATION
2006	Carolyn Watts	
	Dr Kawshi deSilva	Asian Health Foundation
	Jan Pearson	Cancer Society of NZ
	Elizabeth Stewart	Diabetes NZ
	Myf Skuse	HETTANZ
	Kate Sladden	NZ Dietetic Association
	Maggie McGregor	NZ Heart Foundation
	Sue Pollard	NZ Nutrition Foundation NZ
	Brendan Ward	NZ Recreation Association
	Mafi Funaki-Tahifote	PIFNAG
Observer Member	Leonie Matoe	Te Hotu Manuawa Māori
	Christine Stewart	Ministry of Health
	Diana O'Neill	SPARC

2007	Dr Kawshi deSilva	Asian Health Foundation
	Jan Pearson	Cancer Society of NZ
	Elizabeth Stewart	Diabetes NZ
	Myf Skuse	HETTANZ
	Kate Sladden	NZ Dietetic Association
	Maggie McGregor	NZ Heart Foundation
	Sue Pollard	NZ Nutrition Foundation NZ
	Brendan Ward	NZ Recreation Association
	Mafi Funaki-Tahifote	PIFNAG
	Maria Cassidy	PIFNAG
Observer Member	Craig Heta	Te Hotu Manuawa Māori

2008	Dr Kawshi deSilva	Asian Health Foundation
	Dr Jan Pearson	Cancer Society of NZ
	Elizabeth Stewart	Diabetes NZ
	Myf Skuse	HETTANZ
	Jan Milne	NZ Dietetic Association
	Maggie McGregor	NZ Heart Foundation
	Sue Pollard	NZ Nutrition Foundation NZ
	Kirsten Malpas	NZ Recreation Association
	Raetea Ngatama	PIFNAG
	Mark Vivian	Stroke
Observer Member	Leonie Matoe	Te Hotu Manuawa Māori
	Louise McIntyre	Ministry of Health
	Diana O'Neill	SPARC
	Nichollette Pomana	DHB HEHA Rep

## Executive Board 2009-2021

In 2009 the governance structure of ANA was changed to an Executive Board and Strategic Council. In 2017 the name of the Strategic Council was changed to the ANA Member Forum to better reflect the purpose of this group.

2009	Dr Jan Pearson	Cancer Society of NZ
	Susan Cook	NZ Dietetic Association
	Sue Pollard	NZ Nutrition Foundation NZ
	Kate Sladden	NZ Dietetic Association
2010	Dr Jan Pearson	Cancer Society of NZ
	Kate Sladden	Dietitians NZ
	Susan Cook	NZ Dietetic Association
	Sue Pollard	NZ Nutrition Foundation NZ
2011	Dr Jan Pearson	Cancer Society of NZ
	Kate Sladden	Dietitians NZ
	Sue Pollard	NZ Nutrition Foundation NZ
	Christina McKerchar	Te Hotu Manuawa Māori
2012	Dr Jan Pearson	Cancer Society of NZ
	Kate Sladden	Dietitians NZ
	Maggie McGregor	NZ Heart Foundation
	Sue Pollard	NZ Nutrition Foundation NZ
	Leonie Matoe	Te Hotu Manuawa Māori
2013	Liz Cutler	Dietitians NZ
	Maggie McGregor	NZ Heart Foundation
	Sue Pollard	NZ Nutrition Foundation NZ
	Soana Muimuiheata	PIFNAG
	Leonie Matoe	Te Hotu Manuawa Māori
2014	Maggie McGregor	NZ Heart Foundation
	Sue Pollard	NZ Nutrition Foundation NZ
	Soana Muimuiheata	PIFNAG
	Callie Corrigan	Toi Tangata (previously Te Hotu Manuawa Māori)
2015	Frances Arenhold	Dietitians NZ
	Sally Hughes	NZ Heart Foundation
	Sue Pollard	NZ Nutrition Foundation NZ
	Mafi Funaki-Tahifote	PIFNAG
	Callie Corrigan	Toi Tangata (previously Te Hotu Manuawa Māori)
	Anthony Cooke	Independent
	Alison Molloy	Independent

2016	Sophie Carty	Dietitians NZ
	Sally Hughes	NZ Heart Foundation
	Sue Pollard	NZ Nutrition Foundation NZ
	Mafi Funaki-Tahifote	PIFNAG
	Julia Rout	Stroke Foundation
	Megan Tunks	Toi Tangata (previously Te Hotu Manuawa Māori)
	Anthony Cooke	Independent
Appointed Member	Alison Molloy	Independent

2017	Shayne Nahu	Cancer Society
	Sophie Carty	Dietitians NZ
	Sally Hughes	NZ Heart Foundation
	Mafi Funaki-Tahifote	PIFNAG
	Erina Korohina	Toi Tangata (previously Te Hotu Manuawa Māori)
	Anthony Cooke	Independent
	Alison Molloy	Independent
Appointed Member		

2018	Shayne Nahu	Cancer Society
	Vito Lo Iacono	Healthy Futures NZ
	Sione Tupou	PIFNAG
	Janell Dymus-Kurell	Hāpai Te Haoura
	Anthony Cooke	Independent
Māori Board Member		

2019	Shayne Nahu	Cancer Society
	Vito Lo Iacono	Healthy Futures NZ
	Sione Tupou	PIFNAG
	Janell Dymus-Kurell	Hāpai Te Haoura
Māori Board Member		

2020-21	Shayne Nahu	Cancer Society
	Selah Hart	Hāpai Te Haoura
	Nicola Potts	HETTANZ
	Vishal Rishi	The Asian Network Incorporated
	Janell Dymus-Kurell	Hāpai Te Haoura
Māori Board Member		

# Member organisations



Founding Member



Founding Member



Founding Member



Founding Member



Founding Member



Observer Members



Past Member Organisations

- ▶ Asian Health Foundation
- ▶ Diabetes NZ
- ▶ Kidney Health NZ
- ▶ Asthma & Respiratory Foundation NZ
- ▶ Healthy Futures





Mate ahu he tētē kura,  
ara mai he tētē kura.



### Acknowledgements

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**Niki Bezzant** is a writer, journalist and author specialising in health and science.



**Tūngia te ururoa  
kia tupu whakaritorito  
te tutu o te harakeke**