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

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

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

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

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

Category: Original research
Presentation type: Oral 15 minutes
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Māori families supported to achieve their maximum health and wellbeing. Thoughts, feeling and behaviour are vital to health in te ao Māori (the world view) and whānau are a pivotal part and are recognised as the foundation of Māori society. As a principal source of strength, support, security and identity, whānau plays a central role in the wellbeing of Māori individually and collectively. The vision of Te Kura o Kokohuia identified that Nga Taonga Takaro (traditional Māori games) supported their efforts to enhance physical activity in the kura/school utilising a culturally appropriate resource. We would like to present how local and national collaboration can result in successful outcomes, which can lead to positive changes within schools and the community.

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

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

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

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

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

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

**Category:** Programme
**Presentation type:** Oral 15 minutes
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**References:**
‘It’s Part of What We Do Now’: Integrating health and education in early childhood centres

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

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

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

Category: Original research
Presentation type: Oral 15 minutes
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Effects of Childhood Obesity on Learning, and the Role of the School Food Environment

Sian Bolton

1Heart Foundation

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

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

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

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

When making changes, evidence shows we need the involvement of all school stakeholders3. Classroom nutrition and cooking programmes, and food provision in the wider school environment need to be mutually supportive4. Parental and family engagement in school food programmes increases the likelihood that healthy initiatives will be transferred to the home and demonstrated in healthier food choices and parental role-modelling.5

Funding sources: Fuelled4life is funded by the Ministry of Health.
Category: Programme
Presentation type: Lightning talk 5 minutes
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References:
Life Skills for the Future: Year 7 & 8 cooking curriculum

Pip Duncan¹, Dave Monro², Andrea Bidois²
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Developing the life skills to prepare healthy meals empowers our children to be able to access and enjoy a nutritious diet within their own budgetary, cultural, social and time constraints over a lifetime. The school curriculum is the most appropriate place to teach and develop cooking literacy skills as it reaches all children and provides cross curricular learning¹. The curriculum states; ‘it is expected all children will have had the opportunity to learn practical cooking skills by the end of year 8’. The current education curriculum provides for this to occur, but does it?

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

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

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

Category: Research
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Ranui Power Pack: A pilot project

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It has been identified that primary school children eat approximately one-third of their daily intakes at school¹, hence the nutrition value of the foods and beverages consumed can be an important contributor to the development of obesity.

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

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

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

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

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

Emmeline Haymes¹, Jessica Jones¹

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

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

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

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

Category: Programme
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Breastfeeding Friendly Pharmacies: Health-promoting settings with potential

Paula Randall¹, Sophie Carty¹

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Pharmacists are often the most accessible medication expert for breastfeeding women¹ and it is known that they are frequently asked for breastfeeding related advice due to their highly visible role in the community.² Unfortunately, many women cease breastfeeding unnecessarily due to fear of harm from drugs being excreted into breastmilk, and pharmacists may contribute to the misconception about this risk.² ³ ⁴ Unnecessary cessation of breastfeeding not only deprives a child of the best conditions for health and nutrition, but may negatively affect the psychological wellbeing of the mother.⁴

This oral presentation describes the development of WellSouth Primary Health Network’s Breastfeeding Friendly Pharmacy project, a settings-based approach to cultivating pharmacies as a community environment supportive of breastfeeding. This approach accords with the complexity of promoting breastfeeding practices, as it shifts the gaze away from the individual to the need for intervention into social and organisational systems if sustainable health-promoting change in the community is to occur.⁵ ⁶ ⁷

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

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

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

Category: Programme
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References:
10,000 Fruit Trees Can’t Be Wrong

Shane Ngata¹

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

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

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

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

Category: Programme  
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**Ka Pai Kai: A model for community food security**

**Zaynel Sushil**

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

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

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

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

**Category:** Programme  
**Presentation type:** Oral presentation  
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**Choice as Sizzle: A better way to host those sausage sizzle fundraisers**

**Jared Cappie¹, Stella O'Connor¹**

¹Healthy Families Invercargill

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

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

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

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

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

**Category:** Programme  
**Presentation type:** Oral 15 minutes  
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Rethinking and Replacing Sugar Sweetened Beverages: An innovative tool to reinstate water in children’s environments

Anna Ferguson\textsuperscript{1,2}, Moira Smith\textsuperscript{1,3}, Tess Clarke\textsuperscript{1,4}

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

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

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

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

Category: Programme
Presentation type: Oral 15 minutes
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Go the H2O: Changing the obesogenic environment by creating a movement around water

Ana So’otaga¹

¹Settings Coordinator, Healthy Families Lower Hutt.

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

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

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

Partners in planning, delivery design and evaluation:

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

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

Successes:

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

Category: Programme
Presentation type: Oral 15 minutes
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“Shake, Bang and Hang”: Sports clubs and hot chips on the health agenda

Kerry Allan¹

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

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

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

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

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

Category: Programme
Presentation type: Lightning talk 5 minutes
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Utilisation of an Online Website to Enhance Collaboration between Health Care Practitioners and Exercise Professionals

Karen Munday¹

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

General practitioners (GPs) and practice nurses are in an ideal position to provide health and fitness advice to patients, however, few have the time or expertise to adequately support their patients to reach their fitness goals. Whilst Green Prescription has been shown to be highly beneficial for those who are referred to the programme and successfully complete it¹, not all patients are referred or are interested in joining it. As a result, there is a cohort of patients who could benefit from specialised health and fitness advice and support but are not receiving it.

Inter-disciplinary collaboration between the medical and fitness professionals is an important aspect of health promotion and public health. There is an acknowledgement of the need for closer collaboration between general practices and exercise professionals². However, there are numerous barriers that have been identified as impeding collaboration including a lack of communication and poor feedback mechanisms³.

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

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

Speaker sponsored by The Heart Foundation

Category: Programme
Presentation type: Lightning talk 5 minutes
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References:
3. Leenaars KE, Smit E, Wagemakers A, Molleman GR, Koelen MA. Facilitators and barriers in the collaboration between the primary care and the sport sector in order to promote physical activity: a systematic literature review. Preventive medicine. 2015 Dec 31;81:460-78.
Empower: A community led response to child obesity

John O’Connell¹, Linda Taylor²

¹Life Education Trust,  ²Garden to Table Trust

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

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

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

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

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

Category: Programme
Presentation type: Lightning talk 5 minutes
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Bibliography:
Heru Hapai: Rapu Ora, Whai Ora

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¹Te Rūnanga o Ngāti Whātua: Māori Public Health

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

Through this project, we worked alongside whānau, hapu and iwi to construct and support a cultural-shift around physical activity and nutrition. The focus of this is informed by the Atua Matua framework¹.

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

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

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

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

Candice Apelu¹

¹Pacific Health Service Hutt Valley, Lower Hutt

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

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

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

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

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

Learnings and insights gathered in the last 3 years will help inform health promotion programmes that aim to target Pacific families and churches. This video showcases the project

https://drive.google.com/file/d/0BzP6_8cL0T8jc2laclhMZWd4eDg/view

Category: Programme
Presentation type: Oral 15 minutes
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When Culture Speaks: Immigrant Indian families’ participation in sport and physical activity

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

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

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

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

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

Speaker sponsored by The Asian Health Network Incorporated (TANI)

Category: Original research
Presentation type: Oral 15 minutes
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**Taking Leadership and Creating Change:** Changing the food environment in Auckland Council

Anna-Jane Jacob

Auckland Council, Auckland, NZ

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

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

Category: Programme
Presentation type: Oral 15 minutes
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Wellington Cycle Infrastructure E-Bike Tour

Claire Pascoe¹
¹New Zealand Transport Agency

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

The workshop includes:

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

Category: Review
Presentation type: Interactive workshop 60mins
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A Māori worldview systems approach to health and well-being is based on concepts and patterns, structure and activities, informed by indigenous knowledge and has great potential to be applied to obesity prevention. This approach is being trialled in the Healthy Families East Cape initiative using the Atua Matua framework which intimately links Māori to their local environment and whakapapa. Concurrently, systems thinking and systems tools are also being applied to obesity prevention in an effort to embrace and understand the complexity of the systems which are creating obesity and to find ways to re-orient those systems to create healthier environments and behavioural patterns.

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

Alice Walker¹, Julie Anne Garnons-Williams², Alice Tither³

¹Toi Te Ora - Public Health Service, Bay of Plenty, ²Health Promotion Agency, Wellington, ³Auckland Region Public Health Service, Auckland

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

An average adult will spend approximately 50% of their waking hours at work, and the culture and environment of the workplace can have a substantial impact on their wellbeing. A healthy workplace is beneficial for both staff and the organisation by improving productivity and staff retention, decreasing absenteeism, improving corporate image, and supporting health and safety¹.

Good4Work will join the existing WorkWell¹ and Wellplace.nz² initiatives as the ‘go-to’ places for workplace wellbeing. WorkWell is a comprehensive workplace wellbeing programme for large workplaces with advisor support and accreditation. Wellplace.nz is an online gateway that links to practical information which is tailored to the workplace setting, including ideas and resources from Health Promotion Agency and other credible sources.

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

A collaborative approach was taken in the development of Good4Work between Toi Te Ora – Public Health Service, Health Promotion Agency, Auckland Regional Public Health Service, Healthy Families New Zealand and the business sector. It draws on the most up-to-date knowledge and experience of workplace wellbeing in New Zealand and incorporates the World Health Organization’s³ best practice recommendations for a healthy workplace. Business involvement in the development of the tool and user testing was carried out to ensure the design and language was appropriate for the audience.

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

Category: Review
Presentation type: Interactive Workshop 60mins
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Co-design: Learning and Growing Through Creative Exploration of Māori Co-design

Crystal Pekepo¹, Rangimarie Mules¹

¹Toi Tangata

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

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

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

Category: Original research
Presentation type: Interactive workshop 60 minutes
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Physical Literacy: ‘Kiwi style’

Jo Colin¹, Karen Laurie¹
¹Sport New Zealand

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

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

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

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

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

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

Category: Review
Presentation type: Interactive Workshop 60 mins
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Raising Healthy Kids: A health target to help tackle childhood obesity

Hayden McRobbie¹,², Karen Evison¹, Leonie McCormack¹, Dr. Harriette Carr¹, Pat Tuohy¹

¹Ministry of Health, Wellington, ²Wolfson Institute of Preventive Medicine, Queen Mary, University of London

A healthy body weight is important for good health and mental wellbeing, but some, 13,000 (7.3%) children under the age of five in New Zealand are obese, with higher rates among Māori and Pacific children¹.

Parents and caregivers want the best for their children, but sometimes making healthy lifestyle changes is difficult. A brief intervention from a healthcare professional (HCP) offering assistance can trigger behaviour change²³. However, raising the issue of childhood obesity with parents and caregivers can be difficult and there may be a sense that there is little, in the way of help, to offer. Whilst there are no ‘silver bullets’ there are steps that HCPs can take.

In this area a long-term approach is necessary, with the goal of helping children grow into a healthy weight. This requires a comprehensive approach that involves whānau and combines healthy eating, increased physical activity and less sedentary activity, the right amount of sleep and some behavioural strategies to help cement these changes. New tools and guidelines have been published that will assist HCPs in helping whānau⁴.

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

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

Category: Viewpoint
Presentation type: Oral 15 minutes
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References:
**Kids’ Choice:** Menu endorsement programme for healthy children’s meals in NZ food services

**Asher Regan¹, Andrea Bidois¹**

¹Heart Foundation of New Zealand

Currently one in three NZ children are overweight or obese¹. This can lead to the development of many health problems later in life². Despite there being many factors that contribute to childhood obesity, eating out frequently has been identified as an important factor³.

According to the 2014 Hospitality Report⁴, New Zealanders are dining out more frequently than ever before. Cafes, restaurants, bars, pubs and taverns are contributing 66% of the market share. These types of establishments commonly cater for families and therefore often include children’s menus as part of their food and beverage offering.

The Restaurant Association of NZ reported findings from a survey examining the national dining habits, which indicated that nearly 75% of approximately 1000 respondents supported healthier options for children⁵. This is a growing trend internationally with ‘healthy kid’s meals’ being identified as the fourth most recognised food trend within the US, with children's nutrition being seventh⁶ and indeed through anecdotal evidence there is a great deal of room for improvement in children’s menus throughout NZ.

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

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

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

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

**Category:** Programme  
**Presentation type:** Oral 15 minutes  
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**References:**  
Intrinsically loving being active is becoming a greater challenge in the world today, more so with children. One thing we do know is that we participate (and continue to participate) in activities that we enjoy. If this activity also happens to be good for our body and mind, then we are on the way to minimising obesity and depression and maximising self-confidence and healthy choices in young people.

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

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

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

The kids of WORD come because they love to ride bikes, not because they want to be healthy. Little do they know…each ride is one step closer to a lifelong love of being active.
Who is Meeting Lifestyle Guidelines? Clustering of (un)healthy behaviours and weight status in Dunedin adolescents

Sandra Mandic1, Enrique García Bengoechea2, Kirsten Coppell3, John C. Spence4

1Active Living Laboratory, School of Physical Education, Sport and Exercise Sciences, University of Otago, Dunedin, 2Victoria University, Melbourne, Australia, 3Department of Medicine, Dunedin School of Medicine, University of Otago, Dunedin, 4Faculty of Physical Education and Recreation, University of Alberta, Edmonton, Canada

Unhealthy patterns of behaviour that unfold over a lifetime often begin during childhood and adolescence1. Identifying complex and multifactorial lifestyle behaviour patterns in a local context can provide valuable information for informing multiple health behaviour change interventions for at risk groups. This study examined clustering of physical activity, screen time, fruit and vegetable (F&V) intake and weight status data in Dunedin adolescents2.

Dunedin adolescents (n=1,300; 12 schools; 49.0% boys; age: 15.3±1.4 years) completed an online questionnaire as a part of the BEATS Study3. Adolescents self-reported PA, screen time outside school, and F&V intake. Height and weight were measured. A two-step cluster analysis was completed.

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

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

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

Key messages:

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

Category: Original research
Presentation type: Lightning talk 5 minutes
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Full reference list available on request to info@ana.org.nz
Collaborative Approach to Improve Under 5’s Nutrition

Nicky Williams¹, Tony Schwalger¹, Adele Orangi¹, Nini Knight¹, Sue Pirrit¹, Amy Judd¹, Takui Langi¹
¹Heart Foundation

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

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

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

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

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

Category: Programme
Presentation type: Lightning talk 5 minutes
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Bibliography:
Saturated with Junk: The extent of junk food marketing in children’s everyday lives

Louise Signal¹, Moira Smith¹, Michelle Barr¹, Tim Chambers¹, James Stanley¹, Jiang Zhou², Aaron Duane², Gabrielle Jenkin¹, Tolotea Lanumata¹, Amber Pearson¹, Cathal Gurrin², Alan Smeaton², Janet Hoek³, Cliona Ni Mhurchu⁴

¹Health Promotion and Policy Research Unit, University of Otago, Wellington, ²Insight Centre for Data Analytics, Dublin City University, Ireland, ³Department of Marketing, University of Otago, Dunedin, ⁴National Institute for Health Innovation, University of Auckland

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

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

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

Category: Original research
Presentation type: Lightning talk 5 minutes
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Development of the National Healthy Food and Drink Policy for District Health Boards and Organisations

Julie Carter¹, Dr. Harriette Carr²

¹Auckland District Health Board, ²Ministry of Health, Wellington

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

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

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

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

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

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

Category: Review
Presentation type: Oral 15 minutes
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Inspiring Change Within a Culture of Food Abundance

Mafi Funaki-Tahifote¹, Yvonne Timaloa², Maggie Fung¹, Takui Langi¹, Samuel Lafolua³, Vaipulu Manuopangai⁴, Fila Fuamatu⁵, Anna Tu'inukuafe⁶, Cathy Zhu⁷, Olivia Johnston, Saneta Manoa⁸

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

Healthy diet is a key determinant of health outcomes and is particularly important for the growth and development of children and young people¹. Food choices are influenced by availability, affordability as well as personal, family, and cultural preferences. For Pacific people, diet-related health problems such as obesity, heart disease and diabetes have been an on-going health concern as Pacific people feature highest in obesity rates in New Zealand².

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

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

*Talanoa is talking – a research methodology to obtain information

Category: Original research
Presentation type: Oral 15 minutes
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Carrying Too Much Weight: Obesity – how do we talk about it?

Dr. Rose Black1, Kerri Huaki1, Teresa Binoka1, Dr. Richard Vipond1

1Population Health, Waikato DHB

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

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

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

Category: Review
Presentation type: Oral 15 minutes
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Cliff, K & Wright, J. (2010). Confusing and contradictory: considering obesity discourse and eating disorders as they shape body pedagogies in HPE. Sport, Education and Society, 15:2, 221-233.
Urban Design for Health and Well-being: What does an anti-obesogenic environment look like?

Gayle Souter-Brown¹, Erica Hinckson¹, Scott Duncan¹, Kevin Gaston²

¹Auckland University of Technology, ²University of Exeter

Salutogenic urban design offers connections and physical settings that can play a role in the management of obesity through a reduction in stress. Experimental research has found strong evidence between exposure to natural environments, physical activity and recovery from physiological stress and mental fatigue¹.

Motivation to improve lifestyles is associated with exposure to appropriate natural environments. Sensory gardens are nature-rich spaces that engage, encourage and enable healthy, active lifestyles associated with locally accessible green space². Positive mental health has been found to be protective against the impact of environmental stressors that lead to stress, depression and inactivity³.

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

Category: Original research
Presentation type: Lightning talk 5 minutes
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References:
How Obesogenic is My City? Key Results from the 2017 Healthy Auckland Together Monitoring Report

Dr. Michael Hale¹, Dr. Nick Eichler¹

¹Auckland Regional Public Health Service, Auckland

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

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

Category: Review
Presentation type: Lightning talk 5 minutes
Email: mhale@adhb.govt.nz
Lightning Presentation

Changing Our Food Environment: One small step at a time

Jane Wyllie¹, Arna McLeod²
¹Regional Public Health, Wellington, ²Waikato District Health Board, Hamilton.

Background: There is strong evidence that to change the direction of the obesity epidemic for New Zealand we will require significant changes to our food environments¹,². This was the rationale for the development of the National Healthy Food and Drink Policy for District Health Boards (2016), and to demonstrate public health leadership, but how do you achieve successful implementation? There are many challenges in translating theory into reality, when the accepted ‘norm’ includes the provision of high fat, high sugar and low fibre foods and these foods are the preferred choices for many people.

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

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

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

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

Arna Mcleod sponsored by Heart Foundation

Category: Programme
Presentation type: Lightning talk 5 minutes
Email: jane.wyllie@huttvalleydhb.org.nz

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

Rebecca Bell¹

¹Healthy Promotion Agency

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

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

Category: Knowledge translation
Presentation type: Oral 15 minutes
Email: r.bell@hpa.org.nz
Move More, Sit Less, Sleep Well: It's child’s play!

Martin Dutton¹
¹ Ministry of Health, Wellington

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

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

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

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

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

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

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

Conclusions:

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

Category: Review
Presentation type: Oral Presentation
Email: martin_dutton@moh.govt.nz
A Call to Action from the NZ Country Card Global Observatory for Physical Activity

Erica Hinckson¹, Dr. Harriette Carr², Melody Oliver³, Scott Duncan¹, Ralph Maddison³

¹Auckland University of Technology, ²Ministry of Health, ³Auckland University

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

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

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

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

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

Category: Original research
Presentation type: Oral 15 minutes
Email: erica.hinckson@aut.ac.nz
Nutrition in the Media: The good, the bad and the weird

Niki Bezzant¹

¹Healthy Food Guide

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

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

Category: Viewpoint  
Presentation type: Oral 15 minutes  
Email: niki.bezzant@hlmedia.co.nz
Rugby Fans in Training: A healthy lifestyle programme for overweight men

Elaine Hargreaves¹, Ralph Maddison², Samantha Marsh²

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

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

The underpinning principles of RuFIT: Men’s health is a significant issue for NZ, particularly with respect to rising levels of obesity¹. Yet, despite being concerned about their health and weight, men rarely engage with traditional weight loss programmes². RuFIT was created with the needs of men at the forefront to encourage engagement³. It is evidenced based, gender-sensitised for men (in content, style of delivery and being men-only), includes key behaviour change strategies⁴ and emphasises making small and sustainable lifestyle changes. While harnessing the power of the professional sports context to engage, motivate and empower men to improve their health⁵.

RuFIT concept development: RuFIT was adapted for the NZ context from the successful Football Fans in Training programme⁶. We undertook interviews with relevant stakeholders and focus groups with prospective participants, to address feasibility issues around RuFIT delivery and the content of the programme. Partnerships were also created between the Universities of Otago and Auckland and the Super Rugby franchises, Pacific and Māori health providers, regional sports organisations and the Heart Foundation to ensure successful delivery and evaluation of the programme.

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

Category: Programme
Presentation type: Oral 15 minutes
Email: elaine.hargreaves@otago.ac.nz

References:
WellSouth’s Everyday Food Retail Network Pilot Project: Marketing the national eating guidelines

Sophie Carty1, Louise Thompson1, Paula Randall1
1WellSouth Primary Health Network, Dunedin.

Background: Food and beverage marketing influences people’s eating habits – their food preferences, food requests and choices1. In New Zealand unhealthy food is heavily marketed, highly available and accessible2-3. However, changing the obesogenic environment is complex and requires buy-in from business and industry sectors. Research has found that in-store and point-of-purchase marketing techniques can increase the purchase of healthy foods, and in the United States a number of structured convenience store programmes have been introduced with positive effect4-6.

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

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

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

Category: Programme
Presentation type: Oral 15 minutes
Email: sophie.carty@wellsouth.org.nz

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

Susan Miller¹, Mary Cavanagh¹
¹MiCA Projects for the Liggins Institute, Auckland

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

Methods/Materials: Two complimentary professional development programmes are offered. The Healthy Start Education Programme comprises eight online modules exploring the science around why good nutrition and physical activity in early life is so important for lifelong health and facilitates self-reflection on how emerging evidence in this field could be incorporated into everyday practice. The Healthy Conversation Skills workshop explores evidence based skills and strategies to support people to identify and plan for lasting lifestyle behaviour changes¹,².

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

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

Presentation sponsored by The Heart Foundation

Category: Programme
Presentation type: Oral 15 minutes
Email: s.miller@auckland.ac.nz, m.cavanagh@auckland.ac.nz

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

Katie Adams

1Parks, Sport & Recreation, Wellington City Council.

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

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

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

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

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

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

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

Category: Programme
Presentation type: Oral 15 minutes
Email: katie.adams@wcc.govt.nz
How We Eat: Translating evidence into new population-level advice on eating behaviours in New Zealand

Dr. Harriette Carr¹, Sarah Gerritsen¹, Clare Wall², Louise McIntyre³

¹School of Population Health, FMHS, University of Auckland, New Zealand, ²Department of Nutrition, FMHS, University of Auckland, New Zealand, ³Public Health Group, Ministry of Health, New Zealand

This Workshop will have two parts:

1. Key findings of a new evidence based report, How We Eat, looking at modifiable behaviours related to diet and body size outcomes will be presented by the authors, Sarah Gerritsen and Clare Wall.

2. A discussion on how we can translate, disseminate and/or use the evidence based statements to better support our local communities and whānau will be led by Ministry of Health representatives, Dr. Harriette Carr and Louise McIntyre.

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

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

Category: Original Research
Presentation type: Interactive workshop 60 minutes
Email: harriette_carr@moh.govt.nz
Wai Ariki: Water is life - protect, uplift and sustain indigenous connections to water

Darrio Penetito-Hemara¹, Callie Corrigan¹

¹Toi Tangata, Auckland

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

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

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

Category: Original research
Presentation type: Interactive workshop 60 minutes
Email: darrio@toitangata.co.nz

Footnotes:
1. Taken from the case Winters v. United States, 207 U.S. 564 (1908).
2. In the United States many tribes are currently negotiating to convert these legal rights into "wet rights" to practically acknowledge their existence in the face of State allotments of water which did not respect the existence of these reserved water rights. In some areas, particularly where water is scarce, some cities purchase water allocations from the American tribes. Jon Hare, Indian Water Rights: An Analysis of Current and Pending Indian Water Rights Settlements. Washington, DC: Confederated Tribes of the Chehalis Reservation and Office of Trust Responsibilities, B.I.A., 1997
Collaboration for Collective Impact

Vikki Ham¹, Kerry Allan¹

¹Healthy Families Waitakere

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

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

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

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

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

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

Category: Programme
Presentation type: Interactive Workshop 60 minutes
Email: kerry.allan@sportwaitakere.nz
Comparison of Cycling Habits, Confidence, Support and Knowledge among Dunedin Children and Adolescents

Dana Lawrie¹, Tessa Pocock¹, Kek Chiew Ching¹, Siobhan McArthur¹, Charlotte Flaherty², Sandra Mandic¹

¹Active Living Laboratory, School of Physical Education, Sport and Exercise Sciences, University of Otago, Dunedin, ²Dunedin City Council, Dunedin

Background: In New Zealand, rates of cycling to primary and secondary school have declined. Cycle skills training (CST) gives children the skills and confidence to cycle safely in traffic. CST conducted in a traffic-free environment improves knowledge2,3 and cycle skills3-5 in children. Adolescents also perceived that CST would make them safer in traffic6. Whether the current CST programmes should be modified for adolescents remains unknown. This study compared cycling habits, confidence, support and knowledge of road rules among Dunedin children and adolescents. A total of 274 females (113 children and 161 adolescent) enrolled in CST completed a questionnaire about cycling-related habits, confidence, social support and knowledge.

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

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

Key messages:

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

Poster presentation sponsored by The Heart Foundation

Category: Original research
Presentation type: Poster
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Full reference list available on request to info@ana.org.nz
Cycling Action Network

Patrick Morgan

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

CAN aims to:

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

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

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

1. Get kids biking to school
   - 6% of all kids’ trips to school by bike by December 2020
   - 30kmh zones around 50% of urban schools by December 2020

2. Build bicycle-friendly cities
   - 2000km of cycleways by 2020, more of them separated

3. Fresh approach to road safety: Vision Zero
   - Vision Zero – no deaths or serious injuries on New Zealand roads.

More people on bikes, more often

Category: Programme
Presentation type: Poster
Email: patrick@can.org.nz
Healthy Nature Healthy People – Connecting the two

Helen Gillespie¹

¹Department of Conservation

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

The key principles of Healthy Nature Healthy People are:

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

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

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

Category: Programme
Presentation type: Poster
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Healthy Start Workforce Project: Supporting health practitioners as agents of change

Susan Miller¹, Mary Cavanagh¹

¹MiCA Projects for the Liggins Institute, Auckland

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

Methods/Materials: Two complimentary professional development programmes are offered. The Healthy Start Education Programme comprises eight online modules exploring the science around why good nutrition and physical activity in early life is so important for life long health and facilitates self-reflection on how emerging evidence in this field could be incorporated into everyday practice. The Healthy Conversation Skills workshop explores evidence based skills and strategies to support people to identify and plan for lasting lifestyle behaviour changes¹,².

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

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

Category: Programme
Presentation type: Poster
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Paying for the Price of Convenience: Comparing the cost of takeaways with healthier home-cooked meals

Sally Mackay¹, Holly Xie², Stefanie Vandevijvere¹, Amanda Lee³, Boyd Swinburn¹⁴

¹School of Population Health, University of Auckland, ²Faculty of Medical and Health Sciences, University of Auckland, ³The Australian Prevention Partnership Centre, Sax Institute, Australia, ⁴World Health Organization Collaborating Centre for Obesity Prevention, Deakin University, Australia

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

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

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

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

Category: Original research
Presentation type: Poster
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Quantifying Children’s Exposure to Outdoor Food Advertising

Michelle Barr¹, Louise Signal¹, Moira Smith¹, James Stanley¹, Tim Chambers¹, Jiang Zhou², Alan Smeaton², Cathal Gurrin², Aaron Duane², Cliona Ni Mhurchu³

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

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

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

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

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

Category: Original research
Presentation type: Poster
Email: michelle.barr@otago.ac.nz
Vegetables.co.nz: Working with you to inspire increased vegetable intake

Pip Duncan¹
¹Vegetables.co.nz, Wellington

One of the most fundamental and enduring food recommendations is to eat sufficient vegetables. Consuming at least five servings of vegetables and fruit each day, three of which should be from vegetables, reduces risk of non-communicable disease¹. However, 35 per cent of adults do not eat the recommended amount of vegetables².

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

Category: Viewpoint
Presentation type: Poster
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