



Awareness, use and perceived effectiveness of Government-funded programmes and services aimed at preventing and reducing child obesity in New Zealand

A consumer perspective

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# 1.0 Executive summary

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This report provides consumer input to a larger project being completed by the Office of the Auditor General (OAG) in order to examine whether or not the public service is effectively working towards preventing and reducing obesity to improve children's health now and into the future.

This report provides commentary based on four focus groups conducted in Auckland between the 25th and 28th of February 2013, with Māori and Pasifika parents of children aged 5 to 14 years of age.

## Key findings – What did the research tell us?

There are four key findings:

- 1. Child obesity is widely recognised as an issue affecting the health and wellbeing of many children in New Zealand, particularly those in Māori, Pasifika, low-income and urban households.**

Child obesity is of particular concern to Pasifika parents. The Pasifika parents we spoke to were much more likely to say that obesity (in general) was an issue within their own immediate family than were the Māori parents we spoke to.

Māori parents believe child obesity is mainly related to poverty, with many unable to afford to buy healthy, nutritious food for their families.

The cost and convenience of low quality foods and the over-abundance of take-away outlets in urban areas were also identified by Māori parents as contributing factors, as was a general lack of physical activity.

Although Pasifika parents also mentioned the same factors, the main issue for them was a cultural one, in which food and eating to excess plays an integral part. Pasifika people have also historically viewed big babies and children as a sign of health, strength and the children being well-cared for.

However, having attended funerals of people who had died due to obesity-related illnesses, Māori and Pasifika parents are very aware of the health implications of child obesity.

Despite this, the Māori and Pasifika parents we spoke to said they would not become concerned about a child's weight unless there were signs that it was affecting the child's physical or mental state.

## **2. The awareness of services and programmes varies.**

The Māori parents we spoke to (from the Orakei and Waitemata areas) were not aware of any services or programmes in their communities that are available to improve health issues related to child obesity.

In contrast, the Pasifika parents we spoke to (all of whom were from South Auckland), were aware of many such programmes.

## **3. A number of barriers were seen to inhibit access and on-going participation in these types of services and programmes.**

These include:

- Low awareness of the programmes and services available.
- Financial cost of attending programmes and services.
- Apathy or a lack of motivation in attending obesity-related programmes and services.
- Not being able to connect with the service provider because they are not from the local area, are not of the same ethnicity, or because they lack the enthusiasm or ability to keep participants motivated and engaged.

## **4. Where programmes and services have been accessed, participants are generally satisfied with the standard of service provided.**

The types of programmes considered most successful were those that:

- Involved the whole family (i.e. parent(s) and children together).
- Involved a combination of physical activity and practical advice/information about nutrition and how to prepare healthy (and appealing) meals.
- Involved more than one session per week.
- Involved on-going support and encouragement between sessions (via phone calls or text messages).
- Were run by professionals with ties to the local community.
- Were provided free of charge.

## 2.0 Introduction

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This section provides important background information about this research, including why it was completed, what we wanted to find out and how we did it.

### 2.1 Background – Why was the research done?

Child obesity represents a significant health issue in New Zealand today, particularly amongst Māori and Pacific families.

The OAG is conducting a performance audit on child obesity, to see how effective the public service is in its efforts to prevent and reduce child obesity in New Zealand.

To help inform the audit, we conducted a series of focus groups with Māori and Pasifika parents to get their perspective (as potential end users) on the provision of obesity-related services.

#### 2.1.1 Research objectives – What did we want to know?

The research sought to answer the following questions:

- u To what extent do Māori and Pasifika parents see child obesity as an important issue in their homes and their community in general?
- u To what extent are Māori and Pasifika parents aware of the range of support and services that are available to improve health issues related to child obesity?
- u What if any barriers exist that are inhibiting access to these types of services and support programmes?
- u Where programmes and services have been accessed, how satisfied are participants with the standard of service and the facilities provided?

### 2.2 Methodology – What did we do?

Following an initial planning meeting with OAG, an interview guide was developed that listed each of the relevant topic areas that we wanted to explore relating to child obesity. Interview guides are not questionnaires as such, but a list or schedule of areas of relevant questioning which are used by Researchers to moderate focus group discussions. A copy of the interview guide used in this research can be found in Appendix A.

Following the development of the interview guide, we conducted four focus groups, interviewing a total of 31 Māori and Pasifika parents from Counties Manukau, Waitemata and Orakei, Auckland.

The group discussions were completed between the 25<sup>th</sup> and 28<sup>th</sup> of February, 2013. All participants were recruited on the basis that they were parents or guardians of children aged 5-14 years of age.

The first focus group was held in Waipareira, with Māori parents from the wider Waitemata DHB area. The second group was with Māori parents from Orakei.

Both of the two focus groups with Pasifika parents (and grandparents) were held in Otara, South Auckland. They included people from Samoa, the Cook Islands, Tonga and Tahiti. Participants from the first Pasifika group were all Island-born, having moved to New Zealand in their late teens or as adults. The other group consisted of Pasifika people who were born in New Zealand. This distinction was made so we could see if there were any differences in their views about child-obesity and their understanding of the goodness and nutritional value of particular foods.

The focus groups took around one and half hours each to complete. Light refreshments were provided and each participant was given a koha of \$60 in appreciation of their time and to cover their transport costs. None of the participants knew what the topic of the discussion was going to be, prior to attending.

Participants were recruited with the assistance of Māori and Pasifika community-based organisations. The Researchers who hosted the focus groups were themselves of Māori and Pasifika descent. The focus group with Māori parents was also co-hosted by our Māori research partner, from T&T Consulting.

## **2.2.1 Constraints and limitations**

The exploratory nature of the research and the type of information required, meant that the qualitative face to face approach used, was the most appropriate.

However, due to the number of interviews completed, qualitative research cannot be regarded as representative of the population from which the participants were drawn.

## **3.0 Extent to which Māori and Pasifika parents see child obesity as an important issue for their community**

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This section explores Māori and Pasifika parents' views about child obesity, including the extent to which they feel obesity is an issue for their own children, their wider community and/or specific population groups. We also explored what they believed were the main contributing factors behind child obesity and the ways in which obesity can affect their health.

### **3.1 Health-related issues affecting Māori and Pasifika children in New Zealand**

#### **Summary**

According to the parents we spoke to, there are many health-related issues affecting Auckland's Māori and Pasifika children. In this context, poverty was an underlying concern for many parents, with many implications resulting, including their ability to buy food of high quality and nutritional value.

However, child obesity was only identified as an issue on an unprompted basis by Pasifika parents.

#### **The primary issue identified by Māori parents as affecting the health of children in their community was poverty**

Māori parents said poverty was having a major impact on the diet and the nutritional value of the food eaten by children in the Auckland area, with many low-income parents struggling to provide healthy and wholesome meals for their families.

While Māori said parents knew their children should be eating fresh fruit and vegetables, financial constraints led many families to prioritise quantity over quality when purchasing food. Fresh fruit, vegetables and high quality meats were considered too expensive, particularly for larger families with many mouths to feed.

*Putting food on the table and sending the kids to school with lunch is a hard one.*

*The cheaper the food is, the more you're going to buy. I'd rather go to the Mad Butchers and buy \$10 sausages that are fully processed and get 50 of them, instead of going to Pak n Save and giving them \$10 and you get five.*

*Go for what you can afford. What you can get, in bulk. If you could only afford that, then you just have to make a feed out of that.*

Other health-related issues commonly identified by Māori parents as affecting children in their community included:

- ↳ Glue-ear
- ↳ Asthma
- ↳ Eczema
- ↳ Bronchitis
- ↳ Whooping cough
- ↳ Family violence
- ↳ Depression and suicide.

**While poverty was also mentioned by Pasifika parents, child obesity was more likely to be mentioned by this group**

When asked to identify what health-related issues were affecting children in their community, child obesity was one of the first issues identified by Pasifika parents without prompting. Whilst they felt poverty was a contributing factor behind obesity, for Pasifika parents the main hurdle was a cultural one. This is discussed in more detail in section 3.2.

Other health-related issues identified by Pasifika parents as affecting children in their community included:

- ↳ Glue-ear
- ↳ Asthma
- ↳ Eczema
- ↳ Bronchitis
- ↳ Rheumatic fever
- ↳ Diabetes.



## 3.2 Views on child obesity

### Summary

Further discussion confirmed that child obesity is widely recognised as an issue affecting many of New Zealand's children, particularly amongst Māori, Pasifika and low-income families. Child obesity was also considered to be more prominent in urban areas (i.e. Auckland) than in rural New Zealand, or in the Pacific Islands.

### **Māori are aware that obesity is an issue for Māori and Pasifika children, particularly those who are urban-based**

When prompted, both groups of Māori parents we spoke to acknowledged that child obesity was an issue in the wider Auckland area. However, parents from the Orakei area said child obesity was not an issue in their particular community. In fact, they struggled to think of any children in their area who were overweight.

This particular community is a very close-knit and centred around their local marae. The local iwi is actively involved with many of the families in their area, encouraging them to be physically active and motivated to make healthy choices in life. Healthy eating policies are in place for all iwi-based activities and hui, and also within their kōhanga reo. The application of these policies was evidenced in the choice of food provided at the focus group itself. The hosts were unaware of the topic of the research, yet the food provided was healthy and nutritious and included a range of fresh fruit and vegetables.

These parents also commented that obesity was not an issue for their children as they were all physically active. There were a number of local sports teams their children belonged to, and because it was considered a safe, child-friendly community where everyone looked out for one another's children, they were also encouraged to spend a lot of time playing outdoors.

*Looking around here, the kids have been alright – they pretty much 'burn' it all off. The kids are quite active around here. It's quite a big massive area not just one little box in your own back yard.*

*We're more aware of it and that's why our kids are into fitness. We allow them to mix and mingle and to play for 5 hours a night. They come home at 9 o'clock just before it gets dark.*

*We have heaps of sports teams. Every season we've got different types of sports going so that tamariki can be active.*

They did however acknowledge that obesity was an issue for other children in the wider Auckland area, particularly Māori and Pasifika children. Comparisons were also made between children living in the city as opposed to the more rural areas, where child obesity was considered less of an

issue. Respondents felt that rural-based children were less likely to be obese because they are more active, have less fast-food outlets and ready access to fresh fruit, vegetables and meat. They also felt that rural children tend to have a more positive and relaxed mental outlook compared to those in the city who are more exposed to peer pressure to look and behave in a certain way.

Māori from the Waitemata area also felt that child obesity was more prominent amongst Māori and Pasifika children, low income families, and that it was more of an issue amongst urban-based children as opposed to those who live in rural areas. However, this group also reported that child-obesity was an issue in their own community and for some, in their own homes.

This group of parents mainly attributed the issue of child obesity to poverty and easy access to fast foods. They felt it was ironic that the foods promoted by the Government as being the healthy options are the very foods they cannot afford.

### **Pasifika parents see child obesity (and obesity in general) as one of the most important issues affecting their community**

Pasifika respondents saw child obesity as a major issue for their community. However, while they felt Pasifika people are becoming more aware of the issue and beginning to take steps in the right direction, the biggest barrier is a cultural one, in which food (and excess) plays a major role.

*I think it's changing now; the children's well-being is taking over. There's been a big push even within our community. I've seen people out in the street now that I wouldn't normally see hitting the roads, walking as Pasifika families. You wouldn't have seen that in Otara 5 or 10 years ago. .*

*We're all Islanders and it's part of our culture. You know, we were brought up on pisupo (corned beef) and the kalo (taro). There is a risk when it comes to kids. What can I say? That's what we eat. We're all raised in that tradition.*

All Pasifika gatherings involve food. At special events and occasions (i.e. weddings, funerals, and birthdays), the hosts and their extended family are expected to provide an excess of food for their guests. In turn, the guests are expected to show their appreciation for the food by eating as much of it as they can.

*Because if you go to someone's house and they don't put on a good feed, you sorta think, 'whoa, that wasn't good' and then when people come to your house for dinner, you're expected to do the best that you can. It's like the food portrays the 'family mana'.*

*With us, we tend to go 'above and beyond'... and because of our poverty or our lack of income, we tend to go hard at the wedding or go hard at the 21<sup>st</sup> or the 80<sup>th</sup> because we're not sure how good the next meal is going to be ... we overindulge.*

*Our grandparents were always feeding us. I was like that with my kids, always make sure that they're full. I was telling my husband 'you know Palagi (Pakeha), they have*

*this little serving like with a potato, piece of meat and veges and they're full ... and a bit of dessert. But for us, we have to have the biggest plate with heaps on it and you're always asking the kids, 'are you full? You want something else to eat?' We just feed them until they're really full. So we eat until we drop, until we can't really do anything.*

It is also important to note that to Pasifika people, a big baby or child has traditionally been viewed as strong, healthy and well cared for. In contrast, a small baby or skinny child is considered weak, unhealthy and possibly neglected.

*Growing up, the perception was, that being big was being 'healthy'. That your parents had looked after you well because you were big.*

*If you have a baby and the baby is chubby – that's a good thing. If you have a skinny baby – they're like, 'are you feeding it?'*

In this regard, respondents felt that mothers needed more education and advice about good nutritional care for their babies. One respondent who works with young Pasifika mothers said there was a common misconception amongst Pasifika families that if a baby cries it must be hungry or not getting enough nutrition from breast milk alone. As a result, the baby is often given solids very early in life and encouraged to eat more than they actually need.

*I work with a lot of young mums and I've noticed that they are feeding their kids solids before they're even one. Starting from 3 months because they don't even know when to feed them solids. Parents and grandparents are saying 'the baby's hungry! You're breast milk is not filling the baby up!' Some of these babies are eating Happy Meals before they are one years old.*

Some Pasifika parents also mentioned that they themselves did not have treats or luxuries when they were growing up. So when they became parents, they wanted to give their children the things they felt they had missed out on. Because food is such an important part of Pasifika culture, these 'treats' are often based around food.

*I'll buy them McDonald's now and then as a treat. I say a 'treat' but then you get worried when they start throwing the [Happy Meal] toy away saying 'oh, I've got that toy! I've got all of those one's!'*

Recognising the fact that their own behaviour and that of their families before them, had inadvertently encouraged obesity amongst Pasifika children, a common Samoan phrase was quoted in both Pasifika focus groups, "Alofa valea" or "Killing them with kindness" (literal translation is "stupid love").

*Some of us, they feel proud when their kids are big. But it's wrong. And they just keep feeding them and feeding them. My brothers girls need to go the hospital nearly every week because of their breathing, because they are so big. And I always say to my brother you are alofa valea.*

Although this research was completed on a qualitative basis, and therefore has no statistical validity, it is interesting that around half of the Pasifika parents said child obesity was an issue within their immediate or extended family.

*I know that sometimes it hurts them (children) when we go to buy clothes. With their age group, there are clothes that won't fit them. For an Island girl, they're not too big. They're only 14 and 13. I don't want them to keep on putting it on. They say 'Mum, it's you! You keep on feeding us' ... that makes me feel really bad.*

*When I see them, I see me ... I have high blood pressure now and you know, I don't want them to go through what I have gone through ... I've got to change for them and for me.*

As well as the cultural issue, child obesity was also attributed to the cheap cost and easy accessibility of takeaways and convenience food. "Good" or healthy food was considered expensive and time consuming to prepare.

*It's really big. For my family, it's really easy for kids to walk out and buy junk food and stuff. There are heaps of takeaways. In Otara there's heaps of takeaways and it's easier for kids and families to pick up, go home and eat and it's a bit cheaper for them than actually buying 'healthy'.*

It was also mentioned that in today's world, families have little time to prepare or monitor what their children are eating. Both parents are often working, juggling other commitments and so food needs to be quick and easy. Mornings in particular were very rushed and often resulted in the parents giving the child a couple of dollars to buy themselves something to eat on the way to school.

*Pie and a soft drink - the perfect breakfast! At least with the pie, you know they're getting something warm.*

### 3.3 Health implications of child obesity

#### Summary

Māori and Pasifika respondents are well aware of the health implications associated with child obesity and obesity in general. Most reported having attended the funeral of a friend or family member who had died due to an obesity-related illness.

#### **Māori parents are aware of the health implications associated with child obesity**

The following illnesses and conditions were mentioned by Māori as being associated with obesity, for children and adults alike:

- Diabetes
- Breathing/respiratory problems (Asthma)
- Heart disease
- Skin problems (i.e. eczema)
- Mental health issues (depression, low self-esteem)
- Death.

At both focus groups with Māori, respondents mentioned having attended funerals of people who had died from obesity-related illnesses.

*It's been a big shift from what I remember as a kid with what we eat now. It also stems from us going to tangi. Our old people, some of them have died from diabetes, cancer, heart diseases - a lot of deaths from bad food.*

When asked about the health implications of children being overweight, one respondent reported having taken her 11 year old son to the doctor recently due to concerns about his weight and the effect it was having on his breathing. At 11 years of age, the boy's weight had reached 87 kgs.

This led to a discussion amongst participants about, at which point they would consider a child's weight to be a problem. One respondent said you could not label very young children as being overweight because most of them would 'grow out of it'. Others agreed that weight was not an issue until there were signs that it was directly affecting the child concerned, either in a physical sense (i.e. if they develop health problems, breathing problems, etc.) or if it was affecting their mental health (i.e. if they become withdrawn, depressed, are being bullied or excluded by their peers, etc.).

*Your boy [referring to another respondent], he's the same – he's a big boy. You can tell that he's going to grow into it. You can't label him as obese. It's just the way he is.*

### **Pasifika parents are also well aware of the health implications associated with child obesity**

Pasifika parents were also well aware of the consequences of obesity. At least half of the participants interviewed either had diabetes themselves, or had lost a family member to diabetes. Others said they had a family history of heart problems.

*I think it is changing. People are sort of more aware now because of all the sicknesses that are happening like diabetes, high blood pressure and dialysis. There are a lot of people in the community who are going through that ... people losing loved ones.*

Similar to the response from Māori, Pasifika parents identified the following illnesses and health-related issues associated with obesity in general:

- ∪ Diabetes
- ∪ Breathing/respiratory problems (Asthma)
- ∪ Heart disease
- ∪ Psychological issues (depression, bullying).

*I work with children and they're really wonderful but they can be mean sometimes. Because they're so honest, they tell kids how they really feel, but they're very shallow – they take things at face value and so if you look different, if you're the "fat kid" at school, then you're going to get picked on and be the 'butt' of the joke, an outcast.*

Pasifika parents also held similar views to Māori in terms of identifying the point at which their child's weight would become a concern. Although aware of the health consequences of obesity, it is not until the child is actually showing symptoms or signs that their weight is affecting them that parents are likely to become concerned about their child's weight or to see it as an issue.

*I think sometimes people think it's cute for kids to be that size. I don't think they take into account that it can be health hazard.*

*Some Pacific people would get quite offended even talking about this topic, obesity. Because they're like, that's normal! What's the problem?*

*I started talking to my daughter about how she felt. Her self-confidence and self-esteem had started to drop and that's when I identified that as an indicator - that something has to be done.*

## 4.0 Services and programmes available in the community to improve health issues related to child obesity

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This section explores respondents' awareness, experience and views of services and programmes available in their community to improve health issues relating to child obesity.

### 4.1 Awareness of services and programmes relating to child obesity

#### Summary

Awareness of services and programmes relating to child obesity was very high amongst the Pasifika respondents we spoke to, but practically non-existent amongst the Māori respondents who live outside the South Auckland area (i.e. those living in the Orakei and Waitemata areas).

#### **Māori parents were not aware of any programmes or services currently available in their community to address child obesity**

One Māori mother said that she had taken her child to the doctor as she was concerned about his weight. The child was now seeing a dietician.

Aside from the above example, none of the Māori respondents we spoke to were aware of any services or programmes currently available in their community specifically designed to address the issue of child obesity. A few initiatives such as "5+ a Day" and "Breakfast in Schools" were mentioned, but respondents believed that both of these programmes had been cancelled due to a lack of Government funding.

*The Government can play their part. I mean back in the day, I remember there was a lot of emphasis on healthy eating; '5+ a day' – all those kinds of initiatives. That's all gone now.*

## **Pasifika parents were aware of many services and programmes available in South Auckland**

In contrast, Pasifika respondents described a number of services and programmes that are currently available in South Auckland, ranging from healthy eating programmes in schools through to community-run exercise programmes.

<b>Programme/service</b>	<b>Description (as provided by the focus group participants)</b>
<b>Zumba classes</b> <i>(publically funded)</i>	<p>Exercise programme run through the Otara Leisure Centre. Zumba classes are held two nights a week. Available to the general public, but mainly consists of Pasifika people, from primary school age through to seniors. Admission fee is \$4. Classes are very popular and well-attended. Mainly promoted through word of mouth.</p> <p>Respondents did discuss whether or not they would consider attending one of these classes. While some did express interest in taking part, others were put off by the \$4 entrance fee.</p>
<b>Fruit in Schools</b> <i>(publically funded)</i>	<p>Seasonal fruit is donated to South Auckland primary schools by local suppliers/wholesalers. Children then load the fruit into buckets which are made available for students to help themselves. Deliveries are made twice a week.</p> <p>The initiative encourages children to try fruit (in some cases for the first time), by following the other children's example.</p>
<b>Breakfast Club</b> <i>(not publically funded)</i>	<p>Breakfast Clubs are available in a number of South Auckland primary and intermediate schools. While organised through the schools, the initiative is supported by other organisations such as Rotary and Lions Clubs and local businesses (i.e. Hubbards) who donate the food.</p> <p>The Breakfast Club provides students with breakfast at the school, generally consisting of cereal, toast and a drink.</p> <p>Some had become aware of the Breakfast Club through their child's school, although most recalled seeing it on a 2012 episode of Campbell Live.</p>



Programme/service	Description (as provided by the focus group participants)
<p><b>Healthy Eating programme/policies</b> <i>(publically funded)</i></p>	<p>Healthy Eating programmes involved schools placing restrictions on the type of food students are allowed to bring to school. A Heart Foundation representative is also invited to visit the school to talk to the children about nutrition.</p> <p>Having a representative advise Pasifika children about the types of food they should (or should not) be eating was not considered to be a very effective approach. Respondents argued that regardless of what the children might want to eat, parents have the final say on what food their child will be given.</p>
<p><b>Fit-life Otara Boot Camp</b> <i>(not publically-funded)</i></p>	<p>The Fit-life Boot Camp is a free exercise and nutrition programme. This outdoor programme runs for 6-8 weeks, with a 6:00 am start, three days a week. Anyone can sign up for the programme and while most participants are adults, children and teenagers are also able to attend. Participants represent a range of fitness levels from those who are obese or overweight, through to physically fit sports people looking to supplement their existing fitness regime. Most of those who attend are Pasifika or Māori.</p> <p>The programme is delivered by professionals in the fitness industry who are from South Auckland.</p> <p>Originally funded by the DHB, then run by a local church group, the Fit-life Boot Camp is now funded by East Tamaki Healthcare.</p> <p>The programme is promoted through Facebook and by word of mouth.</p>
<p><b>Youth exercise programme for the morbidly obese</b> <i>(not publically funded)</i></p>	<p>One respondent mentioned having seen a notice at the Otara Leisure Centre about a youth exercise programme that she thought her teenage sons might be interested in.</p> <p>Upon further investigation she discovered the entry requirement for the programme was that participants were 'morbidly obese'. This would be determined through an initial home-based assessment. The respondent said her sons were not obese so she did not take it any further.</p> <p>She was not sure who funded the programme or how effective it was.</p>

Programme/service	Description (as provided by the focus group participants)
<p><b>Active Families</b> <i>(publically funded)</i></p>	<p>Active Families is an exercise and nutrition programme designed for families. The programme is held one night a week over three months. Parents who attend with their children take part in physical games and activities (dodge ball, tag, rounders, etc.).</p> <p>The programme also provides education around nutrition (food pyramid, portion sizing, etc.).</p> <p>Participants are referred to the programme by their GP. The programme is provided by Otara Health and held at the Otara Leisure Centre.</p>
<p><b>GI Healthy Kai</b> <i>(publically funded)</i></p>	<p>This is an initiative run by bakeries and other food retailers in Glen Innes. Participating retailers display posters encouraging customers to make healthy food choices over the unhealthy choices such as pies and chips (e.g. pie vs. sandwich or water vs. soft drink).</p> <p>The respondent who mentioned this initiative thought it was a good idea, and said it had encouraged her to consider buying healthier lunches.</p>
<p><b>Fanau FAB (Food Activity Behaviour)</b> <i>(publically funded)</i></p>	<p>Fanau Fab is a South Auckland-based programme that aims to help Pasifika families become physically active through playing games, having fun and walking. It also provides nutrition advice and practical tips on how to make healthy food more appealing to children.</p> <p>The respondent who mentioned this programme said he found out about it through a promotion run by Lapi Mariner (a Samoan musician, and ambassador for the University of Auckland's Fanau FAB research programme).</p>
<p><b>Jump Jam</b> <i>(not publically funded)</i></p>	<p>Exercise/aerobic class run in primary schools, with children spending up to an hour dancing/exercising to choreographed popular music.</p> <p>In some schools the Jump Jam class is run first thing in the morning to get the children energised and ready for the day ahead. Jump Jam is not only fun, but also helpful in getting children of all shapes and sizes involved in physical activity.</p>

## 4.2 Opinions of the services and programmes that had been attended were generally positive

### Summary

Opinions of the programmes and services that had been attended were generally positive.

### Māori parents' opinions of services and programmes relating to child obesity

Only one of the Māori respondents we spoke to reported having been involved in any specific service or programme relating to child obesity. This is described in the table below.

Programme/service	Perceived effectiveness of the programme
Dietician	<p>As mentioned earlier, one of the Māori mothers said her son had been referred to a dietician to try and address his obesity issue. They had only recently started seeing the dietician, although the respondent said she was likely to continue with the service as she was concerned about the effect his weight was having on his health.</p> <p>The service was provided free of charge and the dietician was Māori. The respondent said that if the dietician was not Māori she would not have gone because she would have felt too uncomfortable.</p>

## Pasifika parents' opinions of services and programmes relating to child obesity

A number of Pasifika parents reported having been involved in services and programmes in South Auckland, designed to address child health issues relating to obesity. Their views on these services and programmes are provided below.

Programme/service	Perceived effectiveness of the programme
<p><b>Fanau FAB</b> <i>(publically funded)</i></p>	<p>Concerned about his daughter's weight, one of the Pasifika fathers was encouraged to enrol his family on a local community programme called Fanau FAB.</p> <p>Initially sceptical about the programme's hype, the respondent admitted that one of the key motivators for signing up to Fanau FAB was the fact that they offered petrol voucher incentives to those who reached their goals.</p> <p>However, once the family started on the programme, they found it very effective. The daughter is now losing weight. The family enjoy the exercise and have also gained some useful practical advice on nutrition and how to prepare healthy food in a way that makes it more appealing for children to eat.</p> <p>He was also impressed with the level of enthusiasm and support offered by the programme team, who keep in regular contact with the family encouraging and motivating them to continue working towards their goals.</p> <p>The family has since signed up for a second 10-week programme.</p> <p>The only concern this respondent had about this programme was in one of the initial sessions, where the children were separated from their parents to take part in a group discussion. He said his children are quite young and very shy and were not comfortable being separated in this way. He did raise this with the programme provider and felt they accepted his feedback in a positive way.</p>

Programme/service	Perceived effectiveness of the programme
<p><b>Breakfast Club</b> <i>(not publically funded)</i></p>	<p>Two of the Pasifika respondents were teachers who worked in schools that ran a Breakfast Club programme. However, many other parents were at least aware of the initiative.</p> <p>While views on the Breakfast Club concept were generally positive, a small number of respondents raised concerns. One was that children could 'double-dip' by having breakfast at home, then have a second breakfast when they get to school. Another concern was that the Breakfast Club shifts responsibility away from its rightful place (i.e. from the parents).</p>
<p><b>Active Families</b> <i>(publically funded)</i></p>	<p>One of the Pasifika fathers attended this programme with his two young children. Whilst they found the programme 'a lot of fun', it was not considered to be effective because it was not held often enough to maintain its momentum.</p> <p>The programme involved a one-hour session, once a week for 12 weeks. In between sessions there was no follow up or support which led the respondent to lose motivation.</p> <p>Although the provider did ask participants for feedback or suggestions as to how the programme could be improved, the father said he didn't want to sound ungrateful so he did not raise any concerns.</p>
<p><b>Fit-life Otara Boot camp'</b> <i>(not publically funded)</i></p>	<p>One of the Pasifika fathers had attended the Fit-life Boot Camp. Although some Pasifika children did participate in the programme, his own children (aged 8 and 9 years) did not take part because it was too early in the morning.</p> <p>Being obese himself, he was initially reluctant to be seen exercising in public. However, he found that other participants were very supportive and inspired by the fact that he was taking part.</p> <p>He also appreciated the support and encouragement received from the physical instructors, both during and between sessions.</p>

## 5.0 The ‘ideal’ service

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Māori and Pasifika parents were asked to imagine they had been tasked with designing a service or programme for their community to address the issue of child obesity. This section describes what their ideal service would look like.

### 5.1 What would the ‘ideal’ service or programme consist of?

#### Summary

Māori and Pasifika parents both identified similar aspects that they believed were key to the ‘ideal’ service or programme. These aspects related to who the service provider should be, who would be able to access the service, and what specific services would be provided in order to successfully address obesity.

#### **The ideal service provider would be someone with ties to the local community and be of the same ethnicity as the participants**

Respondents felt the ideal service would be run by (past or present) members of their local community; someone who understands the community and the people who live there. For Māori, the service would ideally be supported or promoted by their local iwi, and for Pasifika through their churches.

It was also important that the service be run (or at least fronted) by people of the same ethnic background as the participants. That is, someone friendly and open, who understands their cultural needs and makes them feel comfortable and at ease.

If the service is fronted by someone who is not obviously Māori or Pasifika, they must be friendly, able to relate well with participants and ideally have some sign of a Māori or Pasifika connection (i.e. through their clothing or greenstone/bone jewellery for example).

The people running the programme/providing the services need to be enthusiastic and motivated if they are to keep their clients on track. It is also important that the people running the service are themselves not overweight.

Respondents felt it was also important the programme be developed by people with relevant professional knowledge and experience. Once the final programme has been developed and tested, it could then be adopted by other communities. Rather than have many different providers working in isolation to create their own obesity programmes, a collaborative, unified approach would result in a more efficient use of resources and expertise.

## **The service would be available to everyone in the community, not just Māori, Pasifika or low income people**

The service would ideally be free and available to not only Māori or Pasifika but to people of all ethnicities and income brackets. Although note, that if the service were available to other ethnicities it would need to have staff members of each of those ethnicities.

One group of respondents also suggested that in order to improve the service's access to the wider community, some type of mobile unit could be used to visit homes or areas of the community that otherwise may not be able to visit one particular site or would feel uncomfortable doing so.

## **The service needs to involve the whole family, not just the children**

To achieve the cultural and behavioural change required to effectively address the issue of child obesity, respondents felt it was important to get the whole family involved, not just the children, but the household decision-makers.

Respondents also felt it was the parent's responsibility to lead by example, not only in relation to food, but by participating in physical activity.

*You can't tell the kids to go outside and play so you can sit on the couch and watch a movie.*

They also felt that providing a service that focused on families with children who were already overweight was one that was not going to be effective. Educating parents and getting them to change their behaviour and encourage their children to do the same would be the ideal way to prevent the issue from occurring – rather than trying to fix it after it had already happened.

## **The service would provide information, advice and physical activity**

The ideal service or programme would provide a range of activities to address the issue of obesity. However, the key feature would be one that focused on educating parents. Educating them about health and nutrition, about the consequences of being overweight, and how they might access or provide healthy food options for their families.

As well as being education-based, the service would also need to involve physical activities and goals for the whole family. It was also suggested that budgeting services be provided.

The duration of the ideal service was also discussed. Based on their own experience, the ideal service would involve at least two sessions per week, over the course of 5-6 months. However, in order to achieve long term behavioural changes, respondents felt on-going support would be required to keep people on track and motivated to continue their efforts in the years to come, so they in turn could pass the knowledge and positive behaviours gained on to the next generation.

*Past programmes were introduced for 3 months or 6 months and then pulled. When this happens the gains are quickly lost and everyone slips back to where they were.*

## 5.2 What are the barriers to access and how might they be overcome?

The main barriers identified by Māori and Pasifika respondents were very similar:

Barriers	Possible solutions
<b>Cost</b>	<p>Cost is a significant barrier for Māori and Pasifika families. To enable access, any service or programme developed would have to be free of charge, or have a very minimal fee involved.</p> <p>Cost also prohibits many Māori and Pasifika families from being able to afford healthy food options. Budgeting advice and/or tips on how to cost effectively provide nutritious meals could help to address this.</p>
<b>Awareness (of services and programmes already available)</b>	<p>Word of mouth is always going to be the primary source of information sharing amongst Māori and Pasifika, particularly in terms of creating awareness of available services and programmes.</p> <p>However, other channels were also suggested, such as promoting services through churches or local Iwi groups, advertising on television or radio, or using social media (i.e. Facebook).</p>
<b>Not being able to connect/relate to the people providing the service</b>	<p>For Māori and Pasifika people in particular, being able to connect or feel comfortable with a service provider is very important. If they feel uncomfortable or judged they are unlikely to engage or participate in the programme or service at all.</p> <p>Not only does the service provider need to be friendly and welcoming, they would also ideally be of the same ethnicity or at least be from the local area.</p>
<b>Apathy/lack of motivation</b>	<p>On-going support and encouragement is needed to maintain interest in any sort of programme or service, particularly one that involves physical participation.</p> <p>Incentivising goals would also help encourage uptake and on-going participation.</p>



## 5.3 Other suggestions as to how to address the issue of child obesity

Respondents also raised a number of suggested ways in which they felt the Government could help address New Zealand's child obesity issue. These suggestions are listed below:

- Remove the GST from fruit and vegetables.

*There's always going to be a cost and if that means taking off that GST, then so be it. I know that if GST went off Mr Asian-man's fruit shop, I'd be there in an instant.*

*Make the healthy foods cheaper. I remember going to Pak 'n' Save and a bag of tomatoes was \$8! I was like 'wow!' ... especially when hearing that it's 'New Zealand grown'.*

*All the food that they promote us to eat. Make it cheaper! The fruit, the vegetables, lean meat, seafood. All the food that is recommended by the Ministry of Health!*

- Reducing the cost of public facilities such as swimming pools, costs involved in sports administration, swimming lessons, etc. One respondent said they registered a softball team and it cost \$5,000.

*For the sports, like swimming, give subsidies, more subsidies. Make it cheaper to play sports so children can be more active.*

*We did our baseball this year, and just for one team, under 8's, it was \$5,000 and we've got two of those. And then swimming is like \$250 a term for one kid. It's not cheap.*

- Develop communications campaigns similar to those used to change New Zealanders' attitudes towards smoking. Use shock tactics to show the consequences of obesity.

*With Island people, education is one thing but I think that when it comes to health issues, we need to scare them! Don't just educate them, scare them.*

*There are real life stories ... if a kid comes in with a bag full of medicine (all sorts of medicines), and you have to try to live through that for the rest of your life, trust me ... you will never ever want to go down that path. The message has to go to the people for them to see that this is proof! Look at the reality of this, this is the damage!*

*I think until someone dies of that [obesity-related illness], will they get it.*

- Increase tax on unhealthy foods (i.e. takeaways) or limit the number of takeaway outlets in each community.