

*Evaluation of Kai Lelei Food & Nutrition Course  
for Pacific Communities*



Final Report

July 2006

Prepared for Counties Manukau District Health Board



By Marinerway Consulting Group Limited



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# 1. Acknowledgements

The Kai Lelei Evaluation results were made possible through the collective effort, support and cooperation of a number of individuals, teams and organisations.

Thanks to Dr Aumea Herman for her commitment and passion in developing and delivering the Kai Lelei sessions. Credit and mention is due to Sloan Moate from Counties Manukau District Health Board and her team for their persistence and coordination of the seven Kai Lelei sessions. Appreciation and gratitude to Fepulea'i Margie Apa the Pacific General Manager for the direction and support of the Kai Lelei project and also to Rachel Enosa-Saseve, the Pacific Programme Manager for her management of this project.

Special thanks to the officiating church ministers for the opening and closing prayers. Deserving recognition is due to the Auckland Regional Public Health Service officials and all the presenters, facilitators and translators for their significant contribution in delivering and interpreting feedback from the Pacific communities.

Finally, we thank all the Pacific people young and old for attending the sessions and providing invaluable input for the basis of this report.

## 2. Executive Summary

### Introduction

- Ø Counties Manukau District Health Board conducted a series of community nutrition education training sessions during April and June 2006 as part of the LotuMoui programme. These Kai Lelei sessions engaged Pacific communities with the aim of educating Pacific families about healthy lifestyles and influencing a behavioural change in Pacific homes.

### Profile

- Ø Three hundred and thirteen Pacific people in total attended the seven sessions. The number of attendees to each session ranged between 27 (Tongan session 2) and 74 (Cook Island). The largest ethnic group consisted of Samoans (102), followed by Cook Island (74) and thirdly the Tongans (68).
- Ø Those attending were generally middle aged (40-50) and mainly female (69%). The main church denominations represented were Methodist (29%), Cook Island Christian Church (15%) and Presbyterian (14%). These main church denominations reflected the church venues that hosted the sessions.

### Test Results

- Ø A pre and post test was conducted at each session based on five multiple response test questions relating to serving sizes and food safety. The overall test results showed a significant lack of awareness in the serving size for bread and cereal, fruit and vegetables and to a lesser extent milk and meat. Food safety was better known amongst participants.
- Ø The Niuean and English speaking Pacific respondents appeared more knowledgeable and consistently scored the highest scores more so than the other Pacific ethnic groups. Samoans and Tongans were least aware about the serving sizes for bread and cereal, and fruit and vegetables
- Ø The post test results generally improved across all the seven sessions when compared to pre test results. This illustrated that despite the initial low levels of awareness, the improved post test results showed the effectiveness of the sessions to educate the attendees and increase their knowledge base

### Evaluation Results

- Ø Most respondents rated the session as highly useful and informative, with positive claims of making an improved lifestyle change and recommendation to others to attend the course.

- Ø The favourable aspects of the sessions were extensive and included enjoyment of the aerobics and cooking sessions as well as being able to learn new and important health messages
- Ø The stated dislikes were relatively few with the main comment relating to the course delivering too much information within a short timeframe
- Ø On the whole, the overall day was strongly rated as excellent and very good

#### Video feedback

- Ø The verbal feedback captured through the video interviews was highly positive and most comments referred to the perceived benefit and necessity of these community training sessions to educate Pacific communities.
- Ø Lifestyle changes were expected to be difficult, however intentions for making improved lifestyle changes was high and most were looking to start with small changes

#### Conclusions

- Ø Overall, the community nutrition education sessions were positively perceived and proved capable of increasing the knowledge base for those attending.
- Ø Conducting and targeting the community nutritional sessions through churches is highly useful and effective in reaching the different Pacific ethnic groups and including the key decision makers of the family cooking and shopping. However, engaging more attendees is necessary and achievable through active support of church leaders.
- Ø Influencing behavioural change can be achieved through on-going and persistent delivery of these sessions
- Ø Overall, the results supported and confirmed the effectiveness of the Kai Lelei community nutritional education sessions to the Pacific community

#### Recommendations

- Ø A number of recommendations were provided to increase the attendance rates for future sessions, to review and make minor changes to the programme and to seek strategies for these sessions that will help influence behavioural and sustained lifestyle changes in the Pacific home and community

### 3. Introduction and Background

#### Introduction

Counties Manukau District Health Board (CMDHB) implemented a series of community nutrition education training sessions with LotuMoui church communities between April and June 2006. These sessions were referred to as the 'Kai Lelei' community nutritional education sessions. CMDHB commissioned an external organization, Marinerway Consulting Group Limited to provide an objective analysis and evaluation of the effectiveness of these community nutrition training sessions. The results of the evaluation were also needed to inform further development of the community nutrition sessions and other community education modules for LotuMoui churches

The evaluation results are outlined in this report and are accompanied with a 6 minute DVD visual resource which presents verbal feedback from participants across the seven sessions and includes snapshot footage of the session attendance and module presentations. Those attending the sessions are the main evaluators of the community training sessions and they are interchangeably referred to within this report as attendees, participants and audience.

#### Background

CMDHB funds 50 Pacific churches under the LotuMoui programme with a number of other churches also working alongside CMDHB to implement healthy lifestyle programmes. Each LotuMoui church has a health committee established which is responsible for administering the fund and organising healthy lifestyle activities for congregation members.

The LotuMoui Operations Plan 2006-2010 sets out a series of Community Education modules to be implemented with LotuMoui churches. Nutrition is the first of those education modules to be delivered by CMDHB with LotuMoui Churches. The objectives of the community nutrition education module are:

- Increase community knowledge about nutrition, healthier food choices, preparation of food and food practices;
- Change behaviour and attitudes towards healthy lifestyles;
- Provide nutrition information that will support churches to develop nutrition policies for their churches; and,
- Supply resources that will support LotuMoui churches to promote positive nutrition health promotion messages.

## 4. Evaluation Objectives

The overall aim of the Kai Lelei community nutrition education sessions is to educate Pacific families about healthy lifestyles and to influence behavioral changes towards improved healthy lifestyles.

The broad objectives of the evaluation were to:

1. Measure whether there is an increase in the knowledge base of participants as a result of attending the community nutrition education sessions;
2. To measure the effectiveness of the process to engage and work with Pacific communities through the delivery of community education modules; and,
3. Gather qualitative reflections from participants of the key messages to influence behaviour change in the Pacific community.

Additionally, CMDHB wish to evaluate these community sessions with the *key aim of capturing participant feedback to improve future community nutrition education sessions.*

## 5. Kai Lelei Nutritional Educational Sessions

### Pacific Ethnic Sessions

Counties Manukau DHB Pacific team conducted a total of 7 Pacific Kai Lelei sessions during April and June 2006.

1. Cook Island (*Mangere PIPC Church*)
2. Niuean (*Ekalesia Niue Church of NZ, Mangere*)
3. English (*Mangere Pacific Island Presbyterian Church*)
4. Samoan Session 1 (*Christian Congregational Church of Samoa, Bairds Road, Otara*)
5. Samoan Session 2 (*Otara Samoan Methodist Church*)
6. Tongan Session 1 (*Lotofale'ia Tongan Methodist Church, Mangere*)
7. Tongan Session 2 (*Lotofale'ia Tongan Methodist Church, Mangere*)

As noted above, two sessions were held for the Samoans and Tongans to help accommodate an expected large number of attendees from these communities. The Kai Lelei sessions were mainly held on Saturdays with two being held on a Friday. The same programme and modules for each session was presented. However different ethnic specific presenters and facilitators were used for each session. The session was generally scheduled for 9am to 3pm.

The sessions were delivered by CMDHB representatives and Auckland Regional Public Health Service (ARPHS) officials. A curriculum was developed based on previous work undertaken on nutrition by ARPHS and CMDHB. Resources were developed to support the implementation of healthy nutrition practices in church settings.

### Kai Lelei Programme

Each session began with an opening prayer from a pastor to help set the mood of healthy mind, healthy spirit, and healthy body for the day.

The general course modules presented at each of the sessions are set out below:

1. Introduction to health & wellbeing
2. Healthy lifestyles (general lifestyle interventions, cardiovascular risk assessment; risk factors for heart disease)
3. Aerobics Session 1
4. Healthier eating (benefits of healthier food and nutrition practices; barriers to healthier food and nutrition practices; food groups and servings; nutrients in food)
5. Menu planning and food labels: (evaluate meal options; understanding food labels)
6. Food safety (hygiene; food safety chain)
7. Aerobics Session 2
8. Cooking Demonstration (preparing a meal: food preparation)

A morning tea break was provided midway through the programme and a final meal was provided at the conclusion of the day.

#### Kai Lelei Course Pack

Each attendee registered upon entry to the course and was provided a course pack containing the following:

1. Kai Lelei booklet
2. Pad and pen
3. Various nutrition brochures
4. Lanyard and a blue balloon
5. Pre and post test
6. Evaluation survey

## 6. Evaluation Approach

The approach adopted to evaluate the community nutritional sessions was varied and targeted towards the expected audience. Based on years of experience working with Pacific communities, Pacific community groups are more receptive to providing verbal feedback as opposed to written feedback. However, to effectively and efficiently meet the objective of measuring knowledge increase, a test and survey was also necessary. It was anticipated that the Pacific participants would consist largely of elderly adults; therefore the approach needed to be informal and simple.

To achieve effective participant responsiveness and interaction to the evaluation process a range of measures and tools were used to capture different perspectives. These measures included the following:

1. Registration list of attendees to identify the profile and numbers attending
2. Pre and post test to assess awareness and knowledge levels
3. Post evaluation survey to assess the usefulness and benefit of the session and likelihood to make lifestyle behavioural changes
4. Capturing verbal feedback via short informal interviews with participants throughout the day
5. Verbal debriefing and feedback from session facilitators and presenters
6. Video footage of the sessions to visually capture community participation and attendee responses
7. General observations of the Kai Lelei team managing and delivering the sessions and observing the audience reactions

All the above measures were implemented and collated to prepare the key findings outlined in this report.

## 7. Registrations

All attendees to the community nutritional sessions registered upon entry to the venue. This involved signing their name, age, gender and church. The collation of this information was used to identify the number and overall profile of attendees to each session. A full detailed list of all attendees is located in appendix 1.

### Overall Registrations

Three hundred and thirteen (313) Pacific people attended and registered across the seven community sessions. The Pacific participants were predominantly female (69%) and middle age as the average age was 47. Methodist (29%) church goers were the largest church denomination represented, followed by Cook Island Christian Church (15%) and Presbyterian (14%). The church denomination representation largely reflected the hosting churches for each of the session venues (refer to section 5).

The attendees were essentially key decision makers in the Pacific home for cooking and food shopping for the family, which is a priority group to educate for healthy lifestyles. Increasing the reach to other profile groups, such as males, youth and a wider representation of church denominations would be worth considering for future sessions.

Figure 7.1 below provides a detailed profile of the total registrations.

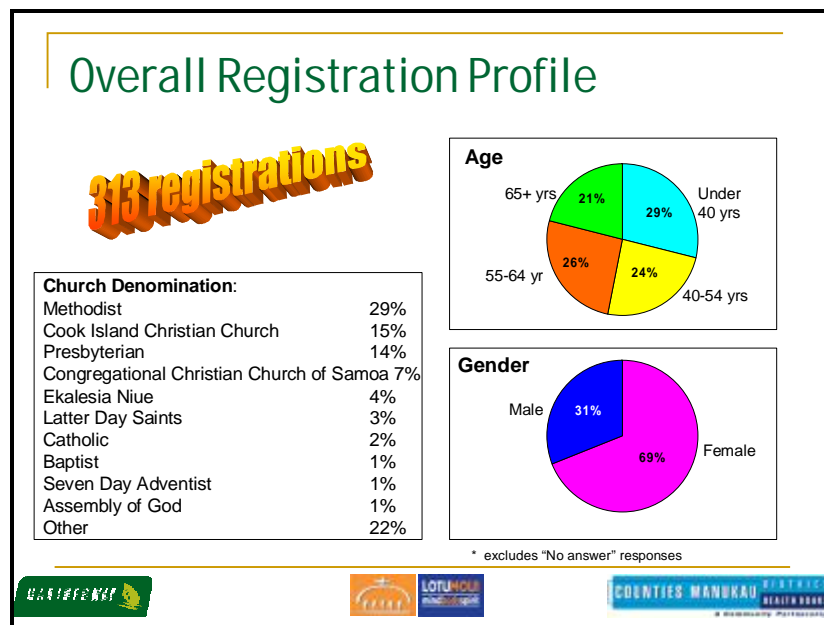


Figure 7.1

## Registration comparisons across the sessions

The Cook Island session attracted the most attendees (74), followed by the Samoan session 2 (53) and session 1 (49). The Tongan session 2 attained the least number of attendees (27). Overall, the two Samoan community sessions combined involved the largest ethnic group (102), followed by the Cook Islanders and thirdly the combined Tongan sessions (68). The English session consisted of English speaking Pacific people from varying Pacific groups. Five of the seven sessions were held on a Saturday, with the exception of the Cook Island and first Samoan session which were both held on a Friday. Interestingly, the number of attendees to the Friday session was high and suggests that a week day session is viable. Figure 7.2 outlines the specific number of Pacific attendees for each session.

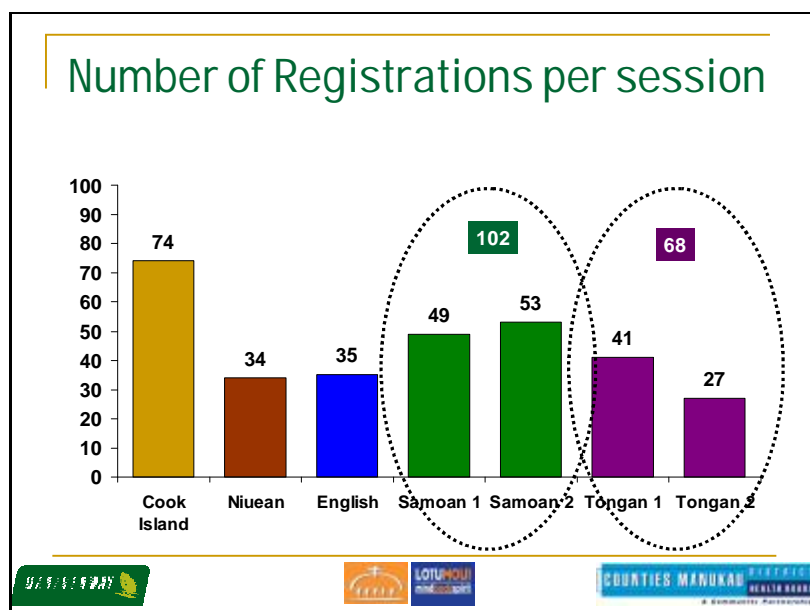


Figure 7.2

Each of the seven sessions consisted mainly of females totaling more than 60% (Figure 7.3). Despite the female skew, the Cook Island session had a relatively high proportion of males (40%) and the first Tongan session in contrast consisted of the least proportion of males (16%). Anecdotally Cook Island men tend to cook more than the other Pacific male groups. In terms of age, Cook Island and Niuean sessions attracted a relatively younger crowd, compared to the Samoans that consisted more of an older age group. Figure 7.4 further highlights the age differentiation with the Cook Island and Niuean participants averaging in their early forties, compared to the Samoans averaging in the early fifties.

These results illustrates that the different ethnic specific sessions attracted somewhat varied audiences and therefore is important for these sessions to ensure they meet the needs and motivations for a range of family life stages, age groups and genders.

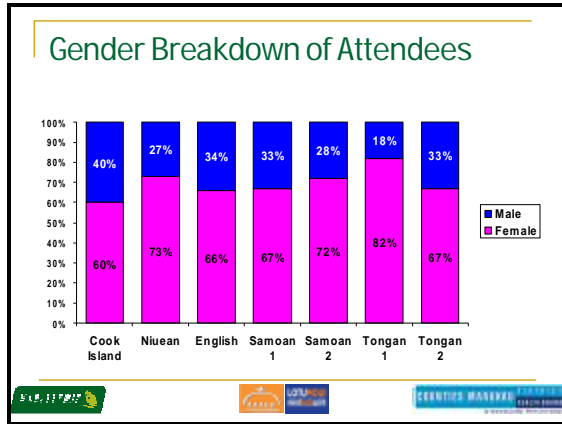


Figure 7.3

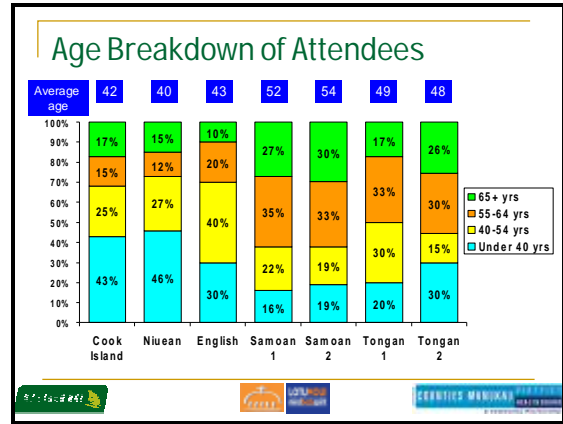


Figure 7.4

## 8. Survey Test Results

Counties Manukau District Health Board designed a short written multiple response pre and post test for participants to complete. The test was translated in to the five Pacific ethnic specific languages and consisted of five key questions as follows:

How many servings should we eat per day?

1. For Fruits and Vegetables
2. For Breads, Cereals and starchy vegetables
3. For Meat and alternatives (fish, chicken, eggs, nuts and seeds, etc)
4. For Milk and Milk products (cheese, yoghurt etc)
5. For food safety - we should ....

Refer to Appendix 2 for a copy of the full test questions. The pre test form was distributed at the beginning of the session to help establish the participants' level of knowledge in the above key areas of food serving sizes and food safety. The exact same test was repeated at the end of the session for a post test measure. These post test results were compared with the pre test results to determine whether a level of knowledge increase had occurred. It should be noted that the Cook Island session did not complete a pre test and thus only have post test results.

The following results presented in the graphs/figures exclude those that did not answer the question and therefore the percentages have been adjusted accordingly. For the detailed test results with non responses included please refer to Appendix 3.

### Response rates

Attendees were instructed and encouraged to complete both pre and post tests. Out of 313 attendees, a total of 171 pre tests were completed and a total of 197 post tests were completed. The Cook Island received 54 post tests compared with the Niuean session that received only 14 post tests. Figure 8.1 presents the number of those that completed the tests within each session. To conduct a comparative analysis of the survey responses across the sessions, a response rate can be calculated, based on the number of tests received divided by the number of attendees at the session.

Figure 8.2 shows the response rates for the pre and post test for each session. Overall, the response rate or participation rate of attendees in the test was 55% in the pre test and 63% in the post test. These are reasonable response rates, given the audience were mainly elderly and not typically responsive to written tests. All the sessions achieved more than 50% response rate with the exception of the post tests for the Tongan session 1 (39%), Samoan session 2 (41%) and the Niuean (41%).

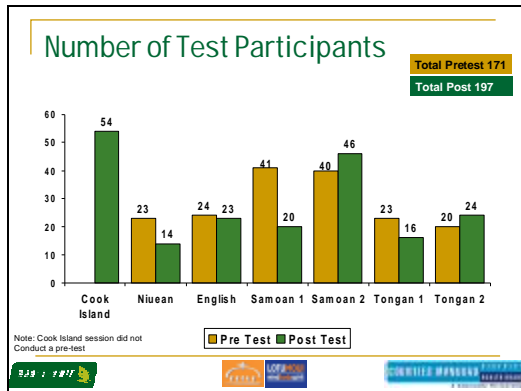


Figure 8.1

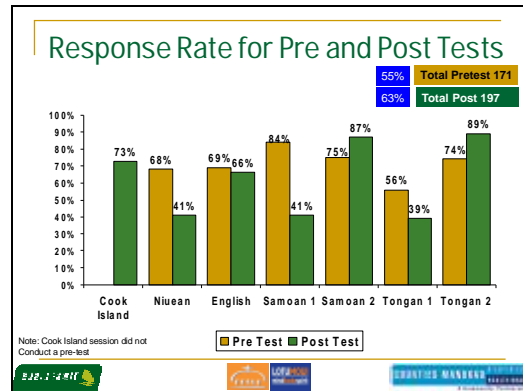


Figure 8.2

The drop of Niuean participants in the post test was due to a few attendees having to leave before the session completion to attend other Niuean community events happening that day. The attendees at the Tongan session 1 and Samoan session 2 appeared to have been confused over the post test and assumed the pre test was sufficient and therefore a number did not complete the post test.

The post test for the Tongan session 2 achieved the highest response rate of 89%. This was largely attributed to the facilitator providing clear background to the test surveys, and the rationale for the repeated test questions. This illustrates that encouragement and detailed clarification to the audience of the need to complete both the pre and post test is necessary to achieve higher response rates.

#### Overall Pre versus Post test results

The combined test results for all seven sessions highlighted areas of low awareness as shown in figure 8.3. The pre test results illustrated a significant lack of awareness around the serving size of breads and cereals with only 11% of all participants correctly answering this question. The awareness of the daily serving size of fruit and vegetables, followed by milk products was also low (29% and 35% respectively). The correct serving sizes of meat and the key elements of food safety were areas that Pacific participants were relatively more familiar with (59% and 68% respectively).

Despite the seemingly high awareness of food safety amongst Pacific, Pacific currently has a high rate of hospital admissions for hygiene related illnesses. This suggests that Pacific is somewhat familiar with food safety but are not necessarily complying. Understanding the motivations for Pacific to comply with food safety guidelines would worth exploring in more depth.

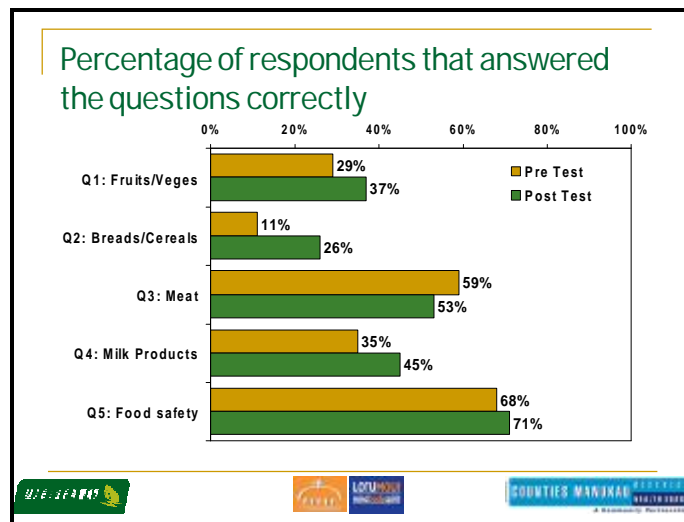


Figure 8.3

The post test results showed an overall improvement on four out of the five questions when compared to the pre test results. These improved results indicate a knowledge increase in these key areas with the breads and cereals showing the most significant increase in knowledge (15% increase). The results overall illustrate that these nutritional educational sessions are beneficial in educating the community and any future sessions should place more focus on the areas of relatively low awareness such as bread and cereals and including fruit and vegetables.

#### Test results across the sessions

Overall, there were a number of distinctive differences in results between sessions and also some commonalities. Below is an outline of key findings from the pre and post test results across the seven sessions.

- Ø The Niueans and English speaking group consistently answered the test questions more correctly than any other Pacific group and also demonstrated significant improvement in the post test results compared to the pre test results. This implies that Niueans and English speaking Pacific participants are comparatively more familiar and aware of serving sizes for particular foods than other Pacific groups. This can be a result of these two groups having more comprehension of the English language and therefore are more exposed and educated by mainstream advertising and communications regarding healthy lifestyles.
- Ø In contrast the Samoans and Tongans appeared to be less familiar on each of the test questions than any of the other Pacific ethnic specific groups. However, despite the relatively low awareness of food serving sizes amongst these two Pacific groups, the post test results generally improved with each question, suggesting these community sessions can

create awareness and education in the Samoan and Tongan community, when provided in their ethnic specific languages. More intensive or more frequent workshops or sessions with the Tongan and Samoan community may be necessary to further improve the relatively low awareness levels for these two Pacific groups.

- Ø There appears to have been some confusion regarding the awareness of serving sizes for meat, as the Tongan and Samoan sessions post test results were lower than the pre test results. This suggests reviewing the meat module presented in the Samoan and Tongan sessions is needed.
- Ø The Cook Island session achieved the lowest post test results regarding fruit and vegetables (15%) and food safety (54%), showing key information gaps for this group. Therefore any future sessions for Cook Island will need to have more module focus and clarification in these areas of food.
- Ø On the whole all the Pacific ethnic sessions showed improved post test results when compared to pre test results. Therefore continuing these community educational sessions is beneficial to the Pacific community and helps create knowledge.

Figures 8.4 to 8.8 present the pre and post results for each question across the seven sessions.

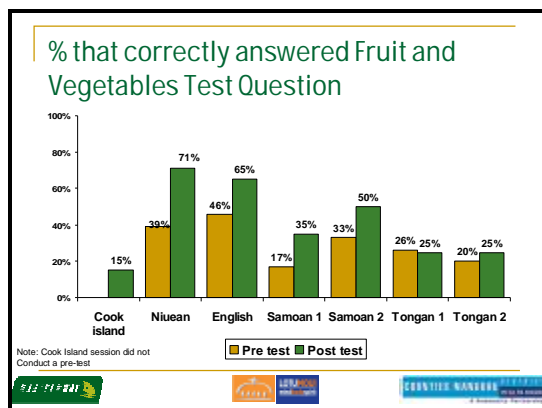


Figure 8.4

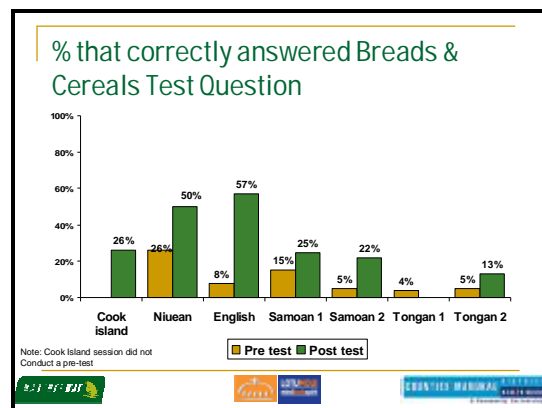


Figure 8.5

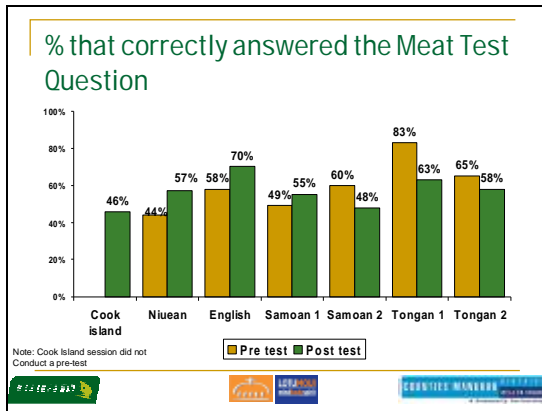


Figure 8.6

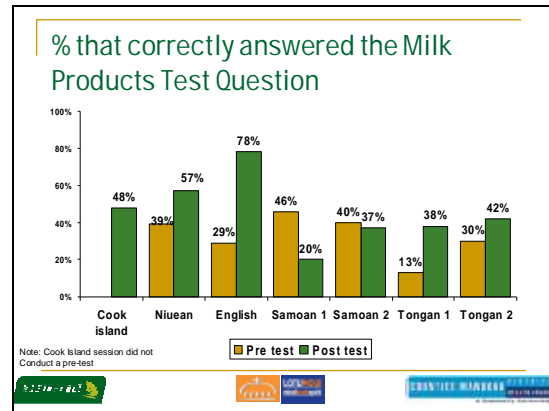


Figure 8.7

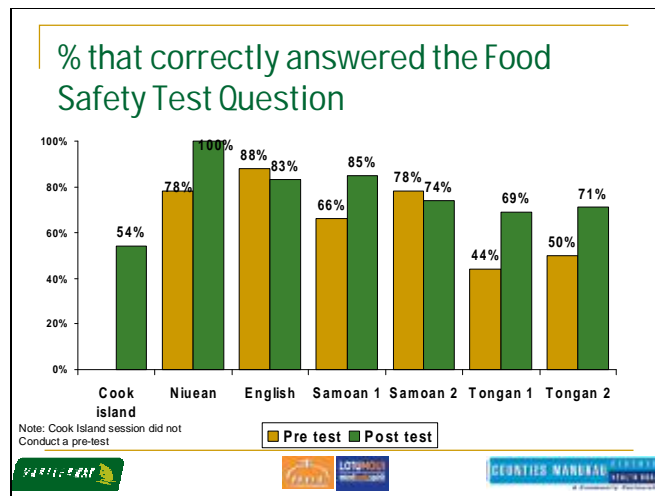


Figure 8.8

## 9. Evaluation Survey Results

The evaluation survey was designed by Marinerway Consulting Group to capture feedback from Pacific attendees on the impact and delivery of the community educational sessions. The survey was customised towards the Pacific audience of elderly members and therefore developed with a few short rating questions.

Five rating questions were used to measure the perceived level of knowledge received from the course (Q1), perceived usefulness of the course (Q2), impact of course on a lifestyle change (Q3), likelihood to recommend the course (Q4) and a final rating to assess the overall day (Q5). Included with these rating questions was the opportunity to write commentary on key areas they particularly liked and disliked. The specific rating questions asked were as follows:

1. How much information do feel you have learnt from the food and nutrition course?
2. How useful is the food and nutrition course information for you and your family?
3. How likely are you to make improved changes to your lifestyle as a result of today's course?
4. How likely are you to recommend this food and nutrition course for others to attend?
5. Finally please rate the overall course taking into account everything, the programme, facilitators, presentations, and group discussions.

The evaluation survey was translated into the Pacific ethnic languages and distributed at the end of each session with the post test. Refer to Appendix 4 for a copy of the full evaluation survey.

The following results presented in the graphs/figures exclude those that did not answer the question and therefore the percentages have been adjusted accordingly. For a full list of detailed test results with the non responses included please refer to Appendix 5c.

### Response rates

According to Figure 9.1, more than half of the attendees from each session completed an evaluation survey. The Samoan session 1 reached the highest response rate (86%) and the Niuean session received the lowest response rate (53%). It was found that sessions with relatively high response rates experienced more encouragement and instruction from the session facilitators, which is useful for future sessions and facilitators to adopt to help reach higher response rates.

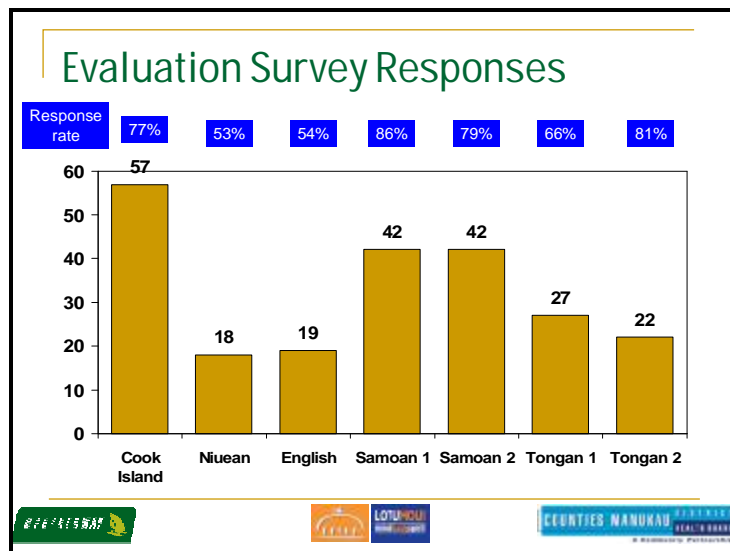


Figure 9.1

### Perceived Level of Knowledge Increase

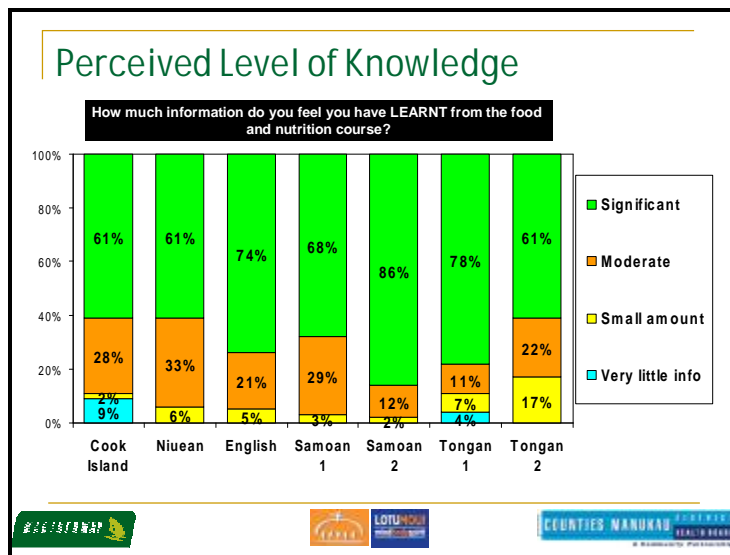


Figure 9.2

When asked how much information was learnt from the course, most respondents indicated they learnt a significant amount of information from the course. The second Samoan session and the first Tongan session consisted of the largest proportion of respondents experiencing a significant amount of learning from the course (86% and 78% respectively). Other sessions also highlighted a moderate amount of learning, especially amongst the English (33%) and first Samoan sessions (29%).

Very few respondents felt they learnt a small amount or very little information. However, the two Tongan sessions and the Cook Island sessions had proportionately more respondents indicating they had learnt small or very little information than the other sessions, particularly in the Tongan session.

The results in figure 9.2 indicate that overall the level of knowledge increase from the sessions was generally high implying that the level of awareness regarding healthy lifestyles was initially low and that participants have been educated as a result of attending the session.

### Perceived Level of Usefulness

The majority of Samoan and Tongan respondents strongly rated their sessions as extremely useful (between 80% and 96%). The other session respondents such as Niuean, Cook Island and English were not as extreme in their perceptions with only 61%, 54% and 48% respectively considering the sessions as extremely useful. These three sessions had a higher proportion of respondents also rating the sessions as very useful, which is still a positive response.

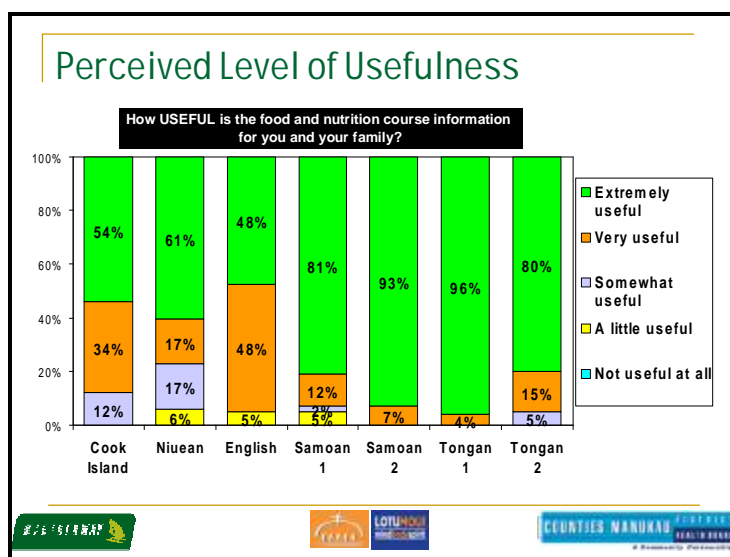


Figure 9.3

Overall figure 9.3 shows the bulk of respondents rating the sessions as extremely or very useful (at least 88%). The chart also illustrates the Samoan and Tongan session respondents as relatively more confident about the information being highly relevant and useful for the family.

## Likelihood to Improve to Healthier Lifestyle

Respondents were asked how likely they were to make improved changes to their lifestyle as a result of the course information presented. The degrees of likelihood to change varied between the sessions. The Samoan session respondents were the most positive group with 71% and 88% in the first and second session respectively claiming they were 'extremely likely' to make some improved lifestyle changes. The other session respondents also showed an extreme likelihood to make a change but to a much lesser degree as shown in figure 9.4 below. Interestingly, the Tongans were the least confident group with only 30% and 42% of session 1 and session 2 respectively rating an extreme likelihood to make an improved change. The other sessions were less bold as the Samoans, however they still subtly claimed to 'very likely' make a lifestyle change as a result of the course.

Compared to the other sessions, Niueans appeared the least positive group with relatively more respondents claiming 'somewhat likely' or 'very unlikely' to make an improved lifestyle change. It is possible that these Niuean respondents may already be practising healthy lifestyles and therefore not requiring much change.

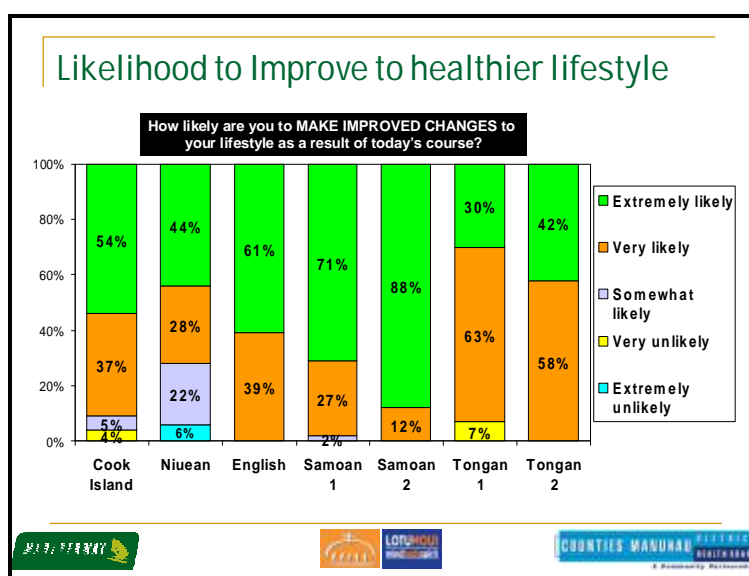


Figure 9.4

The desire to make an improved lifestyle change is apparent with the majority claiming to make some degree of improved lifestyle changes as a result of the course. However the reality of actually making a lifestyle change can be difficult and daunting for all Pacific families particularly for the Tongans with their relatively low levels of confidence to make a change. The need for more positive empowerment and strategies to help families feel confident to make an improved change is a critical element of these courses that needs to be developed and enhanced to have a motivating impact on these Pacific families.

## Likelihood to recommend the course to others

The Samoan, English speaking session and Cook Island sessions were highly positive and had the most percentage of respondents from these sessions claiming to 'extremely likely' to recommend the course to others to attend. The Niuean and Tongan respondents were not as confident with less than half of the session respondents indicating an extreme likelihood to recommend and most claiming 'very likely' to recommend, which is still a positive response. A relatively small proportion of participants were unlikely to recommend the course, and this group was more prevalent, albeit small, to be from the Niuean and Tongan sessions.

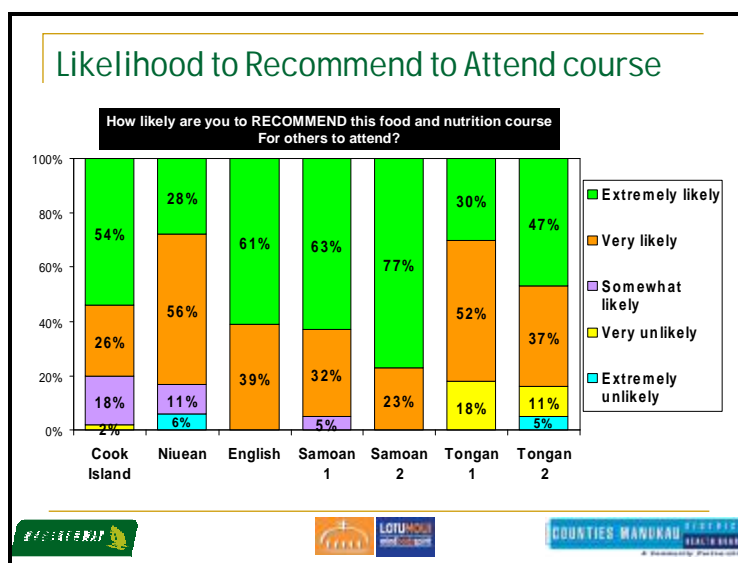


Figure 9.5

A possible rationale for the relatively less positive response from the Tongan community may be linked to the previous results that suggest the Tongans were less likely than the other Pacific groups to make an improved lifestyle change. Thus the realisation and perceived difficulty of the Tongans to implement the learning's may have discouraged or inhibited this group from strongly recommending the course others to attend, despite acknowledging the usefulness and informative delivery of the course.

Overall despite a very small number of people, the majority as shown in figure 9.5 has claimed likelihood to recommend the course to others to attend. This implies the general positive response to the course and its perceived benefit for the wider Pacific community to attend.

## Key Likes

As already mentioned earlier, respondents were able to write down any key areas they particularly liked about the course. The main recurring theme referred to the hugely perceived benefit of the course in meeting a real need in the Pacific community for healthier lifestyles.

A number of other common themes were identified and universal across the seven sessions. These are presented below along with verbatim quotes from respondent surveys, including translated comments.

- n** The day was enjoyable
  - q** "I really enjoyed the programme today from the beginning to the end" (Ck Is)
  - q** "I thoroughly enjoyed everything about today's programme" (Samoan)
  
- n** The attendees appreciated the personal time and effort of CMDHB staff to hold the course during the weekend. This was due to the fact that six out of the seven sessions were held on a Saturday.
  - q** "Liked how hosts took their time to inform us about food & nutrition" (Niuean)
  - q** "Thank you very much for your time taken to explain the importance of this subject" (Samoan)
  
- n** Clear and simple delivery of the message by the presenters
  - q** "Well presented and understood completely"; (Niuean )
  - q** "The teaching was good, making the knowledge understandable" (Ck Is)
  
- n** Delivery of messages in Pacific ethnic specific languages, particularly as many of the attendees only communicated in their native Pacific language
  - q** "Were able to translate from English and Niuean, so no one was left out"; [Niuean]
  - q** "Done in our own language" (Samoan)
  
- n** Being able to fellowship with others:
  - q** "Enjoyed the gathering" (Samoan)
  - q** "Good to meet new people" (Samoan)
  
- n** The cooking demonstration was very popular due to the hands on experience and opportunity for attendees to actively prepare and observe cooking techniques and recipes
  - q** "I like how we got to make and watch how to make healthy foods" (English)
  - q** "Very useful for our families to learn how to cook foods differently and to cook different kinds of foods"; (Samoan)

- q "The cooking demonstration – showing how to dissolve the fat in the tin of corned beef" (Ck Is)
  - q "The sushi making was awesome!" (Samoan)
  
- n The aerobics module was also well received and allowed all attendees young and old to participate and interact. However, only four out of the seven sessions conducted aerobics.
  - q "I enjoyed listening to the session on healthy food for eating and I also enjoyed the exercise because it made me sweat" [Ck Is]
  - q "Great exercise" (Samoan)
  
- n The use of visual aids was effective in delivering key health messages and concepts
  - q "I like the presentation of the course and also the teaching aids (pictures)" (English)
  - q "Presentation is clear and use of diagrams to understand" (English)
  
- n Many of the attendees were fascinated and interested about learning the effects of eating the wrong foods and the related illnesses (eg. Diabetes, Cardio vascular disease). This module helped families understand that prevention of hereditary illnesses can be achieved with a healthy lifestyle
  - q "Presentation by Andrew Chan Mow on explaining how/why & prevention of illnesses" [Samoan ]
  - q "How you can prevent your body from getting all the different diseases" (Ck Is)
  
- n Thorough explanations were provided to easily understand why particular foods were unhealthy and food alternatives were suggested for these types of foods:
  - q "describing the total fat in the food/drinks and how to make healthy food, and the things we need to have and what not to have. It's good for us young mothers to eat the right food" [Samoan ]
  - q "This programme was useful for informing us how to prepare healthy food, what ingredients are used both good and bad. Thank you." (Samoan)
  
- n The audience felt the day was well organised and appreciated the effort and time required to deliver the wide range of modules
  - q "Everything was well presented and well organised by people who speak both languages" [Samoan]
  - q "Everything was well organised starting with the doctors presentation to the cooking and exercises" [Samoan]
  
- n Providing the course free of charge:
  - q "This is an excellent course to attend especially for free – opportunities like this usually costs" [Niuean]

A more extensive and complete list of verbatim comments of key likes can be found in appendix 5a.

### Key Dislikes

Overall there were very few dislikes and interestingly there were no common dislikes, but rather these dislikes were specific to a particular session. A list of the key dislikes and verbatim comments are highlighted below, including translated comments. These comments can help provide guidance and direction for improving future community educational sessions.

A more extensive and complete list of verbatim comments of dislikes can be found in appendix 5b.

- n** Lack of control of audience by the facilitator during the Cook Island session meant the discussions and presentations were not always fully heard amongst the audience
  - q** “The people were noisy. Only one person should speak at a time so we can hear the question” [Ck Island]
  
- n** Information overload within a tight timeframe. Many of the participants found the information as too overwhelming within one day’s session. Suggestions were made to break up the session over a number of days.
  - q** “A lot of information shared in short period of time. Teaching sessions should be four times a year” [Ck Island]
  - q** “Not longer; didn’t get to fill in some of the gaps in the manual” [English]
  
- n** Incorrect translations. The Cook Island group have different dialects so although the translations were done for this community, some of the words were seen to be translated incorrectly:
  - q** “I did not like the translation of the words and translation of the questions” different Cook Island dialect [Cook Island]
  
- n** Mixing of English and Pacific languages in the presentations:  
Some of the elderly participants were not familiar with the English terminology used invariably during the Niuean and Cook Island sessions and translations were not always provided
  - “There’s only one minor thing, and that is to have the workshop all in Niuean. Please don’t mix Niue and English because it’s hard for me an elderly person to understand” [Niuean]

However, the youth attending the Cook Island and Niuean sessions did not understand their parents’ Pacific language and preferred english

- q** “Can’t understand the Niuean language” [Niuean]

- n Delayed start to the session
  - q "Please stick to our starting time 9:30am. No Samoan time" [Samoan ]
  
- n A number of attendees felt the food groups and food labels module was not clearly delivered and created confusion amongst the attendees. It was also seen as unrealistic to expect Pacific elderly to read labels during a shopping trip.
  - q "Food groups not clear enough, Food labels - our people do not read labels, they look for cheap goods" [Samoan]
  
- n Weekend sessions were not always convenient, as Saturdays was a busy time for the Pacific community and also Seven Day Adventist would not be able to attend
  - q "Date on Saturday" [English]
  
- n Confusion and lack of clear communication during the cooking module. Attendees requested more explanations regarding the ingredients and amount being used for each recipe
  - q "best done if stations were in a circle facing inwards..." (English)
  - q "... be more specific in what and how much they were adding." [English]

### Overall Performance Rating

The final evaluation question was aimed at capturing an overall measure of the day taking into account all aspects of the course, from the programme, facilitation, presentations and discussions. As with any course there are always expected pros and cons and so this question required respondents to weigh their perceptions and to rate and evaluate the course as a whole.

The results were overall pleasing with almost all the sessions strongly rating the course as excellent. The most positively rated sessions were the Samoan session 2 and both the Tongan sessions. The Samoan session 1, Cook Island and English speaking session were also positive with another large proportion of respondents giving a 'very good' rating. Overall there were very few giving a fair or poor rating.

The Niuean session however showed some less than positive response with 40% providing an excellent rating and only 13% rating the session as very good. A large proportion of Niueans felt the session was 'good' (47%). This can be attributed to the disappointing turn out of Niueans to the session, as many of the Niueans felt the session was valuable and unfortunate that not many in the community were present.

Ø *"I think it's quite good – just disappointed about the attendance."*

Ø "... I wish there were more people, because it was actually quite in depth – quite a good overall picture of how to cook healthy meals"

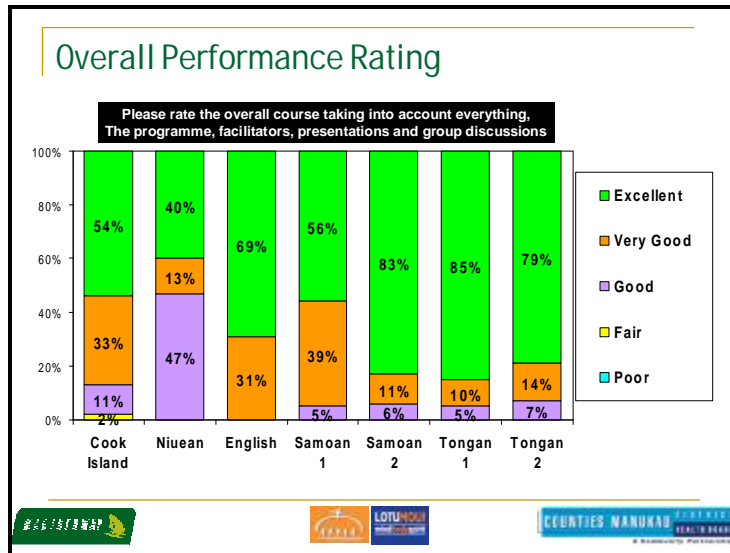


Figure 9.6

The overall performance results (figure 9.6) are strongly positive and complement the other evaluated aspects of the course which all combined indicate that the course was well received by the Pacific community. The overall course evaluation survey results indicate the course meets a real need in the community for more awareness, knowledge and motivation for a healthy lifestyle change.

## 10. Video interview feedback

Pacific people and particularly elderly Pacific are more likely to prefer providing verbal feedback more so than written feedback. Therefore it was necessary to complement the written feedback with a series of face to face interviews. This involved short adhoc interviews being conducted at three separate times during the course of the day:

- Pre session interviews prior to the session starting
- Interim session interviews during the morning tea break
- Post session interviews at the end of the overall session

A video camera was used to visually capture participant interviews and help elicit qualitative reflections from the overall day. The questions proposed to individuals varied according to the period when the questions were being asked and are highlighted in the sub sections below. Translators were used when necessary to interview and translate the feedback.

A summary of the key responses from the three set of interview stages is presented below alongside key quotes.

### Pre Session Interview

The pre session interview involved asking questions about expectations for the day and key reasons and motivations for attending the session.

The most common response for attending the session and also the expectation for the day was to increase their knowledge about healthy eating to help the Pacific Island people. Many indicated their intention to share their learnings from the session with their families, friends and church community.

- Ø "I thank God for CMDHB for doing this for the pacific people. We are here for the healthy lifestyles of pacific people and anyone else who wants to listen to how we can live our lives, physically & spiritually" [Cook Island]
- Ø "Hopefully to take back some information that I get from today and try to impart this knowledge to our PI people that I go out to visit" [Niuean]
- Ø "I am a school nurse at De La Salle, and that is really important in what I do; I'm really into health promotion, so I'm into getting more knowledge" [English]
- Ø "which is the best food to eat and what will give me good health" [Cook Island]
- Ø "Us Pacific Islanders, our food is a mix of everything, so after today hopefully we'll know what to eat and what not to eat" (English)

A number of the attendees were attending to support CMDHB as part of the Lotu Moui programme, while others were attending as result of a church notice to attend the session

- Ø “We come to support the Counties because we are here in Mangere, we want to support them” (Cook Island)
- Ø “Announcement in the church – that’s why I come” (English)

#### Interim Session Interviews

The interviews during the morning tea break aimed at getting feedback of the initial modules presented and capturing interim thoughts of the day. According to the Niuean and Cook Island sessions the morning modules reinforced information they were already aware of.

- Ø “We’ve heard it before, but it doesn’t hurt to be reminded again and again until we actually do something about it” [Cook Island]
- Ø “its nice to reinforce all the things that I have learnt or knew – at this stage I haven’t learnt anything new” [Niuean]

A number of the Pacific youth and young adults found the information new and interesting.

- Ø “I learnt that you can get gout on hands”; (English)
- Ø “I never knew that we were so obese – that the percentage is so high” [English]

The attendees greatly appreciated and heavily relied on the doctors perspective and presentation moreso than the other health professionals. The audience were pleased to have the opportunity to receive direct answers and responses from doctors to questions raised during the session.

The doctors were also seen as providing credibility to the overall session and helped validate and support the work of community health workers and nurses.

- Ø “It is hard to change people’s mind about health from Community Health Workers - unless they hear it from doctors who are qualified” [Samoan]

#### Post Session Interviews

The post session interviews were used to capture general thoughts on the overall day and to determine whether any lifestyle changes would be considered.

Many felt motivated to make little lifestyle changes such as:

Changing from Blue top milk to light blue

- Ø “I don’t want to go to the extreme to the green top” [English]

Starting physical activity

- Ø “I will change some of what I eat and physical activities – I can do it at home, I don’t have to go to aerobics” [Samoan]

Reducing and removing the fat from pisupo

- Ø “For me, my interest with pisupo is its oil. But now I see how much fat is in it – if I value my health, I need to change this” [Samoa]

Using healthier cooking techniques to benefit the children

- Ø “... Especially my son who is overweight, so I need to go home and change the way I cook” [Cook Island]

More frequent community educational nutritional sessions was requested to help reach more Pacific communities and help continually reinforce the messages to encourage and motivate change

- Ø “There are a few of our parishioners here. You only need a few to make a difference in a family” (English)
- Ø “Especially the youth – get them aware of why it’s important for their health to start right now. So I’m going to take this and drill it into them” (English)
- Ø “I’ve learnt heaps – especially from the slide of fast foods (Burger King, etc) – I’m going to cut down now on fast foods” (Samoa)
- Ø “It comes down to making a choice, you pick whether you want to eat kai which will make you “matu”, or whether you want to exercise and change your life around for the better” (Ck Island)
- Ø “Little things that you have heard before but it helps to hear it again – for eg, draining the fat from the corn beef (didn’t know to do it like that) – simple stuff, but actually seeing it being done just reinforces that this is the way it should be done.” (Ck Island)
- Ø “I put it into practice now – it motivates you, and if you’re not doing it, it motivates you to do it. The more you hear about it, the better” (English)

The information was highly useful for church planning and implementing lifestyle programmes as part of the Lotu Moui agreement

- Ø “Information is relevant so we can work on forming programmes in our church and become a healthy congregation” (Ck Island)

## 11. Key Conclusions and Recommendations

### Key Conclusions

The overall results highlight the information gaps in the Pacific community and the ability of these community nutritional education sessions to educate and increase the knowledge base and awareness of healthy lifestyles amongst Pacific. The evaluation survey results confirmed that the sessions were informative, useful, and helped encourage Pacific to make some improved lifestyle changes within their families. The course was overall highly rated and likely to be recommended to others.

The general verbal feedback was very positive and encouraged the on going delivery of these sessions. It was apparent from the feedback that delivering these community education modules through church organisations is effective in engaging the varying Pacific ethnic specific communities, and in particular reaching the key decision makers for cooking and food shopping in the home. However, more targeted effort and relationship building with the churches is needed to increase the attendance numbers for each session. This can be attained with active support from the church leaders.

Any behaviour change from established years of unhealthy eating and lifestyle is realistically difficult to change. However, according to our results the intention and desire amongst Pacific to change appears high, though it may take a few small incremental changes before complete and sustained lifestyle changes are fully accomplished. Participants also suggested the persistent and on-going delivery of these sessions will further help influence a behaviour change.

Despite the generally overwhelming positive feedback, there are always areas for improvement and therefore looking towards future sessions a list of recommendations to consider are outlined below.

### Recommendations for Session Attendance

To help increase the number of attendees to each session, establishing strong relationships with church leaders is critical. Communications to discuss the importance and purpose of the nutritional sessions is helpful to achieve buy in and ideally motivation for church leaders to encourage congregations to attend. Follow up calls and reminders to churches regarding these sessions would further improve attendance numbers. Other key suggestions include the following:

- Ø To help increase attendance to actively promote the sessions via the Pacific mediums, radio, newspaper and church notices. If possible, use the supplied DVD resource as a promotional resource to play at church gatherings to help encourage interest towards attending

- Ø To consider alternating church venues to appeal to wider church denominations or to consider using community halls to breakdown any church barriers. If necessary, target key churches that were not present at the sessions
- Ø To ensure session dates are planned ahead and do not coincide with other key Pacific events
- Ø Look to encourage primarily new audiences but also previous audiences to help reinforce the key health message
- Ø To consider capturing more males to the sessions via direct contact to the men's church groups
- Ø To capture more youth and NZ born to the English session. The more profile groups targeted to attend, the stronger the health messages will reach the wider Pacific community. However, an innovative and enticing approach will be required to reach these different groups, particularly the youth.

#### Recommendations for Tests & Survey

These evaluation results provide base line figures for future comparisons. Therefore repeating the tests and evaluation surveys would be useful to help monitor and track the performance of each session and the overall community education programme.

- Ø The tests and survey should also aim to identify new and old attendees to provide analysis and comparison between these two groups.
- Ø Response rates can be improved through clearer communication and motivation from the facilitators to encourage attendees to complete the tests and survey. Also the use of incentives to complete the tests and survey would be helpful (eg prize draw).

#### Recommendations for Programme

A few suggested revisions are presented in response to attendee feedback and recommendations:

- Ø Consider starting the programme with morning tea to provide a kick start to the day and allow more time for the team to set up and for more people to arrive
- Ø Prize giveaways, aerobics and cooking preparations should all be continued and can help break up the day
- Ø Provide bite size modules focusing more on the areas of low awareness (e.g. bread/cereal, fruit and vegetables)
- Ø Reading Food labels appears too complicated for the elderly Pacific and whether to include easier options such as looking for symbols (eg Heart Foundation tick)
- Ø Provide more practical tips on food options, cost savings and suggested places to buy
- Ø Audience were highly receptive to doctors presenting and suggest continued use of doctors where possible

- Ø However, also suggest that doctors help to validate the importance and role of nurses and health promoters
- Ø The Kai Lelei manual provided to the attendees was rarely referred to during the sessions. It is highly recommended that the presenters make reference to the document to illustrate its value and purpose and to encourage use during the session and for use at home
- Ø Strongly recommend for Kai lelei team to have briefings and debriefings at each session
  - Briefings to set the scene, for introductions and encourage team coordination and motivation
  - Debriefings to capture fresh feedback and ideas to continually aim to improve with each session

### Recommendations to Influence and Motivate Behavioural change

As already eluded to, behavioural change is difficult and thus creative ways are needed to provide more incentive and motivation for Pacific to make lifestyle changes. Below are a few suggestions:

- Ø To provide shock treatment through illustrations of the negative realities and tragedies of bad diets. Use of visual imagery to show physical and mental consequences from unhealthy lifestyles would be powerful and impactful (e.g show blindness or deformed feet from diabetes)
- Ø Provide the incentive for caregivers to live longer and be around for their children and grandchildren. Also illustrate how their unhealthy lifestyles can effect the quality and longevity of life for their children
- Ø Provide real success stories from church members who have made behavioural changes to help inspire and encourage others to follow suit
- Ø As the attendees are church goers it would be encouraged to emphasise the spiritual aspects of healthy bodies and God's gift of life and life in abundance to everyone.
  - Refer to the LotuMoui verse - "Beloved, I pray that you may prosper in all things and be in health, just as your soul prospers." 3 John 1:2

### Recommendations to continue the momentum and keep the healthy lifestyle messages ongoing

These community nutritional education sessions created a positive impact and helped impart good information to those attending the session. However, the momentum needs to continue to keep the health messages top of mind and absorbed into mindsets and lifestyles. This cannot be achieved with reliance on one annual session, and therefore leveraging off other health projects and activities is vital to keep the messages on-going until another session is delivered. Key suggestions include:

- Ø To provide follow up mini sessions to individual churches
- Ø Provide informative posters to churches to post around the church to help reinforce key messages
- Ø Continue the key messages through Pacific radio and Pacific newspapers

- Ø Encourage a whole of health systems approach
  - Work with health providers and other health project initiatives (e.g. Let's beat diabetes) to continue to persistently and consistently promote the healthy lifestyle messages to their Pacific population