

2.0 Introduction

2.1 Background

2.1.1 Health Sponsorship Council – Overall Purpose and Programmes

The Health Sponsorship Council (HSC) is a New Zealand government agency that promotes health and healthy lifestyles through the development and delivery of health promotion and social marketing programmes⁴.

HSC currently works in the following areas:

- **Tobacco control** – HSC’s focus in this area is on reducing smoking initiation through increasing smokefree settings, increasing young people’s ability to resist taking up smoking, and reducing the inequality in smoking uptake among Māori. This work is conducted through the Smokefree and Auahi Kore programmes.
- **Healthy eating** – HSC’s current focus in this area is on contributing to the prevention of obesity and maintenance of healthy weight by helping New Zealanders adopt and maintain healthy nutrition practices. Social marketing activities in this area are conducted through the Healthy Eating programme.
- **Prevention and minimisation of gambling-related harm** – HSC’s main contribution to this area over the next three years will be to strengthen society’s understanding and awareness of, and response to, gambling-related harms. This is being achieved through a national social marketing approach delivered through the Problem Gambling programme.
- **Sun safety** – the focus of HSC’s work in this area is on reducing harmful exposure to ultraviolet radiation through increasing individual sun protective behaviour and increasing supportive environments for sun protection. This work is conducted through the SunSmart programme.

In all of its work, HSC focuses on reducing health inequalities, particularly for Māori, Pacific peoples, and other population groups at greatest risk of poor lifestyle-related health outcomes.

⁴ www.hsc.org.nz

2.1.2 Role of Social Marketing in HSC

Social marketing is an approach to promoting health behaviour and outcomes that uses “marketing principles and methods to achieve change in the social determinants of health and well-being”⁵. The key features of a social marketing approach include a focus on achieving behaviour change (not just attitudinal or knowledge change), tailoring of programmes to meet target audience needs, the use of commercial marketing techniques, and segmentation of the target audience.

The concept of exchange also is integral to social marketing. This involves people understanding “what’s in it for them”, and deciding that what is offered in exchange for changing their behaviour or adopting new ones is worth having.

A key requirement of a social marketing approach is that it is informed by audience (or consumer) research. This type of research seeks to understand the target audience’s perceptions, needs, and wants concerning the desired behaviour, and to learn about their current behaviour, including what enables and what reinforces it. Audience research also often includes competitor analysis, which involves learning about the environment in which members of the target audience are making behaviour decisions, examining competing behaviours being promoted to the target audience, and investigating how consumers’ decisions are shaped by factors such as their social, cultural and physical surroundings or their economic situation. Audience research informs identification of programme goals, objectives, strategies and audience segments, development of communication tools, and refinement of the marketing mix (product, price, place and promotion).

Audience research has previously been conducted for the Smokefree and Auahi Kore programmes. This research explored motivations and barriers to parents and caregivers not smoking in their home or car⁶.

As HSC has only recently started working in the areas of healthy eating and problem gambling, no such research has been conducted by HSC in relation to these health areas.

2.1.3 Research Need

The HSC wished to conduct audience research that focused on parents and caregivers, to inform the development and delivery of social marketing strategies for the Smokefree, Auahi Kore, Healthy Eating and Problem Gambling programmes.

The required research is known as the Social Marketing Audience Research (SMAR) project.

⁵ Donovan, R. J. & Henley, N. (2003). *Social Marketing. Principles and Practice*. Victoria: IP Communications.

⁶ Gravitas Research and Strategy Ltd (2005). *Smokefree homes and other settings. Qualitative Research Findings*. Final report prepared for the Health Sponsorship Council.

2.2 The SMAR Project

2.2.1 Context

The HSC wished to undertake qualitative research to explore health and well-being in the context of family/whānau functioning, and the family/whānau context of eating, smoking and gambling.

The research was also required to explore the role and importance of different communication channels for messages relating to eating, smoking and gambling, and to develop an audience segmentation for each of these health areas.

2.2.2 Health and Well-being in the Context of Family/Whānau Functioning

Undertaking the SMAR project reflects the growing focus within the HSC's social marketing programmes on the role of the family/whānau environment in shaping health behaviours and outcomes, particularly for young people. Parents and other influential adults in the family/whānau environment have been identified as the key intervention groups for social marketing strategies. For example:

- The Smokefree Homes and Cars campaigns have focused on increasing the number of parents and caregivers who make their homes and cars smokefree.
- The first phase of the Healthy Eating programme seeks to increase the number of parents and caregivers adopting strategies to improve the diets of their eight to 12-year-old children.

The HSC's recent focus on the role of the family/whānau environment is consistent with the growing interest and investment in this area across the wider New Zealand public and non-government organisation sectors. This is supported by a significant body of academic and government literature that is dedicated to exploring the complex and multi-faceted relationship between the family/whānau environment and health and well-being outcomes.

While there is general agreement that strong families lead to successful and healthy outcomes for family members, more research is needed on the extent to which different aspects of the family/whānau environment influence health and well-being, and the mechanisms for this influence.

In the report entitled, 'What makes your family tick?'⁷, the Families Commission described a number of levels of influence on the family. The individual, within their family/whānau group, is placed at the centre of the framework, at the 'micro' level. Neighbourhoods, community, work and friends influence the family/whānau at the 'meso' level. Educational, government and health policies and services influence the family/whānau at the 'exo' level. Global trends and economy, economic structures and living conditions, social and cultural values and beliefs influence the family/whānau at the 'macro' level. Time underpins the model.

While a large amount of research in this area has focused on the influence of factors at the meso, exo and macro levels, there is growing interest in the family as a functioning micro-system involving a complex interplay of factors within the family/whānau unit. The HSC's current interest in this area is positioned at this micro-level, i.e. at the family functioning level.

The HSC wished to undertake qualitative research to explore family/whānau functioning, and how this relates to health and well-being, among families/whānau in its social marketing audiences.

2.2.3 Family/Whānau Context of Eating

In May 2006, the Ministry of Health commissioned the HSC to develop and deliver a social marketing programme that would contribute to the Ministry's strategic framework – Healthy Eating - Healthy Action: Oranga Kai – Oranga Pumau (HEHA).

The overarching goal of the HSC's programme, known as the Healthy Eating programme, is to contribute to preventing obesity and maintaining healthy weight by helping New Zealanders adopt and maintain healthy nutrition practices.

Phase One of the Healthy Eating programme focuses on increasing the proportion of parents and caregivers adopting strategies to provide a healthy diet for children, particularly those aged eight to 12 years. Thus, the audience for Phase One of the Healthy Eating programme is parents and caregivers of children aged eight to 12 years, with a focus on Māori and Pacific peoples, and those of low socio-economic status.

The plan for the first phase of the Healthy Eating programme was developed without the benefit of audience research (although as much research as possible was conducted in the time available in the first year of the programme). Collectively, the healthy eating and health and well-being and family/whānau functioning components of the SMAR project will play a critical role in informing the future direction and implementation of the Healthy Eating programme.

⁷ Families Commission (2006). *What makes your family tick? Families with dependent children - successful outcomes project. Report on public consultation.* Families Commission Wellington.

The HSC wished to conduct qualitative research to explore family/whānau eating attitudes, behaviours and practices. As mentioned, the research was also required to explore the role and importance of different communication channels for healthy eating messages, and to develop an audience segmentation (in relation to eating).

2.2.4 Family/Whānau Context of Smoking

Evidence shows that the most prominent risk factors for smoking initiation for young people are affordability of, and access to tobacco products, peer smoking, parental factors (parental smoking, pocket money provision, permitting smoking in the house and parenting style), the family environment, low self-esteem, and participation in risk-taking behaviours.

The most prominent protective factors include doing well within the school environment, participation in community or sports clubs, spiritual connectedness and family connectedness (in addition to reducing the risk factors detailed above).

A number of these risk and protective factors relate to the family/whānau environment and the role of parents and caregivers. Key areas of interest for the Smokefree and Auahi Kore programmes are:

- Reducing exposure to smoking behaviour and second-hand smoke, for example by increasing the number of smokefree homes, cars and outdoors settings frequented by children.
- Supporting parents and caregivers to quit smoking.
- Encouraging parents and caregivers to promote anti-tobacco attitudes and messages to their children.
- Supporting parents of pre-teens and teens who are less involved with their children to become more involved.

The HSC wished to conduct qualitative research to explore the dynamics of the family/whānau environment that influence the above outcomes relating to smoking, and factors that support and hinder change in the above areas. As mentioned, the research was also required to explore the role and importance of different communication channels for smoking messages, and to develop an audience segmentation (in relation to smoking).

2.2.5 Family/Whānau Context of Gambling

Gambling-related harm is an emerging public health issue in New Zealand, with significant health, social and economic implications. In the last decade, New Zealand has seen an increase in the consumption of gambling products and expenditure (player losses) paralleled by increases in the number of people seeking help for their own or someone else's gambling.

In September 2003, Parliament passed the Gambling Act, which included provisions to control, regulate and monitor gambling. The Act lists preventing and minimising gambling harm as one of its purposes. Other purposes include controlling the growth of gambling, and facilitating responsible gambling. The Act requires an integrated problem gambling strategy⁸ focused on public health, that raises public awareness around the risks associated with problem gambling, provides support for appropriate community action to reduce gambling harm, and provides prevention and treatment services.

The Ministry of Health is responsible for implementing the strategy, with HSC undertaking a social marketing programme to contribute to the strategy.

A literature review⁹ commissioned by the HSC has informed the development of the HSC's Problem Gambling programme. In the first three years of the programme, the goal is to prevent and minimise gambling-related harm through strategies that seek to increase public awareness of the risks and issues, increase community capacity to identify and address gambling harm, and increase community action to address gambling harm.

In terms of the family/whānau environment, the Problem Gambling programme aims to increase family/whānau awareness of the risks and issues associated with gambling for children and young people, and what they can do to prevent and minimise gambling harm for young people.

A number of modifiable and non-modifiable risk and protective factors associated with gambling-related harm were highlighted in the above literature review. These were categorised under three headings as follows:

- 'the agent' (gambling exposure)
- 'the environment' (physical, social and cultural setting)
- 'the host' (individual factors)

Familial exposure to gambling (family members who experience problem gambling, early onset of gambling participation or early introduction to gambling by the family) and inter-generational aspects of family were identified as risk factors relevant to the family/whānau environment that sit under both 'agent' and 'environment'.

⁸ Ministry of Health (2005) *Preventing and minimising gambling harm: Strategic plan 2004-2010*. Ministry of Health, Wellington

⁹ Auckland University of Technology. Gambling Research Centre (2005). *Literature review to inform social marketing objectives and approaches, and behaviour change indicators, to prevent and minimise gambling harm*. Final report prepared for the Health Sponsorship Council.



The HSC wished to conduct qualitative research to explore the perceptions and experiences of gambling and gambling harm for families and young people, among families/whānau with limited exposure to gambling and families/whānau with members who participate in different gambling activities. As mentioned, the research was also required to explore the role and importance of different communication channels for gambling messages, and to develop an audience segmentation (in relation to gambling).

2.2.6 Research Phases

The SMAR project comprises four phases as summarised in the table below. Healthy eating, smoking and gambling are the focus of Phases One, Two and Three, respectively. Health and well-being and family/whānau functioning are explored in Phases One to Three.

Research Phases	
<p>PHASE ONE Healthy Eating in New Zealand Families and Whānau Health and Well-being and Family/Whānau Functioning (Part I)</p> <p>Fieldwork was conducted between June and September 2007</p>	<ul style="list-style-type: none"> • 12 focus groups • 18 family focus groups • 48 in-depth interviews • 10 interviews with children (from families who participated in family groups)
<p>Phase One – Healthy Eating in New Zealand Families and Whānau Report (provided in December 2007)</p> <p>Phase One – Health and Well-being and Family Functioning: An Interim Report (provided in December 2007)</p>	
<p>PHASE TWO Smoking in New Zealand Families and Whānau Health and Well-being and Family/Whānau Functioning (Part II)</p> <p>Date and design to be confirmed</p>	<p>Possible Design</p> <ul style="list-style-type: none"> • NO FOCUS GROUPS • 15 family focus groups • 48 in-depth interviews • 10 interviews with children (from families who participate in a family group)
<p>Phase Two – Smoking in New Zealand Families and Whānau Report</p>	
<p>PHASE THREE Gambling in New Zealand Families and Whānau Health and Well-being and Family/Whānau Functioning (Part III)</p> <p>Date and design to be confirmed</p>	<p>Possible Design</p> <ul style="list-style-type: none"> • NO FOCUS GROUPS • 21 family focus groups • 48 in-depth interviews • NO CHILD INTERVIEWS
<p>Phase Three – Gambling in New Zealand Families and Whānau Report</p> <p>Phase Three – Health and Well-being and Family Functioning: Final Report</p>	
<p>PHASE FOUR An integrated analysis of healthy eating, smoking, gambling, and health and well-being and family/whānau functioning from Phases One, Two and Three of the SMAR project</p> <p>Date to be confirmed</p>	
<p>Phase Four – Healthy Eating, Smoking, and Gambling in New Zealand Families and Whānau and Health and Well-being and Family Functioning: An Integrated Report</p>	

2.2.7 Phase One Research

The HSC commissioned TNS New Zealand to conduct Phase One of the SMAR project, i.e. Healthy Eating in New Zealand Families and Whānau and Part I of Health and Well-being and Family/Whānau Functioning.

This document is a final report on Healthy Eating in New Zealand Families and Whānau, drawn from Phase One of the SMAR project.

2.3 Research Objectives

2.3.1 Overall Purpose of the SMAR Project

The overall purpose of the SMAR project is to increase the HSC's understanding of healthy eating, smoking and gambling in the context of family/whānau functioning.

The key objectives are to explore commonalities and differences across health behaviours and audiences, to explore the role and importance of different communication channels for disseminating and receiving health and well-being messages, and to develop audience segmentations for eating, smoking and gambling.

2.3.2 High-level SMAR Research Objectives

The high-level objectives of the SMAR project are to:

- Explore the family/whānau context, understanding and valuing, of health and well-being.
- Explore family/whānau functioning in relation to healthy eating, smoking and gambling.
- Explore the role and importance of different communication channels in relation to health and well-being issues.

Phase One of the SMAR project explored all three objectives, with a particular focus on healthy eating. It is anticipated that subsequent phases of the project will explore all three objectives but with a focus on smoking and gambling.

Phase One findings relating to the first objective - family/whānau context, understanding and valuing, of health and well-being - are the focus of a companion report (*Health and Well-being and Family Functioning: An Interim Report*; December 2007). Phase One findings relating to the second and third objectives - family/whānau functioning in relation to healthy eating and the role and importance of different communication channels - are the focus of this report, *Healthy Eating in New Zealand Families and Whānau* (December 2007).

A summary of the specific areas for exploration in Phase One, in relation to the high level research objectives for the SMAR project, follows:

Explore the family/whānau context, understanding and valuing, of health and well-being:

- What constitutes family/whānau
- Key roles and responsibilities in family/whānau
- Internal and external factors that have influenced assignment of key roles and responsibilities
- Key issues/challenges facing family/whānau on a day-to-day basis
- The importance (level of concern) placed on health and well-being relative to other key issues and challenges facing family/whānau
- The meaning of health and well-being (and contributing factors and indicators)
- Specific health issues facing family/whānau
- The importance (level of concern) placed on healthy eating, smoking, gambling, alcohol consumption and physical activity in relation to family/whānau.

Explore family/whānau functioning in relation to eating, smoking and gambling:

Eating:

- Weekday and weekend eating
- Favourite and unpopular foods and drinks
- Foods and drinks that family/whānau are encouraged to eat
- Foods and drinks that are limited in family/whānau
- The role of takeaways, fizzy drinks, fruit, vegetables, snacks and alcohol in the diet of family/whānau
- Perceived costs and benefits of different types of foods and drinks
- Similarities and differences between parents'/caregivers' eating and that of other family/whānau members
- Attitudes to eating (i.e. what constitutes healthy and unhealthy eating)
- Perceived costs and benefits of healthy and unhealthy eating
- Interest in and commitment to achieving healthy eating for family/whānau

- Family/whānau eating practices and influences on these practices (decision-making about what and how foods and drinks are consumed; meal-time practices; breakfast practices; lunch practices; special occasions; snacks; rules about eating; involvement of children in food preparation; involvement of children in food shopping)
- Messages about eating, given by parents and caregivers to children and young people
- Parent/caregiver efficacy in ensuring healthy eating for their family/whānau and internal and external factors perceived to influence their ability to ensure healthy eating for their family/whānau
- Role of government in addressing issues of healthy eating and obesity
- Views on government regulating to encourage healthy eating (e.g. rules around food and drinks to be available in school tuck-shops)
- Awareness of external messages that encourage healthy eating and those that encourage unhealthy eating
- Preferred communication channel for receiving healthy eating messages.

Smoking:

- Family/whānau smoking behaviours (who smokes, when, where and why)
- Parent/caregiver attitudes to and beliefs about influences on children/young people taking up smoking and level of concern about them taking up smoking
- Beliefs about factors that might influence children/young people to take up smoking, including the role of parents, peers and media portrayals
- Family/whānau practices that influence the likelihood of children and young people taking up smoking (e.g. rules, access to cigarettes, talking to children and young people about smoking and not smoking in front of them).

Gambling:

- Parent/caregiver perceptions of gambling (understanding of what gambling is and perceived negatives associated with it)
- Family/whānau experiences of gambling (who in the family/whānau gambles, what type of gambling activities are undertaken [and when and why this happens] and involvement of children)
- Parent/caregiver perceptions of problem gambling (awareness and understanding of problem gambling)
- Family/whānau experiences of problem gambling (in family/whānau, community, among friends and the impact of problem gambling)
- Perceived factors that might reduce the likelihood of people ending up in problem gambling situations
- Views on initiatives to make gambling safer (national, community and family/whānau level initiatives, who is responsible for these initiatives and acceptability of current initiatives)
- Awareness and practices relating to protecting family/whānau (children and young people in particular) from gambling harm (including influences on children and young people starting gambling and having a problem with gambling, steps being taken to protect family/whānau from gambling harm, e.g. having rules and talking to children about gambling and its potential for harm).

Explore the role and importance of different communication channels in relation to health and well-being issues:

- Awareness of messages about eating (healthy and unhealthy), smoking and gambling received by families/whānau from external sources
- Communication channels through which participants receive messages about healthy eating, smoking and gambling (and which is perceived as the most influential channel).