Healthy Eating Social Marketing Programme
Key Informant Interviews

Summary Report

Health Sponsorship Council

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Healthy Eating Social Marketing Programme- Key Informant Interviews

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1. Foreword

This report presents the findings from a series of interviews carried out by Litmus for the HSC (Health Sponsorship Council) to inform the development of its social marketing programme to promote healthy eating.

Interviews were conducted with key informants from the food industry and nutrition sector to ascertain their views on the proposed direction and content of the first stage of HSC's programme. The interviews were designed to elicit a cross-section of views and not to consult with all relevant stakeholders.

The interviews form one part of the preliminary research being carried out by HSC and should not be viewed in isolation. Other key components include an evidence review of nutrition social marketing interventions to prevent obesity, and advice from an Expert Reference Group. The findings summarised in this report should be read and interpreted in the context of the findings from the evidence review.

The views summarised in this report do not necessarily represent those of the HSC.

HSC acknowledges the contribution made by the key informants to its programme development and thanks Litmus for carrying out this work on its behalf. Any queries about this report should be sent to the Manager, Research and Evaluation Unit, HSC, P.O. Box 2142, Wellington.

HSC, 2007

2. Introduction

2.1 Healthy Eating Social Marketing Programme

The Ministry of Health has commissioned the HSC to develop a social marketing programme to contribute to the Ministry's strategic framework – *Healthy Eating - Healthy Action: Oranga Kai – Oranga Pumau (HEHA).*

The goal of HSC's social marketing programme is to contribute to preventing obesity and maintaining healthy weight by helping New Zealanders adopt and maintain healthy nutritional practices.

To assist in developing the programme, the HSC commissioned a review of social marketing interventions to prevent obesity[1] and key informant interviews to seek feedback on the focus and content of the programme.

This report summarises the findings from key informant interviews.

2.2 Key informant interviews

HSC invited representatives of the public health nutrition and food industry sectors to nominate people to participate in the key informant interview process. In addition, individuals from other public sector organisations with an interest in *Healthy Eating – Healthy Action* were invited to participate. The intent was to canvas the views of key stakeholders to supplement the review of social marketing interventions.

Litmus interviewed 24 key informants from the food industry and public health nutrition sectors[2]. The list of key informants is appended.

Litmus conducted key informant interviews in two waves. The first wave was exploratory in nature to gain input into the focus of the social marketing programme. This wave was conducted with food industry representatives. The second wave was to gain feedback on the draft proposed programme, and to explore any issues. The draft proposed programme was surfaced through the review of social marketing interventions to prevent obesity, feedback from key informants in the first wave and after discussions with HSC's Expert Reference Group. The second wave was conducted with all 24 key informants. The discussion guide is appended.

Interviews were conducted either by phone or face-to-face during October and November 2006.

Overall, there was consistency in views across the key informant groups. Where comments were made by specific groups these have been identified.

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[1] Healthy Eating: Rapid Evidence Review of Nutrition Success Marketing Interventions to Prevent Obesity prepared for the Health Sponsorship Council by Quigley and Watts Ltd, October 2006

[2] Included food manufacturers, retailers, non-government organisations, health promotion organisations, government agencies and organisations, Maori, Pacific and Asian stakeholders.

3. Overview and Target Audience

Overall, key informants support a social marketing programme to contribute to preventing obesity and maintaining healthy weight by helping New Zealanders adopt and maintain healthy nutritional practices. They consider that healthy eating and preventing obesity is a complex, multi-faceted issue that requires significant planning and commitment to contribute to long-term behavioural change.

There is general agreement that the target audience (the group that stands to benefit) for the social marketing programme to prevent obesity and maintain healthy weight is **primary-school-age children.**

- Key informants agree that the earlier healthy eating patterns are instilled the more likely they are to be maintained throughout life, and therefore be healthier and less at risk of lifestyle diseases, e.g. diabetes and heart attack.
- Most key informants consider that by focussing on primary-school-age children there would be a ripple effect to others within the family, i.e. younger children, teenagers, parents and other family members.
- Maori key informants consider that primary-school-age children need to benefit from the programme. However, they comment that it is more culturally appropriate and therefore potentially more effective, if the programme has a whanau, rather than an age, focus, i.e. the focus would be on preventing obesity and maintaining healthy weight for the whole whanau.

  "I know tamariki come first, but ideally we should target the whole whanau without breaking families up….need to empower, capture that aspect of whanau." (Maori)
- Some consider that the target audience for the programme should include children younger than primary school-age, as unhealthy eating and obesity is apparent in toddlers.
- A few mention that the programme should also target pregnant women to lay the foundations for healthy eating in their young. However, they acknowledge that pregnancies are often not planned.

  "Agree we need to focus on primary, but we should also look at preschool, and parents before they have their children." (NGO)

4. Priority Audiences

Key informants agree that the groups particularly at risk of obesity, and therefore the groups the social marketing programme needs to work for, are **Maori, Pacific and low socio-economic households:**

- Key informants cite the findings of the New Zealand National Nutrition Survey as evidence that the above groups are most at risk of obesity, and therefore where effort needs to occur. They consider that focussing on these groups will contribute towards reducing inequalities, and decrease future healthcare costs.

  "Maori and Pacific are most at risk, the stats speak for themselves. While the issue is similar for Maori and Pacific, there are different reasons for being obese – different cultural practices in relation to food." (Pacific)

- Key informants note that the programme needs to consider the different cultural contexts for Maori and Pacific peoples, the cultural variations within these groups, and the cultural drivers of obesity e.g. cultural values around types of food eaten, feasting, etc.
- Some consider that the programme should focus on at-risk groups within Maori and Pacific communities (e.g. those on low income), not the upwardly mobile, or food conscious.
- While supporting the focus on Maori and Pacific peoples, some key informants also believe it needs to extend to emerging populations who are at risk of obesity e.g. Asian peoples, due to:
  - New Zealand's changing demographic profile
  - New migrants' changing food habits when they come to New Zealand (lack of availability of ethnic food, consumption of fast foods, etc)
  - High intake of Energy Dense Nutrient Poor (EDNP) foods among some Asian groups e.g. Sikhs.

  "Asian groups are marginalised by this (Maori and Pacific) focus and we need to prevent obesity happening in Asians as well." (Food industry)

- A few key informants comment on the need to also focus on rural populations, due to these communities having less access to amenities such as supermarkets and therefore fresh fruit and vegetables, and the greater barriers to accessing healthcare services than those in urban areas.
- While there is considerable overlap between Maori, Pacific peoples and low socio-economic households, a few note that many low income Pakeha are also at risk of obesity. They therefore comment that the programme must not alienate these groups by focussing solely on Maori and Pacific peoples.

5. Intervention Audience

Key informants agree that **parents and caregivers** should be the primary intervention audience (the group the programme seeks to change) for the healthy eating social marketing programme:

- Key informants note that parents and caregivers tend to be the main shoppers and food preparers for families (meals, snacks and lunchboxes), and therefore have considerable influence over what their children eat at home and school. Parents and caregivers also instil beliefs and values around food, which translates to healthy/unhealthy eating attitudes and behaviours over time.
- Key informants consider the programme should have a stronger focus on women. While there has been a move within some cultures and families for women and men to share shopping and food preparing duties and manage the household budget; there is still a clear gender differentiation within Maori, Pacific and Asian cultures for women to fulfil these roles.

  "When it comes to making change within the home it is the women who take on this role." (Maori)
- Maori, Pacific and Asian key informants consider there needs to be broad interpretation of the term 'caregiver' to translate to the range of people caring for children in each cultural context, e.g. grandparents, older siblings, and other whanau/family networks.

  "What's missing is the word 'family'. It's the basic unit for Pacific and Maori and includes uncles, aunties, second cousins and anyone who comes to your house." (Pacific)
- Some key informants mention that parents and caregivers cannot influence change alone, particularly those with ingrained unhealthy eating habits, low levels of literacy and/or on low incomes. They will therefore need ongoing support from both government and non-government agencies, e.g. the provision of educational tools, restricted licensing or quality control of takeaways.

  "It's all very well focussing on parents, but they too need support, they are economically stressed and time pressured." (NGO)

6. Reaching Maori and Pacific Parents and Caregivers

6.1 Overall approach and tactics

Overall, key informants consider the healthy eating social marketing programme:

- Needs to be positive, values-based and to recognise the environmental constraints in which parents seek to interact with the programme (i.e. budget, transport, storage facilities, etc).
- Does not set parents up as failing or to fail due to unrealistic suggestions.
- Needs to ensure clear and consistent messaging, given the environment of mixed food messages.

The overall approach and tactics therefore need to be:

- Positive and empowering - i.e. parents and caregivers can make a change that will benefit their children and other family members, rather than negative or punitive messaging such as *"fries and fizzy drinks are bad for your children."*
- Value-based rather than prescriptive - messages that are based on values particularly those that are culturally embedded e.g. *"One Heart Many Lives"* as opposed to *"Eat five fresh fruit and vegetables a day".*
- Practical - how to make healthy eating choices within their cultural or economic contexts, e.g. meal plans and recipes using traditional foods.

"Messages that are unique to Maori and our worldview are those that pull on our heartstrings." (Maori)

"Recipes that use light coconut milk rather than full coconut cream." (Pacific)

During the development of the programme it is critical that there are several touchstones with the communities most at-risk of obesity and those who represent their interests (e.g. research to explore motivations and barriers to engage, appropriate messages, etc).

6.2 Motivations and barriers

Motivators for Maori parents and caregivers to engage in the programme are primarily value-based:

- Being a positive role model for the family.
- Having a healthy whanau.
- Living a long and happy life, passing on knowledge/tradition, being with mokopuna.

Motivators for Pacific parents and caregivers to engage are a combination of values and rational benefits:

- Being healthy, taking care of their family's health.
- The cost benefits of eating healthy, e.g. healthy eating is more affordable than takeaways for large families, spending less on clothes (standard clothes sizes cost less).
- The educational benefits of a nutritional diet, e.g. children who have breakfast perform better at school.

Barriers to engagement were considered to include:

- Cost of a healthy diet: lack of money to allocate to food, lack of transport to shop for fresh fruit and vegetables, or in some cases fridges to store perishable food, and the impact on the family budget if spending increases.
- Lack of knowledge and skills to prepare healthy food.
- Information overload – these groups are the target of many programmes and interventions, all with different and competing messages. Unless relevance is achieved these groups may simply 'switch off'.

Additional barriers to engage Pacific peoples in the programme include literacy (particularly for Pacific migrants), and lack of time (Pacific families are often 'time poor', due to shift work, caring for large families, cooking and cleaning, church and community activities).

6.3 Channels, placement and influencers

Key informants consider the following channels, community placement, and influencers to be appropriate for engaging Maori and Pacific audiences:

- Channels:
  - For Maori – mainstream and Maori TV.
  - For Pacific – TV, Pacific radio, Pacific print.
- Community placement
  - For Maori – schools, kohanga reo, marae, health organisations, sports groups, WINZ and workplaces.
  - For Pacific – churches, family gatherings/reunions, schools, health organisations, sports groups, WINZ and workplaces.
- Influencers
  - 'Real' people, e.g. people within the community are considered to be the most appropriate influencers, not actors or sports heroes such as Jonah Lomu.
  - For Maori – kaumatua/kuia, teachers, local sports players, employers and work colleagues.
  - For Pacific – church ministers and their wives, GPs, teachers, local sports players, employers and work colleagues.

7. Settings

Key informants agree that the programme should focus on the **home environment** as being the key setting for change:

- The home is the major setting for food preparation, eating, playing, learning, relaxing, particularly in a child's earlier formative years, and therefore where healthy eating is learnt.

  "The focus absolutely has to be on the home. This is where the money comes from to buy the food, where they eat chippies and not bread." (Government)

- There is little social marketing/health promotional activity around healthy eating in the home, compared with the school environment.

  "There is lots of activity going on in schools, but very little going on in homes." (Food industry)

- Consistent messaging between home and school environments and creating a home-school link is considered critical to the success of the programme.

  "Parents are first teachers but creating a home-school link is critical." (Maori)

- The programme needs to consider a range of home environments that are relevant to the priority audiences, e.g. extended families, sole parents, parents/family members doing shift work, family gatherings, shared care and so on.
- Other settings need consideration for inclusion in the programme, e.g. takeaway stores, movie theatres, sports clubs and recreational facilities.

8. Reducing Consumption of EDNP Foods

Key informants agree that the focus for the social marketing programme should be on **reducing consumption of Energy Dense Nutrient Poor (EDNP) foods:**

- The high intake of EDNP foods coupled with insufficient daily exercise is a key contributor to obesity.

  "Encouraging physical activity is not enough, we need to change foods. We can manipulate a lot through diet." (Health promoter)

- A number of factors contribute to the consumption of EDNP foods, including:
  - Availability and accessibility – e.g. portion sizes, abundance of fast food outlets.
  - Food costs – e.g. cost of out-of-season fresh fruit and vegetables, and the cost of soft drinks, cheap fatty meats versus healthier alternatives.

    "There is a real perception that snack food is cheaper than fresh fruit." (Food industry)
  - Heavy marketing of EDNP foods – e.g. significant marketing budgets held by fast food industries, advertising targeting youth.
  - Home and school environments – e.g. inconsistent messages between home and school (unhealthy food served at home versus health-conscious school tuck shops), parents not being home at meal times, families not sitting down and having meals together, families having staggered and frequent meal times due to shift work.
  - Skipping breakfast – e.g. parents leaving for work before children wake up resulting in lack of breakfast supervision.

- Comment is made about the confusion surrounding EDNP foods, i.e. what constitutes EDNP, consuming the right amount of EDNP foods for one's life-stage/lifestyle. Messages around the consumption of EDNP foods therefore need to be clear and consistent, and ideally avoid focussing or blaming one particular EDNP food for causing obesity. Consequently a holistic approach is required.

  "We need to stress moderation, a balanced diet and exercise - not all EDNP foods are evil." (Food industry)

- Key informants from the food industry consider, that while they have a role to play in reducing peoples' consumption of EDNP foods (and have in recent years taken on a corporate responsibility role), the focus should be on education, not regulation around EDNP foods, i.e. people should be educated to make the right eating choices for themselves and their families, balanced by appropriate energy expenditure.

- Others consider the programme needs to also acknowledge the wider determinants of unhealthy eating and obesity, (e.g. income, education, cultural factors, etc), and not lay blame solely on the high consumption of EDNP foods.

9. Future Stakeholder Involvement

Key informants would like to participate in the ongoing development and implementation of the programme. The latter could include:

- Being a conduit to reach at-risk audiences.
- Product placement of healthy eating choices.
- Sponsorship of events.
- Aligning the programme with their wider initiatives.

10. Conclusions

Overall, there is support for a social marketing programme to contribute to preventing obesity and maintaining healthy weight by helping New Zealanders adopt and maintain healthy nutritional practices.

In relation to proposed programme elements:

- Target audience – most agree that the target audience for the programme should be primary-school-age children. However, a few consider the focus should be extended to include preschoolers and expectant mothers. Maori key informants consider the programme would be more effective if it adopted a whanau, rather than an age-based, focus.
- Priority audiences – all agree that Maori, Pacific and low socio economic groups are most at-risk of obesity. However some consider the programme should also target emerging at-risk populations, e.g. Asians.
- Intervention audience – all agree that parents and caregivers should be the intervention audience. However, Maori, Pacific and Asian key informants stress that the concept of caregiver needs to be broad enough to include extended family, and recognise the traditional role of women.
- Setting – all agree that the key setting for change should be the home. There is little health promotion activity currently undertaken within the home, and the home is an influential setting, particularly for children.
- Reducing consumption of EDNP foods – all agree that consumption of EDNP foods coupled with insufficient daily exercise has contributed to our rates of obesity, and therefore should be the focus of the programme. Caution is cited in creating confusion about EDNP foods and focussing on a food group and not a whole-of-diet approach.

Appendix

Key informants interviewed

Name	Organisation	Sector
Bronwen Anderson	Fruit and Vegetable Alliance (FAVA)	Food industry
Brenda Cutress	Food Industry Group	Food industry
Vicki Hamilton	Kellogg	Food industry
Melissa Hodd	Foodstuffs Ltd	Food industry
Beverly Watson	Fonterra Brands NZ Ltd	Food industry
Stuart Walker	Hansells NZ Ltd	Food industry
Nicky McCarthy	Dietetic Association	NGO
Celia Murphy	Obesity Action Coalition	NGO
Alison Pask	Diabetes Foundation	NGO
Jan Pearson	Cancer Society	NGO
Elaine Rush	Nutrition Foundation	NGO
Norman Sharp	National Heart Foundation	NGO
Leonie Matoe	Te Hotu Manawa Maori	Special interest group (Maori)
Eruera Maxted	Individual heath promoter	Special interest group (Maori)
Gwendol Welburn	Te Korowai Hauora O Hauraki	Special interest group (Maori)
Eseta Finau	Pacific Island Food and Nutrition Action Group	Special interest group (Pacific)
Soana Muimuiheatas	Ta Pasefika	Special interest group (Pacific)
Iutita Rusk	Pacific Heart Beat	Special interest group (Pacific)
Dr Kawshi De Silva	Asian Health Foundation	Special interest group (Asian)
Amanda Dunlop	Counties Manukau District Health Board	Health promotion
Nicola Ehau	Hutt Valley District Health Board	Health promotion
Bronwen King	Canterbury Public Health Unit	Health promotion
Heather Hayden	Ministry of Education	Government
Deb Hurdle	SPARC	Government

Discussion guide

HSC's Healthy Eating Programme: Key Informant Interviews

The Ministry of Health has commissioned HSC (Health Sponsorship Council) to develop a social marketing programme to contribute to the Ministry's strategic framework – *Healthy Eating Healthy Action: Oranga Kai – Oranga Pumau* (HEHA).

The **goal** of HSC's social marketing programme is to contribute to *preventing obesity and maintaining healthy weight* by helping New Zealanders adopt and maintain healthy nutrition practices.

Social marketing applies the marketing mix (product, price, promotion and placement) to achieve socially desirable goals. Social marketing focuses on behaviour change and so takes a long-term approach.

To help HSC develop the first phase of its programme it has commissioned a review of social marketing interventions to prevent obesity and overweight, and is conducting interviews with key informants to seek feedback on the focus and content of its programme.

The evidence review covered five topics identified as key risk or protective factors for influencing weight gain and obesity. These included:

i. Home environments that support healthy food choices for children
ii. School environments that support healthy food choices for children
iii. High intake of energy-dense nutrient-poor foods (with heavy marketing of energy-dense foods and fast-food outlets included as a risk factor for high intake of such foods)
iv. High intake of sugars-sweetened soft drinks and fruit juices
v. High level of television viewing.

As a result of the evidence review and discussions with the HSC's expert Reference Group, the first phase of the HSC's social marketing programme is likely to focus on the following:

1. Primary-school-age children as the target audience (i.e. the group whom the programme seeks to protect).
2. Maori, Pacific and low socio-economic status households / communities as priority audiences (i.e. the groups especially at risk for overweight/obesity, for whom the programme particularly needs to work).
3. Parents and caregivers as the primary intervention audience (i.e. the group the programme seeks to change).
4. Home environments as the key setting for change.
5. Reducing consumption of energy-dense, nutrient-poor (EDNP) foods.
   Important factors believed to contribute to high intake of EDNP foods include:
   - Availability / accessibility of food
   - Food cost – perceived and real
   - Heavy marketing of EDNP foods
   - Supportive home and school environments
   - Eating breakfast

Interview questions

1. For points 1-5, to what extent do you agree or disagree with this focus for phase one of the social marketing programme? How come?
2. (Point 4) What are some of the risks the HSC will need to consider in seeking to influence change in the home environment?
3. (Point 5) Of the 5 factors identified as contributing to high intake of EDNP foods, which 2 or 3 do you think the HSC should focus on addressing in the first phase of their social marketing programme?
4. If the HSC focuses on reaching Maori, Pacific, and low socio-economic status parents and caregivers:
   - What are some of the motivators that might encourage these groups to engage?
   - What are some of the barriers?
   - How best might the HSC reach these audience groups? Consider:
     - Communication channels
     - Settings
     - Influencers (people who influence parents and caregivers)
     - Messages.
5. What role do you think you / your organisation / your sector should play in the HSC's social marketing programme?