

Agencies for www.ana.org.nz

NUTRITION ACTION

Nga Takawaenga Hapai Kai Hauora



Evidence & Action

ISSUE 43 :: JULY 2011

In this issue...

2. Homemade meals enjoyed more than store-bought takeaways
Welcome to our new look newsletter
3. The rules of engagement for Māori and Pacific cultures
H.E.A.T - Healthy eating action training
4. Rethinking our Future conference reflections
5. New advocacy tool: Parents Voice
What's new?
6. 10 tips to reduce cancer risk
7. New from the journals
8. Coming events



GUEST EDITORIAL...



Warm greetings from the Pacific languages spoken in Aotearoa!

Kia Ora, Malo e lelei, Talofa lava, Kia orana, Fakaalofa atu ki a mutolu oti, Bula

vi naka, Taloha ni, Kam na mauri, Namaste, Aloha mai, Lorana, Alofa atu, Halo olketa, Noa 'ia 'e mauri, Koe kia, Malo le kataki, Talofa, Kulo malulo, Kaoha nui, Ali'i, Dada namona, Kaselhia Maign, bonjour and hello!

Pacific Island Food and Nutrition Action Group (PIFNAG), was established in response to the need for stronger health leadership and advocacy for New Zealand's Pacific communities. The group's strength comes from its diverse membership representing the multi-ethnic groups of the Pacific and health professionals such as dietitians, nutritionists, researchers, community health workers, community advocates and nurses.

Over the years, PIFNAG has worked in partnership with government and community organisations. PIFNAG has played key advocacy and advisory roles in the 2002 Children's National Nutrition Survey, Food and Nutrition Guidelines for Children and Young People, Clinical Weight Management Guidelines E-Learning Tool and 2008/09 National Adult Nutrition Survey. To raise community awareness of obesity, diabetes and other food related illnesses,

PIFNAG worked with Agencies for Nutrition Action (ANA) to organise the annual Tino Lelei Fono. This year PIFNAG worked in collaboration with the NZ Nutrition Foundation on their Food Week.

Recently, PIFNAG was successful in securing extra funding which will allow for a number of exciting new developments. In two months we will be launching a website. This will provide up to date information on PIFNAG activities and other issues relevant to Pacific nutrition and physical activity.

In the next five years PIFNAG will continue advocating for Pacific health and wellbeing. A Pacific caucus, facilitated by PIFNAG at this year's ANA Conference, highlighted the need for PIFNAG to continue driving Pacific specific resolutions to the nutritional challenges our communities face. By working in partnership with ANA, PIFNAG aims to ensure best-practice and evidence based Pacific solutions are promoted.

We welcome anyone interested in promoting Pacific nutrition and physical wellbeing to join PIFNAG. Please contact Tai Faalogo on pifnag.secretary@gmail.com for more information.

In the meantime, watch this space, the PIFNAG website is coming soon!

Soana Muimuiheata
Co-chair
PIFNAG





Homemade meals enjoyed more than store- bought takeaways

Families often see takeaways as an easy, hassle-free option the whole family can enjoy...

"... I can use that (leftover money after the main shop) for takeaways later in the week when I get home and I'm tired and do not want to cook. It's a treat for me and the kids. Everyone is happy."

However, when given the opportunity to make and taste new meals as part of a recent Health Sponsorship Council qualitative research project, these families enjoyed their homemade takeaway-style meals more than store-bought takeaways...

"It was so fresh, tasty, and more healthy. I like takeaways, but this meal (easy cheesy burgers) was a much better version of the one you can buy at a takeaway."

The burger meal was the most popular meal with participants as it was seen to be the most filling or substantial and could be easily customised to suit each family member's individual tastes, e.g. if a child didn't like tomato or beetroot they could easily omit it from their burger. One male participant said...

"The taste of the patties was mean. Easy to make. I liked that I could leave out the ingredients I didn't like"

Takeaways tended to be bought in the days leading up to the next main shop as that was when household food supplies were running out. Takeaways were usually purchased as a supplement to a meal, e.g. hot chips or fried rice were bought as a side dish so the meal was part takeaway and part home-prepared food. There were a number of reasons for this – the home-prepared food would 'go further'; the cost of purchasing takeaways for the whole family was reduced; parents knew their children would eat takeaways; less preparation was needed; and there were fewer dishes.

Parents tended to have a set repertoire of meals and a standard shopping list. Although they were keen to try new meals and add to this repertoire, they were concerned that if their family didn't like the meal they would have wasted time, money, food and effort. Therefore, for new meal ideas to appeal to parents these new meals, such as healthier options or takeaway alternatives, needed to use similar ingredients and be of similar preparation time and cost as the meals they currently make.

"...I would just like to be creative and interesting with what we have in our pantry and fridge. If I can come up with different ways where our bag of mince can make a grand entry, that would be great. The cooking shows, like Jamie Oliver and others, are excellent but I can't get the ingredients they have and most of what they have are things I do not have. I want to make what I have work with minimal additions of effort and ingredients as possible."

Go to www.feedingourfamilies.org.nz/content/research for a summary of this qualitative research project. Or contact Michelle Mako, Programme Manager, Health Sponsorship Council – michelle@hsc.org.nz or 04 472 5777.

Thank you to the Nutrition Foundation for their input into this project, which was commissioned by the Health Sponsorship Council to inform the development of the Nutrition Foundation's Food Week 2011.

WELCOME TO OUR NEW LOOK NEWSLETTER

We hope you like our new look newsletter now titled 'Evidence and Action'.

As many of you are aware, Agencies for Nutrition Action recently commissioned an external evaluation of our services. We were pleased to see that many of you read our newsletter and are satisfied that it is meeting your information needs.

Over the next year we aim to further increase the value of our newsletter to your work. One area we will be working on is making research more accessible to you. We also plan to bring you more information on best practice approaches for improving nutrition and increasing physical activity in Māori, Pacific, Asian and other high need communities.

We always welcome suggestions and feedback and hope our newsletter continues to be a useful source for information on evidence and action in the nutrition and physical activity sector.

If you have any suggestions or feedback on the newsletter, please contact Julia Lyon (ANA, National Coordinator) on julia@ana.org.nz.



Learning the rules of any activity whether it is sport or a hobby or even what to do in another person's home takes guidance,

information, practice and understanding.

We begin this process by first having a desire to learn, to know what to do and how to behave. We look for a guide who is able to offer the techniques and skills needed to begin the process. Individually we all learn at different levels. Some of us will grasp concepts very quickly while others may struggle to understand what is being taught. There may be barriers to the discovery of new concepts and perspectives, but for each of us if the desire is true and the focus is self improvement the result will be achieved.

Can a culture change?

It has been stated at many a health conference that "cultures" don't necessarily change but "evolve" over

time. This evolution is a natural process of technology and will determine "how" different cultures access food but will not change "why" it is done. There are fundamental traditions, customs and understandings which are unique to different cultures. As a language identifies one culture from another, so too will these generational practices. These will never change.

What do you want Māori & Pacific people to know?

There are so many health services that believe Māori and Pacific people need to have a greater understanding of what "healthy" means. The process of bringing this information to the people is largely dependent on how the invitation is extended. *Here are a few questions to consider:*

- Why do you believe Māori and Pacific people need education on healthy choices?
- Do you believe they are all unhealthy?
- How do you begin to influence a behaviour that has been handed down

for the last four generations?

- How do you respond to big is beautiful?
- If a culture does not have a problem with body size or food choices then who has the problem?

These are only a few of the questions that we need to have an understanding of before we can engage with a cultural behaviour outside our own.

To know the people is to understand the people

In making this statement it needs to be reiterated that as health providers or clinicians, you do not have to agree with a culture's diet or lifestyle choices. What is required is an understanding of why these choices are made and then according to the "rules", what needs to be learnt so that you can engage.

Donna Frost
Field Officer - Diabetes Prevention
HOPE Programme Designer
Facilitating & Teaching Trainer
Diabetes Auckland

H.E.A.T - Healthy eating action and training



The Heart Foundation, in partnership with the Hospitality Standards Institute (HSI), has developed a resource for chefs and caterers to obtain a national qualification in nutrition.

Unit Standard 13343 demonstrates knowledge of basic nutrition in commercial catering and is ideal for chefs, caterers, teachers, menu planners, supervisors and students with an interest in catering. The resource for this unit standard is called H.E.A.T. (Healthy Eating Action and Training). The content is based on basic nutrition principles and their application in commercial catering.

The resource was developed in response to a widespread need for nutrition training as there was no stand alone nutrition training for chefs and caterers in New Zealand.

The first course was held in Wellington in April 2010. Participants included chefs, caterers and policy makers from New Zealand Army, Department of Corrections, contract catering companies, early childhood centres, boarding schools and healthcare organisations.

The Heart Foundation and HSI actively promote the course and its roll out into all catering sectors. As the course is registered on the New Zealand

Qualifications Framework, it can be purchased by any registered training establishment through HSI.

Unit Standard 13343 has also been embedded in the Cookery Modern Apprenticeship - Food Services Programme and an Allied Health Assistant Programme. It is being offered at MIT and WELTEC later this year. Several residential care organisations and contract catering companies are offering the course in house. Secondary schools who are accredited to teach Level 3 Unit Standards can teach this Unit Standard. Interest in the programme has seen it increase its reach from nine schools in 2010 to over 40 schools applying for accreditation in 2011.

Candidates attend the three day course over three weeks, with assignment work between sessions and an assessment on the final day. The trainer is a nutritionist with catering experience, who may also be the course assessor. To assess this course the trainer must hold Unit Standard 4098 and have Unit Standard on their scope.

For more information email:
pipd@heartfoundation.co.nz

Pip Duncan
Advisor, Foodservice and Hospitality
Heart Foundation

Rethinking our Future Conference Reflections

At the beginning of May, over 220 physical activity and nutrition experts from all over the country, as well as overseas experts, gathered at the Agencies for Nutrition Action (ANA) conference in Auckland.

The conference provided a space to share experiences and knowledge. Evaluations showed many delegates left determined to focus more on evaluation, thus building the case for investment in prevention. Others left keen to collaborate more closely with colleagues and the community. The conference facilitated a 'cross pollination' of ideas, research, programmes and resources between people working in different regions and settings.

The top two take home messages from the conference were:



Stand up, sit less, move more!

Professor David Dunstan from the Baker IDI Institute in Melbourne told delegates that incidental activity has slowly been eroded from most of our lives and he said that too much sitting is bad for our health.

"Muscle contractions are vital for many of the body's regulatory processes, including helping to regulate blood glucose levels over the day. For example research has shown people who sit less have lower blood glucose levels.

"We've been a bit short sighted in public health, putting all our eggs into one message of '30-60 minutes of moderate to vigorous exercise' when it constitutes such a small proportion of the day."

His suggestion was to push the notion of adopting a 'whole of day' approach to physical activity promotion using the simple message, 'stand up, sit less, move more'.

"Evidence from population studies suggests that the good effects of achieving the recommended amounts of exercise are eroded if you spend the other 15 and a half hours a day sitting or moving only slightly."

He said workplaces needed to take the lead in providing more opportunities for people to move more.



Simplify our messages!

Dr Rosemary Stanton, one of Australia's best known nutritionists, said healthy eating messages, while scientifically correct, were confusing people and has encouraged the food industry to further increase the number of foods available.

"When nutritionists wanted people to eat less saturated fat, we meant cut the fat off your meat, use low-fat dairy products and don't fry everything. But what we got was thousands of new low fat foods where the fat had been replaced by sugar and various starches but the kilojoules were still there.

"We're telling people 'look for snack foods that have less than X milligrams of something bad or more than X milligrams of something good', when what we really should be saying is 'stop snacking'."

She also said people waste a huge amount of fresh food because they don't have the time or the skills to cook it. Rosemary said the message of 'buy less to avoid waste and save money' was a much needed approach to healthy eating that may be a better motivator for people than being told not to do or eat something because it's bad for their health, or because it'll make them put on weight or because the doctor said so.

Conference evaluations showed other key take home messages included:

- Educate, legislate, and discriminate (See Geoff Simmons - Prescription for Change)
- Our sector needs more leadership and a shared focus (General)
- Do less but do it more effectively, evaluate, collaborate and get creative (General)

All presentations are available at www.ana.org.nz/conference11

Thank you to our sponsors, the Ministry of Health, Health Sponsorship Council, Cancer Society and 5+ a Day. We also thank all exhibitors, plenary and concurrent presenters for making the 2011 ANA conference such a success.

NEW ADVOCACY TOOL: PARENTS VOICE



PARENTS VOICE

IT TAKES A COMMUNITY TO RAISE A CHILD.
MANA MĀTUA
KO TE TOI O NGĀ ORA, KO TE WHANĀU ORA.

Parents Voice is an online network of parents, whānau and caregivers who advocate for healthier food and physical activity for children in New Zealand.

Register online and have your say www.parentsvoice.org.nz

Parents Voice is a new online network for New Zealand parents, whānau and caregivers who want healthier food and physical activity environments for their children. It is modelled on the successful Australian Advocacy Network Parents Jury (www.parentsjury.org.au). The basic concept for Parents Voice is built on the following steps:

- Parents, whānau and caregivers sign up online as members to Parents Voice (membership is free).
- Member's complete online surveys on topical public health nutrition and physical activity issues.
- Survey results are used in the media to advocate for environments that support healthy eating and regular physical activity in children.

One of the unique strengths of Parents Voice is that parents, rather than health professionals, act as media spokespeople. They therefore have the potential to mobilise other parents to voice their concerns. In addition, they may be more likely to grab the attention of decision makers, given health professionals are typically the ones advocating in the media.

Parents Voice was established through a partnership of non-government organisations including the Cancer Society, Te Hotu Manawa Māori and Fight the Obesity Epidemic.

The advocacy strength of Parents Voice will increase as its membership grows. The official Parents Voice website will be launched in the next couple of weeks. The website address will be www.parentsvoice.org.nz - we will let you know when it is officially launched. We encourage you to promote Parents Voice to the communities, whānau and caregivers you work with. For resources to help you promote Parents Voice contact parentsvoice@rocketmail.com.

In the meantime check out the Parents Voice facebook page at www.facebook.com/#!/pages/Parents-Voice/195225570509998.

What's New

ADDRESSING THE GLOBAL NCD CRISIS

The international NCD alliance and NCD action group have proposed five priority actions to respond to the global crisis of non-communicable diseases. These are: sustained political leadership at the highest levels; support for the strengthening of health systems, particularly in primary healthcare; international co-operation; monitoring systems and accountability mechanisms for measurement; and reporting of progress. For more information visit www.thecommonwealth.org/news/236456/090511ncdlancet.htm

ASSESSING THE OPTIONS TO USE THE REGULATORY ENVIRONMENT TO PROMOTE LOCAL PHYSICAL ACTIVITY AND HEALTHY EATING

Take a look at the options for Local Governments to improve physical activity and healthy eating in this new report www.heartforum.org.uk/resources/nhf-publications/?entryid30=7172&cord=DESC&cid=55396

GLOBAL STATUS REPORT ON NCDS

Find out the 'best buys' for reducing non-communicable diseases in this new WHO report: www.who.int/nmh/publications/ncd_report2010/en/index.html

NEW NICE GUIDANCE ON THE PREVENTION OF TYPE 2 DIABETES

In May NICE published new guidance on preventing type 2 diabetes in the general population, and among high-risk groups. To download a copy of the report visit www.nice.org.uk/guidance/PH35

THE POTENTIAL OF SAFE, SECURE AND ACCESSIBLE PLAYGROUNDS TO INCREASE CHILDREN'S PHYSICAL ACTIVITY

Get up to date on the benefits of playgrounds for young people at www.activelivingresearch.org/files/ALR_Brief_SafePlaygrounds.pdf

NEW HEAD AND NECK CANCER NUTRITION GUIDELINES

Find out the latest guidelines for the nutritional management of patients with head and neck cancer at http://wiki.cancer.org.au/australia/COSA:Head_and_neck_cancer_nutrition_guidelines.

HEALTHY WORKPLACES: A MODEL FOR ACTION (FOR EMPLOYERS, WORKERS, POLICY-MAKERS AND PRACTITIONERS)

Check out this WHO framework for the development of healthy workplace initiatives adaptable to diverse cultures and workplaces. www.who.int/occupational_health/publications/healthy_workplaces_model.pdf

NZ DIABETES RATES AMONG THE HIGHEST IN THE DEVELOPED WORLD

A new study published in the Lancet by the World Health Organization found New Zealand was among the top five nations in the world where blood glucose levels indicated diabetes was highest. For more information visit [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60679-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60679-X/fulltext).

Let's talk...

Healthy Living



The Cancer Society has a number of resources to promote healthy living.

The information is evidence-based. It is reviewed by teams of experts and lay people to ensure the information is accurate and can be clearly understood.

Visit the web site to see the variety of information which can be ordered through your local Cancer Society office.



Cancer Society

Te Kāhui Matepukupuku
o Aotearoa

Ten tips to reduce your cancer risk:

- ✿ Keep to a healthy weight - be as lean as possible, especially around your waist
- ✿ Be physically active as part of everyday life
- ✿ Avoid sugary drinks and processed sugary foods
- ✿ Eat a variety of vegetables, fruits, whole grains and pulses, such as beans and lentils
- ✿ Limit the amount of red meat (beef, pork and lamb) you eat, and avoid processed meat, for example bacon and salami
- ✿ Limit alcoholic drinks to two for men and one for women a day, or less
- ✿ Limit the amount of salty processed food that you eat
- ✿ Get as many nutrients and minerals from food rather than taking supplements (vitamin pills)
- ✿ It is best to breastfeed your baby for the first six months then continue while offering new foods
- ✿ After cancer treatment, follow the tips above

National Office
Level 2
69 Molesworth Street,
Thorndon, PO Box 12700
Wellington 6144
04 494 7270

Cancer Information Helpline
0800 CANCER (226 237)

Peer Support
CancerConnect 0800 226 237

Online Forum
CancerChatNZ
www.cancerchatnz.org.nz

Email a Nurse
info@cancersoc.org.nz

www.cancernz.org.nz

NEW FROM THE JOURNALS

Relationship between the family environment and school-based obesity prevention efforts: can school programs help adolescents who are most in need?

Bauer KW, Neumark-Sztainer D, Hannan PJ, Fulkerson JA & Story M. Health Education Research, 2011.

This study explored whether a supportive family environment increased the likelihood of behavior improvement amongst adolescent girls participating in a school-based obesity prevention intervention. Adolescent girls (n=135) and one parent of each girl were included in the analysis. At baseline, parents completed surveys assessing the family environment. At baseline and follow-up (9-12 months later) girls' behaviours were self-reported, height and weight measured and body fat assessed using dual energy x-ray absorptiometry. Results showed few associations between the family environment and the girls' likelihood of improving behavior, body mass index or body composition. These findings suggest that in general, school-based interventions offer similar opportunities for adolescent girls to improve their physical activity, dietary intake and weight, regardless of family support.

Determinants of children's use of and time spent in fast-food and full-service restaurants

McIntosh A, Kubena K, Tolle G, Dean W, Kim M, Jan J & Anding J. Journal of Nutrition Education and Behavior. 2011: 43 (3) p 142-149.

The aim of this study was to identify parental and children's determinants of children's use of and time spent in fast-food (FF) and full service (FS) restaurants. Parents were interviewed by phone and children interviewed in their homes. Three hundred and twelve families were identified through random-digit dialing. The main outcome measures were: the use of and time spent in FF and FS restaurants by children. The determinants included parental work schedules, parenting style and family meal ritual perceptions. Analysis showed parental work schedules, father's use of FF and FS restaurants and children's time spent in the family car were related to time spent in FF and FS restaurants. The researchers

concluded parenting style, parental work, parental eating habits and perception of family meals influences children's time spent in FF and FS restaurants.

Perceived barriers and incentives to increase physical activity for Pacific mothers in New Zealand: findings from the Pacific Islands Family Study.

Schluter P, Oliver M, Paterson J. Australian and New Zealand Journal of Public Health. 2011: 35 (2) p 151-158.

This study aimed to describe and compare Pacific and non-Pacific mothers' perceived barriers and incentives to physical activity (PA). The study used data from the Pacific Islands Family Study, SPARC Obstacles to Action survey and the Child Parental Physical Activity and Body Size study. Results showed all barriers but one were significantly more influential for non-Pacific Mothers than Pacific mothers and all incentives but one were significantly more likely to succeed for non-Pacific mothers. Pacific mothers' perceptions of barriers and incentives to PA were similar between body mass index and accelerometer quantified groupings. The researchers concluded Pacific mothers appear not to see PA as an issue of importance. They also concluded that culturally appropriate approaches aimed at improving PA and health are needed to engage Pacific mothers in New Zealand.

Political activity for physical activity: health advocacy for active transport

Richards R, Murdoch L, Reeder A, Amun Q. International Journal of Behavioral Nutrition and Physical Activity. 2011: 8 (52).

The aim of this study was to describe features of advocacy for active transport via submission to city council annual plans in New Zealand, and the impact of the availability of an information sheet to encourage the health sector to be involved in this process. The study found that the largest category of submissions was in support of pedestrian and cycling infrastructure, design and maintenance of facilities and additional features to support the use of these transport modes. Health arguments featured prominently in justifications for active transport initiatives, including concerns about injury risk, obesity, physical inactivity, personal safety and facilities for people with disabilities. There was

evidence that the information sheet was utilised by some health sector submitters, providing tentative support for initiatives of this nature. The study provides novel information about the current nature of health advocacy for active transport and informs future advocacy efforts about areas for emphasis, such as health benefits of active transport, and potential alliances with other sectors such as environmental sustainability, transport and urban planning and local communities.

The association of food security with psychological distress in New Zealand and any gender differences

Carter KN, Kruse K, Blakely T, Collings S. Social Science & Medicine. 2011: 72 (9) p 1463-1471

Researchers at the University of Otago's Department of Public Health in Wellington investigated the association of food insecurity with psychological distress in New Zealand, controlling for socioeconomic factors. They also examined the association in males and females. Using data from the Survey of Families, Income and Employment (N = 18,955), respondents were classified as food insecure if, in the last 12 months, they: used special food grants/banks, had to buy cheaper food to pay for other things, or went without fresh fruit and vegetables often. Psychological distress was measured using the Kessler-10 scale. Logistic regression analyses were used to investigate the association of food insecurity with psychological distress. Interaction models were used to investigate the interaction between food security and gender. A strong relationship between food insecurity and psychological distress was found (crude odds ratio = 3.4). Whilst substantially reduced, the association remained after adjusting for confounding demographic and socioeconomic variables (adjusted odds ratio 1.8). The findings were consistent for men and women, but women reported higher levels of distress. Food insecure men were 60 percent more likely to suffer distress while women were 110 percent more likely. These results suggest that New Zealanders who do not have enough access to nutritious and affordable food have higher levels of distress than people who are food secure.

Coming Events

JULY

14 July 2011, The Sir Neil Waters Lecture Theatres, Gate One, Massey University, Albany, Auckland.

FEEDING ISSUES DURING INFANCY AND CHILDHOOD: A ONE-DAY SYMPOSIUM FOR HEALTH PROFESSIONALS.

Sessions will include presentations on the latest research, interactive sessions on clinical issues, the scientific basis for current feeding recommendations, solutions when feeding is an issue, as well as panel discussions with a wide range of experts to answer key questions. For more information visit <http://nutritionsymposia.massey.ac.nz>

21 July 2011, Hamilton Gardens Pavilion, Hamilton.

NUTRITION AND THE OLDER PERSON - MEALS DO MATTER

The Nutrition Foundation Committee for Health Ageing, in partnership with the Waikato Branch of the Association of Gerontology invites you to attend this seminar. Visit www.nutritionfoundation.org.nz/whats-on for more information.

21 July 2011, Hamilton Gardens Pavilion, Hamilton.

WHAT YOU EAT MAKES A DIFFERENCE

The NZ Nutrition Foundation in association with the NZ Association of Gerontology is hosting a free community seminar for over 60 year olds. If you are interested in attending contact Sue Pollard - sue@nutritionfoundation.org.nz or phone (09) 489 3417.

AUGUST

22-24 August 2011, Rutherford Hotel, Nelson.

DIETITIANS NZ NATIONAL CONFERENCE

This year's theme is 'WOW: Global - Local - Us'. Visit www.dietitians.org.nz for more information.

31 August - 2 September 2011, Lincoln University, Christchurch.

PUBLIC HEALTH ASSOCIATION OF NZ NATIONAL CONFERENCE

For more information on this year's PHA conference visit www.pha.org.nz.

26-28 September 2011, Brisbane Convention Centre, Brisbane.

PUBLIC HEALTH ASSOCIATION OF AUSTRALIA NATIONAL CONFERENCE

Visit www.phaa.net.au for more information on the 41st PHAA National Conference themed 'Sustainable Population Health'

OCTOBER

20-22 October 2011, National Wine Centre of Australia, Adelaide.

AUSTRALIAN AND NEW ZEALAND OBESITY SOCIETIES ANNUAL SCIENTIFIC MEETING

Visit www.eventc.com.au/ANZOS2011/index.html for more information.

NOVEMBER

16-18 November 2011, Forsyth Barr Stadium, Dunedin.

NEW ZEALAND RECREATION ASSOCIATION NATIONAL CONFERENCE

The theme this year is 'Recreation - we've got it covered'. Visit www.nzraevents.org.nz for more information.

22-23 November 2011, Grand Chancellor, Hobart.

PUBLIC HEALTH ASSOCIATION OF AUSTRALIA, 2ND FOOD FUTURES CONFERENCE

The theme is 'Joined up food policy'. For more information visit www.phaa.net.au.

JANUARY 2012

16-17 January 2012, Adelaide Australia

AUSTRALIAN CYCLING CONFERENCE

This Australian Cycling Conference aims to develop the quality of cycling research, planning and infrastructure provision in Australasia. Visit the www.australiancyclingconference.org/ for more information.

FEBRUARY/MARCH 2012

NZ WALKING AND CYCLING CONFERENCE

Discussions are currently underway for a combined Living Streets Aotearoa (LSA) and Cycling Advocates Network (CAN) joint conference. Keep an eye on www.livingstreets.org.nz or www.can.org.nz for more information.

SEPTEMBER 2012

5-8 September 2012

INTERNATIONAL CONGRESS OF DIETETICS, Sydney, Australia.

The theme is 'LEAP: Leadership, Evidence and Advancing Practice'. Visit www.icd2012.com for more information.

OCTOBER 2012

5-7 October 2012

LA LECHE LEAGUE NZ NATIONAL CONFERENCE, Christchurch.

Visit www.lalecheleague.org.nz for more information.

Editors Note:

Views expressed in this newsletter do not represent the views of Agencies for Nutrition Action, its member organisations or its funders.

This newsletter was produced by: Agencies for Nutrition Action, PO Box 5680, WELLINGTON 6145.

Please direct any queries regarding this newsletter to 04 499 6365 or julia@ana.org.nz.

We are grateful to the Ministry of Health for supporting this newsletter.