

Green Prescription Active Families Survey

Report

May 2016

Green Prescription Active Families Survey

Report

|  |  |
| --- | --- |
| Prepared for | Diana O’NeillMinistry of Health |
| Prepared by | Annita Wood Mark Johnson  |
| Contact Details | Mark JohnsonResearch New ZealandPhone 04 499 3088www.researchnz.com  |
| Project number | #4838 |

Contents

[Index of figures 4](#_Toc451936114)

[Index of tables 5](#_Toc451936115)

[1.0 Executive Summary 6](#_Toc451936116)

[2.0 Introduction 8](#_Toc451936117)

[2.1 Background 8](#_Toc451936118)

[2.2 Objectives 9](#_Toc451936119)

[2.3 Methodology 9](#_Toc451936120)

[3.0 Joining the Active Families programme 10](#_Toc451936121)

[3.1 Who referred child to Active Families programme 11](#_Toc451936122)

[3.2 When referred child started the Active Families programme 12](#_Toc451936123)

[3.3 Main reasons why child was referred 13](#_Toc451936124)

[3.4 Main activities recommended for outside Active Families programme 14](#_Toc451936125)

[4.0 Current status of child on Active Families programme 16](#_Toc451936126)

[4.1 Current status 16](#_Toc451936127)

[4.2 Reasons for being off Active Families programme 18](#_Toc451936128)

[5.0 Changes resulting from involvement in the Active Families programme 19](#_Toc451936129)

[5.1 Changes noticed in child’s health and fitness 20](#_Toc451936130)

[5.1.1 Types of changes noticed in child’s health and fitness 20](#_Toc451936131)

[5.2 Amount of time referred child spends being active 23](#_Toc451936132)

[5.3 Understanding and awareness of healthy behaviour 26](#_Toc451936133)

[5.4 Impact on family 27](#_Toc451936134)

[5.4.1 Awareness of healthy eating and diet changes 27](#_Toc451936135)

[5.4.2 Whether other household members are more active 29](#_Toc451936136)

[5.5 People that child is usually active with 32](#_Toc451936137)

[5.6 Encouraging others to be active as a result of participation 33](#_Toc451936138)

[6.0 Opinions about the Active Families programme 34](#_Toc451936139)

[6.1 Overall satisfaction with the service and support they received 35](#_Toc451936140)

[6.2 Views about the service and support they received 38](#_Toc451936141)

[6.3 Most helpful parts of the Active Families programme 41](#_Toc451936142)

[6.4 Suggestions for improving the Active Families programme 44](#_Toc451936143)

[6.5 General comments 46](#_Toc451936144)

[7.0 Profile of child and family 48](#_Toc451936145)

[Appendix A: Questionnaire 54](#_Toc451936146)

# Index of figures

[Figure 1: Persons referring child to Active Families programme 11](#_Toc451936147)

[Figure 2: When referred child started the Active Families programme 12](#_Toc451936148)

[Figure 3: Main reasons for referral of child to the Active Families programme 13](#_Toc451936149)

[Figure 4: Main activities recommended for referred child outside the Active Families programme 14](#_Toc451936150)

[Figure 5: Current status of child on Active Families programme 17](#_Toc451936151)

[Figure 6: Whether changes noticed in referred child’s health and fitness 20](#_Toc451936152)

[Figure 7: Nature of changes noticed in child’s health and fitness 21](#_Toc451936153)

[Figure 8: Amount of time child spends being active compared to before Active Families programme 23](#_Toc451936154)

[Figure 9: Referred child’s understanding and awareness of benefits 26](#_Toc451936155)

[Figure 10: Whether family now knows how to choose healthy food and drink options/changed diet 27](#_Toc451936156)

[Figure 11: Proportion of other types of household members that are more active as result of Active Families experience 30](#_Toc451936157)

[Figure 12: Proportion of other household members that are more active, by age 31](#_Toc451936158)

[Figure 13: People that child is usually active with 32](#_Toc451936159)

[Figure 14: Whether encouraged others to be more active as result of Active Families experience 33](#_Toc451936160)

[Figure 15: Overall satisfaction with service and support provided by Active Families programme 35](#_Toc451936161)

[Figure 16: Views about service and support provided by Active Families programme 39](#_Toc451936162)

[Figure 17: Views about service and support provided by Active Families programme over time (percentage that agree or strongly agree) 40](#_Toc451936163)

[Figure 18: Age of referred child 49](#_Toc451936164)

[Figure 19: Gender of referred child 49](#_Toc451936165)

[Figure 20: Relationship to child of respondent 50](#_Toc451936166)

[Figure 21: Others living in the household 51](#_Toc451936167)

[Figure 22: Deprivation index distribution of all recipients (1 = least deprived, 10 = most deprived) 53](#_Toc451936168)

# Index of tables

[Table 1: 2015-2016 targets for GRx Active Families Contract Holders 7](#_Toc451936169)

[Table 2: Reasons for being off programme 18](#_Toc451936170)

[Table 3: Changes in activity levels by time since referral 24](#_Toc451936171)

[Table 4: Types of changes to diet 28](#_Toc451936172)

[Table 5: Encouraged others to be more active 33](#_Toc451936173)

[Table 6: Reasons for overall satisfaction 37](#_Toc451936174)

[Table 7: Most helpful aspect of the GRx Active Families programme 43](#_Toc451936175)

[Table 8: Suggested improvements to the GRx Active Families programme 45](#_Toc451936176)

[Table 9: General comments about the GRx Active Families programme 47](#_Toc451936177)

[Table 10: Ethnicity 52](#_Toc451936178)

[Table 11: Ethnicity (summary groups) 52](#_Toc451936179)

[Table 12: Surveys received from each contract holder (from sample) 53](#_Toc451936180)

# Executive Summary

This report presents the findings of the eighth survey in an on-going monitor of participants in the Green Prescriptions Active Families (Active Families) programme. As in previous years, the survey sought the views of participants about how well the programme worked for their child and family. The findings for 2016 represent the views of n=226 families, who participated in the programme between July 2015 and April 2016[[1]](#footnote-2)**.**

Key findings

Table 1 overleaf shows the key results for the Active Families programme for 2015 – 2016 and the previous four years. The success of the programme is measured by the performance of the contract holders against 11 Key Performance Indicators (KPIs). The survey of participating families reported on here measured performance for nine of these KPIs.

In 2016, the contract holders exceeded all nine KPI targets measured by the survey. Most notably:

* 97 percent of GRx Active Families participants felt that what the activity provider suggested was appropriate for them (target is a minimum of 85 percent)
* 97 percent of GRx Active Families participants are aware of and understand the benefits of physical activity (target is a minimum of 85 percent)
* 96 percent of GRx Active Families participants are satisfied with the overall service and support provided (target is a minimum of 90 percent).
* 96 percentof GRx Active Families participants felt the physical activities suggested were appropriate for them (target is a minimum of 90 percent)
* 91 percent of GRx Active Families participants are motivated to get/stay physically active (target is a minimum of 85 percent).

Table 1: 2015-2016 targets for GRx Active Families Contract Holders

Achieved

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **GoalParticipants…** | **GRx Active Families target** | **2012****%** | **2013****%** | **2014****%** | **2015****%** | **2016****%** | **2016****KPIResult** |
| Are more active since receiving their GRx | Minimum of **80%** of GRx Active Families participants are more active after 6-8 months of receiving their GRx | 77 | 81 | 76 | 79 | 83 |  |
| Adopt better nutritional habits  | Minimum of **85%** of GRx Active Families participants have made changes to their diet since receiving their GRx | 92 | 89 | 90 | 88 | 87 | Achieved |
| Receive effective support to maintain activity | Minimum of **85%** of GRx Active Families participants feel more confident about doing physical activity | 93 | 91 | 90 | 89 | 89 | Achieved |
| Have a choice of activities that are relevant and appropriate for them | Minimum of **90%** of GRx Active Families participants felt the physical activities suggested were appropriate for them | 99 | 95 | 95 | 95 | 96 | Achieved |
| Have a choice of activity providers that are relevant and appropriate for them | Minimum of **85%** of GRx Active Families participants felt the activity provider suggested was appropriate for them | 97 | 95 | 97 | 97 | 97 | Achieved |
| Are motivated to participate in and follow their GRx | Minimum of **85%** of GRx Active Families participants are motivated to get/stay physically active | 89 | 90 | 93 | 90 | 91 | Achieved |
| Are aware of and understand the benefits of physical activity | Minimum of **85%** of GRx Active Families participants are aware of and understand the benefits of physical activity | 98 | 94 | 97 | 97 | 97 | Achieved |
| Have noticed health changes since being more active | Minimum of **85%** of GRx Active Families participants have noticed health and fitness level changes | 83 | 86 | 91 | 86 | 88 | Achieved |
| Ensure consistent high quality services and support are delivered to GRx participants | Minimum of **90%** of GRx Active Families participants are satisfied with the overall service and support provided | 100 | 98 | 98 | 98 | 96 | Achieved |

‘No response’ has been removed from these results.

# Introduction

## Background

In 2004, a gap was identified in the community for a collaborative approach in increasing physical activity levels of children and youth who are at risk of suffering adverse health effects from being overweight or obese. Sport and Recreation NZ (SPARC) established the Green Prescription Active Families programme to meet this need.

The GRx Active Families programmes are community based health initiatives, designed to increase physical activity in children and young people aged 5-18 years and their whänau/families. Priority is given to children aged 5-12 years. The programme enables them to embrace healthier and more active lifestyles that are sustainable through encouragement, education, nutritional guidance and advice, realistic goal setting and on-going support. Each programme provides support for a minimum of 35 children and young people and their families for a period of up to 12 months.

Referrals may be made by a range of referrers including paediatricians, general practitioners, practice nurses, community, school and public health nurses, occupational and physiotherapists, dieticians and nutritionists. The referrer is kept informed of families’ involvement in the programme. Families are also able to refer themselves to the programme. Criteria are inactive children with a BMI over 25 and within the 95th percentile, with a family motivated to make lifestyle changes.

Regular group activity sessions may be held at community facilities and include a physical activity session, working as a group on individual goals/achievements. Physical activities include fitness circuits, modified games, sports and aquatic activities. Information and education about health, wellbeing, healthy food and physical activity is provided. Home visits in some areas assist in family goal setting. Participants and their families are encouraged to take ownership of the programme and form friendships and social interactions between families.

The long-term goal for each child is a minimum of 60 minutes of moderate intensity activity most days of the week. Regular monitoring/testing of each participant is conducted to measure the progress and effectiveness of the programme.

When the long-term goal of being moderately active for at least 60 minutes on most days has been achieved on a sustainable basis and expected improvement in health outcomes achieved, an exit strategy is developed to link the participant to other activities in the community. This helps ensure the lifestyle change is maintained including daily physical activity by the whänau/family.

Responsibility for the GRx initiative, including GRx Active Families, was transferred from SPARC to the Ministry of Health (the Ministry) in July 2009. Funding and management of the initiative was subsequently devolved to district health boards (DHBs) in July 2012.

## Objectives

This is the ninth annual assessment and eighth monitor of the effectiveness of the Ministry’s GRx Active Families (Active Families) programme. The Ministry commissioned Research New Zealand to collate and analyse results from a survey of participants to get views about how well the programme worked for them, in terms of helping those children and families referred to it become more active and to get their feedback on the advice and support provided through the programme.

## Methodology

The 2016 survey is the same as that developed for SPARC in 2008 and repeated in 2009, 2010, 2011, 2012, 2013, 2014 and 2015. The survey was administered as a self-completion questionnaire with the contract holders from each region taking responsibility for distributing and collecting the questionnaires. As in previous years, the questionnaire was distributed to participants in the Active Families programme approximately six months after their entry to the programme by Active Families co-ordinators in regions where the programme is run. Returns were received on a regular, approximately monthly basis. These findings represent responses received over the period from July 2015 to April 2016. Responses were received from all Active Families contract holders.

A total of n=226 valid responses have been received in 2015 - 2016. This represents a response rate of 69 percent for 2015 - 2016. The table below shows the valid responses from previous years.

|  |  |
| --- | --- |
|  | Valid |
|  | Responses |
| 2014 - 20152013 - 2014 | 208197 |
| 2012 - 2013 | 133 |
| 2011 - 2012 | 138 |
| 2010 - 2011 | 123 |
| 2009 - 2010 | 149 |
| 2008 - 2009 | 102 |
| 2007 – 2008 | 90 |

It is noted that throughout this report references will be made to the ‘child’ and ‘children’, which will encompass all children and young people who are referred to the programme.

Due to the relatively small samples year to year, there are no statistically significant differences between the 2015 - 2016 and 2014 – 2015 surveys.

**Note**: the relatively low number of responses means that sub-group sample sizes are too small for meaningful comparisons to be made. Therefore, further analysis of sub-groups of participants and Active Families contract holders has not been undertaken.

# Joining the Active Families programme

|  |
| --- |
| Key findings**Forty three percent of the children in this year’s survey were referred to the Active Families programme by their family doctor, followed by 16 percent who were referred by a paediatrician, six percent referred by a Public Health Nurse and six percent by a Dietitian.****Children in this year’s survey were mostly referred to the Active Families programme in the 6-8 months before completing the survey (38 percent), with another 31 percent referred less than six months earlier, and 16 percent referred 8-12 months earlier.****The two main reasons for being referred to the Active Families programme remain:*** weight problems (81 percent)
* for the child to become more active (61 percent).

**The main activities recommended for outside of the Active Families group sessions are:*** walking (75 percent)
* home based exercises (61 percent)
* sport (57 percent)
* swimming (55 percent)
* biking (49 percent).
 |

##

## Who referred child to Active Families programme

Forty three percent were referred to the Active Families programme by their doctor, followed by 16 percent who were referred by a paediatrician, six percent by a Public Health Nurse and six percent by a Dietitian (Figure 1).

Other sources of referrals accounted for 27 percent of this year’s participants. These other sources included through friends or family (17 participants), self-referrals (13 participants), school/advertising at school (12 participants). Other sources mentioned included Asthma nurse, Healthy Lifestyle programme, Social Worker, Specialist and Adolescent Mental Health Services.

Figure 1: Persons referring child to Active Families programme

Q1. Who referred your child to the GRx Active Families programme?



Total may exceed 100% because of multiple response.

## When referred child started the Active Families programme

In 2016, participants most commonly identified that their child started the Active Families programme 6-8 months before completing the survey (38 percent). Thirty one percent started less than six months before being asked to complete the survey and another 16 percent started 8-12 months earlier (Figure 2).

Figure 2: When referred child started the Active Families programme

Q2. When did your child start the programme?



Total may exceed 100% because of multiple response.

## Main reasons why child was referred

When asked to identify the main reasons their child was referred to the Active Families programme, 81 percent said their child was referred because of weight problems and 61 percent indicated it was for their child to become more active (Figure 3). Fifteen percent of children were referred to help reduce stress/anxiety. Small numbers were referred for asthma/breathing problems (seven percent), a sore back or joint related issue (three percent) and diabetes (three percent).

Eleven percent (24 participants) were referred for other reasons including: confidence and to help with current illnesses.

Figure 3: Main reasons for referral of child to the Active Families programme

Q3. What were the main reasons your child was referred to the programme?



Total may exceed 100% because of multiple response.

## Main activities recommended for outside Active Families programme

Participants were asked what physical activities the Active Families co-ordinator recommended for their child to do outside of the group/family sessions of the programme. Most commonly, the recommended physical activities were walking (75 percent of participants), home based exercise (61 percent of participants), sport (57 percent of participants), swimming (55 percent of participants), and biking (49 percent of participants) (Figure 4). Forty one percent identified water/pool exercises and 13 percent identified some other exercises or suggestions.

Figure 4: Main activities recommended for referred child outside the Active Families programme

Q4. What physical activities did the GRx Active Families Coordinator recommend for your child to do outside of the group/family session?



Total may exceed 100% because of multiple response.

The other exercises or suggestions identified included: gym memberships, running, boxing, scootering, triathlons and dance classes. Two percent of participants said no physical activities were recommended for their child to do outside of the programme.

# Current status of child on Active Families programme

|  |
| --- |
| Key findings**Eighty six percent of participants reported that their child is still taking part in the Active Families programme, while 14 percent said they are temporarily or permanently off the programme.*** The main reason provided for no longer being on the programme is that the family has made the necessary changes to their child’s lifestyle and no longer needs support.
* A small number cited barriers to participating such as not having enough time, the timing of the sessions and their child has an injury/health problem.
 |

## Current status

People were asked whether their child was still taking part in the Active Families programme, temporarily out of the Active Families programme but meaning to start again, or no longer taking part in the Active Families programme.

Eighty six percent reported that their child was still taking part in the Active Families programme, with five percent saying their child was temporarily off the programme and nine percent saying that their child was no longer taking part in the programme (Figure 5). Reasons for being off the programme are discussed in the next section.

Figure 5: Current status of child on Active Families programme

Q5. Is your child…?



Total may not sum to 100% due to rounding.

## Reasons for being off Active Families programme

Where a respondent indicated their child was temporarily off or no longer taking part in the Active Families programme they were asked to identify why this was (this applied to 32 participants). These reasons are presented below in Table 2.

Five of the 32 participants (16 percent) reported that their family had made changes and no longer needed the support, while four participants (12 percent) reported they didn’t have enough time to participate and the timing of the sessions were inconvenient. Seventeen participants mentioned other reasons, which mainly included the programme had ended for them.

Table 2: Reasons for being off programme

Q6. If your child is temporarily off or no longer taking part in the GRx Active Families programme, why is this?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2016 | 2016 | 2015 | 2015 | 2014 | 2014 |
| Base = | 32\* | 32\* | 40\* | 40\* | 36\* | 36\* |
|  | n | % | n | % | n | % |
| Family made changes, no longer needs support | 5 | 16 | 11 | 28 | 15 | 42 |
| Timing of sessions | 4 | 12 | 3 | 8 | 1 | 3 |
| Child has injury/health problems | 3 | 9 | 1 | 2 | 0 | 0 |
| Not enough time | 4 | 12 | 7 | 18 | 1 | 3 |
| Lack of transport | 2 | 6 | 0 | 0 | 1 | 3 |
| Location of sessions | 1 | 3 | 3 | 8 | 0 | 0 |
| Child did not enjoy it | 2 | 6 | 2 | 5 | 0 | 0 |
| Lost interest | 2 | 6 | 0 | 0 | 2 | 6 |
| Other family members didn't enjoy it | 0 | 0 | 0 | 0 | 0 | 0 |
| Costs too much | 0 | 0 | 0 | 0 | 1 | 3 |
| Family not ready to change | 0 | 0 | 1 | 2 | 0 | 0 |
| Other | 17 | 53 | 15 | 38 | 16 | 44 |
| Did not say | 2 | 6 | 5 | 12 | 6 | 17 |

Total may exceed 100 because of multiple response.

\*Sub-sample based on those temporarily off or no longer on a GRx.

# Changes resulting from involvement in the Active Families programme

|  |
| --- |
| Key findings**Eighty seven percent of participating families have noticed positive changes in their child’s health since participating in the Active Families programme.** * The main changes noticed include: more willingness to try new activities, their child having more energy, a feeling of being stronger/fitter, having more confidence and being active without being reminded.
* Many also noticed that their child has lost weight, generally feels better and is sleeping better.

**Seventy six percent of participating families say their child is spending more time being active since their referral to the Active Families programme.*** Positively, this increase in activity level is being sustained over time by about three quarters of those who were referred last year (see Table 3).

**Almost all children participating in the Active Families programme now understand the benefits of being physically active (94 percent) and healthy eating (93 percent).** * Reflecting this, 87 percent of families have made changes to their diets and 93 percent say they now know how to choose healthy food and drink.
* The most common types of changes made to diets include: eating healthily and less takeaways or junk food, eating more vegetables, drinking more water or milk, and eating less sugar and sugary foods and soft-drinks,

**Seventy percent have encouraged others to be active as a result of their referral.**  |

##

## Changes noticed in child’s health and fitness

Participants were asked whether they have noticed any change in their child’s health and fitness since taking part in the Active Families programme (Figure 6).

Eighty-seven percent said they had noticed changes in their child’s health and/or fitness, while just eight percent had not.

Figure 6: Whether changes noticed in referred child’s health and fitness

Q7.Have you noticed any change in your child’s health and fitness since taking part in the GRx Active Families programme?



Total may not sum to 100% due to rounding.

### Types of changes noticed in child’s health and fitness

Of those noticing changes, most frequently they said that their child was more willing to try new activities (64 percent) and/or had more energy (49 percent). Also frequently mentioned were their child was more confident (47 percent), feels fitter/stronger and/or is active without being reminded (43 percent respectively), had lost weight and/or generally feels better (38 percent respectively).

To a lesser extent, participants mentioned that their child was sleeping better (29 percent), breathing easier (22 percent), less stressed or anxious (19 percent), less medication (five percent) and being bullied less and less back or joint pain (four percent, respectively).

Figure 7: Nature of changes noticed in child’s health and fitness

Q8. If you have noticed change in your child’s health and fitness, what changes have you noticed in your child?



Total may exceed 100% because of multiple response.

\*Sub-sample based on those who noticed positive changes in their child’s health.

A small number of participants identified other changes they had noticed, with most of those mentioned relating to seeing a positive change in the child’s diet and exercise habits. A selection of some of their comments included:

Taken up horse riding, tennis [and] more positive outlook.

Making healthier food choices, drink more water without being told or reminded.

More mindful about food choices.

We're more about movement.

Keeping up fitness and strength building.

Is more enthusiastic coming back to the classes.

Not gaining weight.

## Amount of time referred child spends being active

Participants were asked how much time their child is spending being active, compared to before they started the Active Families programme.

About three quarters of participants (76 percent) reported that their child was spending more time being active, while 21 percent were spending about the same time being active (Figure 8). While the sub-sample sizes are relatively small, Table 3 shows that increases in activity levels are being sustained by about three quarters of those who were referred to the programme more than 12 months ago (72 percent).

Figure 8: Amount of time child spends being active compared to before Active Families programme

Q9. Compared to the time before your child started the GRx Active Families programme is he/she spending…?



Total may not sum to 100% due to rounding.

Table 3: Changes in activity levels by time since referral

Q9. Compared to the time before your child started the GRx Active Families programme is he/she spending…?

|  |  | Time since referral |
| --- | --- | --- |
|  | Total | Less than 6 months ago | 6 - 8 months ago | 8 - 12 months ago | More than 12 months ago | No response |
| Base = | 226 | 69 | 85 | 37 | 29\*\* | 6\*\* |
|  | % | % | % | % | % | % |
| More time being active now? | 76 | 64 | 81 | 86 | 72 | 83 |
| About the same amount of time being active now? | 21 | 30 | 15 | 14 | 24 | 17 |
| Less time being active now? | 1 | 1 | 1 | 0 | 3 | 0 |
| No response | 2 | 4 | 2 | 0 | 0 | 0 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding. \*\*Caution: low base number of participants – results are indicative only.

The 50 participants who reported that their child’s activity level had decreased or stayed the same compared with before the Active Families programme were asked to identify why this was. Four participants’ comments indicated it was a motivational problem:

Motivation is hard. Always happy to try but getting him to want to walk or ride etc. is very hard

Lacks motivation. Put on weight over Christmas.

Not sure. Motivation for her is a biggie I think.

He's lazy.

Participants also made comments relating to issues that were outside of the programme’s control, for example:

More confident [but] was ill during programme, so it was difficult to get back to more.

She is not keen to join a team sport. With summer here, it's easier to get outdoors and be active.

Personal reasons, tragedy causing stress.

Hasn't been for a while. Went on health camp for four weeks. Has put weight on.

Had no support. Other staff going.

Is doing karate and cadets so active enough.

Didn't enjoy it. Found it a chore.

He is limited to what he can do.

He's not doing the exercises he was told to do.

Sports every day.

Winter - getting home late from school.

We try to be more active. Go through periods of being active. Busy life.

Sometimes because of asthma and maybe because he is slightly overweight. His hips are misaligned which may not help. May need surgery. Perhaps sometimes tired after school because he has sports at school on Wednesdays also.

He enjoys his downtime when he's not at swimming on Mondays, Active Families on Wednesdays and Tee Ball on Thursdays (used to be at rugby Thursday/Saturday).

We still continued with the same scheduled commitments.

Very little time in the week for further activities. Summer will improve this.

Work [and] time.

Other comments made were:

Was always active but GRx Active Families helped with food information.

If not more active, more aware.

It's only new.

Because she has a home exercise program but this is great for group participation and trying new activities.

[Name] and [name] will sometimes be more active and then sometimes won't be.

A bit of in between.

Still managing to eat unhealthy.

## Understanding and awareness of healthy behaviour

Participants were asked whether their child now understands the benefits of being physically active and eating healthy foods since taking part in the Active Families programme (Figure 9).

Almost all participants reported that their child better understands the benefits of being physically active (94 percent) and eating healthily (93 percent).

Figure 9: Referred child’s understanding and awareness of benefits

Q10. Since taking part in the GRx Active Families programme, does your child now understand the benefits of…?



Total may not sum to 100% due to rounding.

## Impact on family

### Awareness of healthy eating and diet changes

The survey also sought to identify the impact of the Active Families programme on the family. Participants were asked whether their family now knows how to choose healthy food and drink options as a result of participating in the programme and whether their family has made any changes to its diet (food and/or drink) since being part of the programme (Figure 10).

Positively, almost all of the participants reported that their family now knows how to choose healthy food and drink (93 percent) and as a result has made changes to their diet (87 percent).

Figure 10: Whether family now knows how to choose healthy food and drink options/changed diet

Q11. Does your family now know how to choose healthy food and drink options as a result of being part of the GRx Active Families programme?

Q12. Has your family made any changes to its diet (food and/or drink) since being part of the GRx Active Families programme?



Total may not sum to 100% due to rounding.

In terms of the nature of the changes families have made to their diets (Table 4 overleaf), 29 percent reported they were generally eating more healthily (including choosing healthier food options, less takeaways or junk food), while 19 percent were eating more vegetables, 17 percent were drinking more water or milk and 15 percent were having less sugar and sugary foods, sweets or soft-drinks. Slightly smaller proportions of families mentioned they were having less/smaller meals (13 percent), eating more fruit (11 percent) and cutting down on fats or choosing lower-fat food options (10 percent).

Comparatively fewer participants said their family were eating more grain breads and fibre, eating less packaged food and eating less carbohydrates (5 percent respectively),

Only a few participants reported their family was reading labels to check nutrition information (three percent), having regular meals or no snacking (two percent), and being more aware of what is in food (one percent).

Table 4: Types of changes to diet

Q12. If yes, what changes have you made?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2016 | 2016 | 2015 | 2015 | 2014 | 2014 |
| Base = | 197\* | 197\* | 150\* | 150\* | 177\* | 177\* |
|  | n | % | n | % | n | % |
| Eating healthily/less takeaways, junk food | 58 | 29 | 52 | 35 | 44 | 25 |
| Less/avoid sugar and sugary foods/sweets/soft-drinks  | 29 | 15 | 33 | 22 | 37 | 21 |
| Eat more vegetables | 37 | 19 | 34 | 23 | 30 | 17 |
| Drink more water/milk | 34 | 17 | 24 | 16 | 22 | 12 |
| Eat more fruits | 21 | 11 | 20 | 13 | 25 | 14 |
| Eating less/smaller meals | 25 | 13 | 25 | 17 | 22 | 12 |
| Cut down on fats/low fat foods | 20 | 10 | 15 | 10 | 11 | 6 |
| More grain breads, fibre or similar | 9 | 5 | 15 | 10 | 6 | 3 |
| Reading labels for sugar and fat content | 6 | 3 | 5 | 3 | 2 | 1 |
| Less packaged/snack food, more simpler/plain food in school lunches | 10 | 5 | 8 | 5 | 3 | 2 |
| More aware of what is in food | 1 | 1 | 3 | 2 | 8 | 5 |
| Reduced carbohydrates, including breads | 10 | 5 | 3 | 2 | 13 | 7 |
| No snacking/regular meals - breakfasts | 4 | 2 | 3 | 2 | 1 | 1 |
| Others | 16 | 8 | 19 | 13 | 17 | 10 |
| Did not say | 36 | 18 | - | - | 30 | 17 |

Total may exceed 100% because of multiple response.

\*Sub-sample based on those whose family has made changes to its diet since being part of the GRx Active Families programme.

Sixteen participants offered other changes to their family’s diet that could not be classified above. Examples of these participants’ comments are as follows:

More family eating together, different foods.

Less meat, including vegetarian dishes.

I am allowing my daughter to choose some options.

It was easier to just have everyone on same diet.

Very much a Paleo diet now.

Buying different foods.

Making smarter choices.

### Whether other household members are more active

The survey also asked whether other household members were more active now than before the family took part in the Active Families programme. Figure 11 overleaf shows the results according to the relationship to the child and Figure 12 (page 31) shows the same results according to the age of different family members.

Seventy percent of all members living in the referred child’s household are more active now than they were before the family took part in the Active Families programme. Among the immediate family, both sisters (83 percent) and brothers (79 percent) were the most likely to have increased their activity level. This year, 77 percent of mothers and 65 percent of fathers had increased their activity levels.

In terms of grandparents living in the household, 76 percent of grandmothers and 55 percent of grandfathers were more active. Where ‘other members’ of the family resided in the household, they too were mostly more active now than before the family took part in the Active Families programme (77 percent). Note that these other household members are mostly named individuals where the relationship has not been specified.

In terms of the age of household members, the vast majority of children under 14 years old were reportedly more active now than they were before the family took part in the programme (92 percent of under five year olds, 83 percent of 5-9 year olds and 82 percent of 10-13 year olds).

Smaller (yet still sizeable) proportions of those aged 14 years or older had also increased their activity levels compared with before the programme (79 percent aged 14-17 year olds, 75 percent of those aged 25 years or more, and 74 percent aged 18-24 years old).

Figure 11: Proportion of other types of household members that are more active as result of Active Families experience

Q24. Please list who else usually lives in the same household as the referred child. For each person, please write in their age and whether they are more active now than before the family took part in the GRx Active Families programme.



Total may exceed 100% because of multiple response.

\*\*Caution: small sub-sample – results are indicative only.

Figure 12: Proportion of other household members that are more active, by age

Q24. Please list who else usually lives in the same household as the referred child. For each person, please write in their age and whether they are more active now than before the family took part in the GRx Active Families programme.



Total may exceed 100% because of multiple response.

\*\*Caution: small sub-sample – results are indicative only.

## People that child is usually active with

Participants in the Active Families programme were asked to identify who their child is usually active with.

Most frequently, participants reported their child is usually active with another family member (other than their siblings) (67 percent) and/or with friends (47 percent). Under half (44 percent) are active with an organised group or club and 40 percent are active with a brother or sister. Forty percent of the participants tend to be active on their own.

Figure 13: People that child is usually active with

Q15. When your child is active, who is this usually with?



Total may exceed 100% because of multiple response.

\*\*Caution: small sub-sample – results are indicative only.

## Encouraging others to be active as a result of participation

Participants were asked whether they have encouraged others to become more active as a result of their family’s experience with the Active Families programme.

Seventy percent reported that they had encouraged others to become more active (Figure 14).

Figure 14: Whether encouraged others to be more active as result of Active Families experience

Q18. As a result of your family’s experience with the GRx Active Families programme, have you encouraged others to become more active?



Total may not sum to 100% due to rounding.

Of the 103 participants who specified who they had encouraged to become more active (Table 5), 70 said they had encouraged other members of their family and extended family (42 percent), while 36 had encouraged friends and their children’s friends (22 percent). Ten had encouraged other people to become more active (six percent).

Table 5: Encouraged others to be more active

Q18a. If yes, please say who

|  |  |  |
| --- | --- | --- |
|  | Total | Total |
| Base = | 166 | 166 |
|  | n | % |
| Family and extended family | 70 | 42 |
| Friends and children’s friends | 36 | 22 |
| Others | 10 | 6 |
| Did not say | 63 | 38 |

Total may exceed 100% because of multiple response.

# Opinions about the Active Families programme

|  |
| --- |
| Key findings**Almost all participants are satisfied overall with the service and support provided to them as part of the Active Families programme. Seventy two percent said they were very satisfied and 23 percent said they were satisfied.** * Only one percent reported they are very dissatisfied.

**Reflecting this high level of overall satisfaction, at least 89 percent of participants agreed or strongly agreed with each of the following statements about the Active Families programme:*** the physical activities suggested were appropriate for their child (96 percent agree)
* the Active Families co-ordinator was understanding and supportive (96 percent agree)
* the person(s) running the activities was (were) appropriate for their child (95 percent agree).
* the advice the family was given was helpful (94 percent agree)
* the support their child received helped the family continue with the Active Families programme (91 percent agree)
* the Active Families programme motivated their child to get/stay physically active (90 percent agree)
* their child feels more confident about doing physical activity as a result of the support received (89 percent agree).

**Participants say the most helpful part of the Active Families programme is the support available, the information, ideas and advice received and the greater awareness of a healthy lifestyle.**  |

## Overall satisfaction with the service and support they received

When asked how satisfied they were overall with the service and support provided to their family and child through the Active Families programme, just under three quarters said they were very satisfied (72 percent) and 23 percent said they were satisfied. This year, only one percent were dissatisfied, and two percent were neither satisfied nor dissatisfied.

Figure 15: Overall satisfaction with service and support provided by Active Families programme

Q17. Overall, how satisfied are you with the service and support provided to your family and child through the GRx Active Families programme?



Total may not sum to 100% due to rounding.

Where an explanation for their level of satisfaction was provided, participants most commonly reported that their satisfaction was due to the Active Families programme (11 percent) and the impacts of the programme (10 percent). Participants were generally satisfied with the support they had received and the Active Families co-ordinator (8 percent respectively). Comments reflecting these reasons include:

The result is shown on [name] and [they] are active, very motivated.

It has been life changing for our daughter and our family. Thank you.

Our daughter is on right track and has a better awareness.

Both our children were inactive and now they are active.

Because as I have become more active, I have learnt more about my body.

I like the way they [are] teaching us how to get healthy food for my children.

It [has] helped my whanau get very active and that is awesome.

I have lost so much - feel better about myself.

I now know the importance of healthy eating and exercise.

Being more active, being interactive with others.

Changes have been made and are permanent changes.

We learned how we find healthy food, amount and how much physical activity we need.

Great service, ample support, very approachable team.

Everyone involved has been very helpful and encouraging.

Has helped my kids heaps.

Having someone come to [my] home is a big help as we cannot travel to Hamilton.

Very helpful mentor.

Gives great advice and tips without making us feel bad for getting into our situation in the first place. Very encouraging.

We get help when we need it and we are always supported.

We get supported and helped a lot.

Always encouraging.

Great communication. Always checking [to] see if everything all goods and when activities are happening.

Found the leaders to be supportive.

Great staff expressing good, awesome attitudes.

She is so supportive and understanding. So much information that is so useful.

Consultant very thorough, confident, friendly, informative and overall motivated.

Nice supportive lady, not pushy.

Covers health holistically not just diet or exercise and always positive/available.

Great support and motivating visits, great access to affordable gym membership.

My child really enjoyed the gym class and swimming.

Great job.

Because before my son started here, he wouldn't do anything because he thought he couldn't do it now he gives it a go (well most things).

Kids think they can't do something but if they don't get a chance to try, how would they know. This programme gives them that chance.

Great program.

Excellent for our whanau and community.

We are happy with the service. It's encouraging and gives my daughter a more positive look towards being more active.

Having this programme is vital to our community. Children need to be supported and educated on how to live a healthier lifestyle also parents, to be re-programmed to support their children. I thank you for this invaluable supported health education.

Great programme that is fun and beneficial for the child.

My child is special needs and the service towards him was super awesome.

The whole experience has been great for our two children.

This service has been a big help and without this programme, we would not be in as good a place as we are now.

Table 6: Reasons for overall satisfaction

Q17a. Please explain below

|  |  |
| --- | --- |
|  | Total |
| Base = | 218\* |
|  | **%** |
| Active Families programme | 11 |
| Impacts of the programme | 10 |
| Active Families co-ordinator | 8 |
| Support | 8 |
| Others reasons | 5 |
| Information, advice, ideas and suggestions | 1 |
| Concern or suggestion | - |
| No particular reason | 5 |
| Did not say | 60 |

Total may exceed 100% because of multiple response.

\*Sub-sample based on those respondents who said they were satisfied/very satisfied with the service and support provided to their family and child through the GRx Active Families programme.

## Views about the service and support they received

Participants were asked to rate their agreement/disagreement with a series of statements about the service and support they received whilst on the Active Families programme. The statements were as follows:

* the advice the family was given was helpful
* the physical activities suggested were appropriate for their child
* the Active Families programme motivated their child to get/stay physically active
* the Active Families co-ordinator was understanding and supportive
* their child feels more confident about doing physical activity as a result of the support received
* the support their child received helped the family continue with the Active Families programme
* the person(s) running the activities was (were) appropriate for their child.

High levels of agreement (89-96 percent agree or strongly agree combined) were identified for each of these aspects. Figure 16 shows the results for each statement, while Figure 17 shows the same results over time.

Overall, the strongest levels of agreement were in relation to the understanding and supportive nature of the Active Families co-ordinator (72 percent strongly agree and 24 percent agree) and the appropriateness of the activity provider for their child (72 percent strongly agree and 23 percent agree).

This is followed by the level of agreement that:

* the advice the family was given was helpful (58 percent strongly agree and 36 percent agree)
* the support their child received helped the family continue with the Active Families programme (56 percent strongly agree and 35 percent agree)
* the physical activities suggested were appropriate for their child (54 percent strongly agree and 42 percent agree)
* their child feels more confident about doing physical activity as a result of the support received (52 percent strongly agree and 37 percent agree)
* the Active Families programme motivated their child to get/stay physically active (50 percent strongly agree and 40 percent agree).

Figure 16: Views about service and support provided by Active Families programme

Q16. Thinking about the service and support you received whilst on the GRx Active Families programme, please indicate how strongly you agree or disagree with each of these statements.



Total may not sum to 100% due to rounding.

Figure 17: Views about service and support provided by Active Families programme over time (percentage that agree or strongly agree)

Q16. Thinking about the service and support you received whilst on the GRx Active Families programmes, please indicate how strongly you agree or disagree with each of these statements.



## Most helpful parts of the Active Families programme

Participants were asked to identify the most helpful parts of the Active Families programme. Roughly one quarter of those responding (24 percent) said the support available was the most helpful, followed by identifying the information, advice, ideas and suggestions they received as being helpful and gaining a greater awareness of a healthy lifestyle (15 percent respectively). Comments reflecting these themes about helpfulness include:

Chance for reflection, new ideas, motivational aspects, visits - real human being support.

The on-going visits. When a visit was scheduled, it helped us to be more active so we could report back our success.

The tutors/instructors that are easy to approach. They help and listen and make each session enjoyable.

The continuous support and information on healthy eating.

Having the on-going support and visits to our home. Resources.

The support from co-ordinators and other families.

Support and have people there for better living.

Support of representative, cheaper fee at gym.

Just the 'having the physical support'. Some are there, other than us as parents.

Help with getting out more, healthy resources.

Great support and advice. Cheaper alternatives of healthy food.

Support in food and activity choices.

The kids having someone to talk to helping them make a plan.

Regular support.

Always supportive making sure I'm on track.

Being really sensitive to the needs of the whanau while helping us to get on the right healthy track.

On-going support, makes you accountable for changes.

Being supported and constantly motivated by others to push harder.

The support and encouragement which is on-going ensuring commitment from all parties.

Home visits. My girl looks forward to them and also, the activities are discounted which makes it affordable.

The information we were given. Watched 'that sugar' film.

Learning what's good to eat. More exercise needed.

Food and diet discussion.

Exercises, programming, food you eat plus making them. Aware to focus and stay physically active, motivated and plan to work towards healthy living.

Eating right amount [of] food [and] choose healthy food.

Learning about being healthy - more sports.

The diet side of being healthy.

Food and nutrition advice has helped me a lot. Made me look and be aware of what we eat.

Information given, ideas and alternatives.

Healthy food recipes and need to be active such as exercise.

Eating and cooking.

Ideas for doing more activities at home.

Letting us know what's out there.

Getting helpful advice on certain foods.

Education regarding portion sizes, food choices, mix of foods regarding 5+ vegetables [and] fruit a day. Regular contact, also knowledgeable about resources in community i.e. sports clubs, triathlon training activities.

Different lunchbox ideas. Activities to keep them active and goal setting.

The healthy food choices and the fitness ideas.

The understanding of the importance of healthy eating and exercise for all of us. The information has been so excellent.

Understanding food.

Learning more about what's good for me.

Understanding health, learning more of other sporting activities that are available.

Learning about different things I can do, find better options for me.

Just learning about all the foods that are better for you and most of all, my son actually willing to give more things a go.

Learning how to cook healthy food/meals.

Understanding more about which foods benefits more for healthy lifestyle. Visiting different places in Tauranga as I'm new to area.

More aware of being healthier and fitter.

The knowledge we learnt of healthy stuff to help.

Learning about foods and what is in it.

I learnt how to eat healthier.

Awareness of keeping health and fit.

Other most helpful areas included being motivated (14 percent), getting active (12 percent), and the activities available (11 percent).

Table 7: Most helpful aspect of the GRx Active Families programme

Q13. What is the most helpful part of the GRx Active Families programme?

|  |  |
| --- | --- |
|  | Total |
| Base = | 226 |
|  | **%** |
| Support available | 24 |
| Information, ideas, advice | 15 |
| Greater awareness | 15 |
| Motivation | 14 |
| Getting active | 12 |
| Activities | 11 |
| Interaction with other families and children | 8 |
| Belonging and connectedness | 5 |
| Whole family involvement | 3 |
| Fun | 2 |
| Independent advice | 1 |
| Results achieved | 1 |
| Monitoring | 0 |
| Others | 8 |
| Did not say | 8 |

Total may exceed 100 because of multiple response.

## Suggestions for improving the Active Families programme

Twenty eight percent of participants offered a suggestion as to how the Active Families programme could be improved (Table 8). The remaining participants either offered no response (49 percent), or said that they did not have any particular suggestions (23 percent).

The most common suggestion was in relation to offering more sessions and/or a greater frequency of sessions (6 percent).

Comments illustrating this theme include:

Push my girl harder, circuit training, set personal goals, how to achieve them etc. [and] twice a week.

Maybe more frequent visits because after a couple of weeks, can slip back to old habits.

More cooking and swimming lessons. In holidays activities are helpful.

Seeing the children more often to try motivate them more.

Maybe an extra class if it is possible (understand how busy she can be).

Activities more than once a week and shorter breaks. Longer sessions.

If only they can make it longer than 12 weeks.

Perhaps more sessions i.e. two or three times a week.

Would be lovely to extend the programme to twice a week over four weeks as the children really enjoy coming.

More sessions.

Would love more than once a week group activities.

More one on one sessions or smaller groups.

Maybe increase the sessions per week. I think they needed a bit more of a push than once a week.

Table 8: Suggested improvements to the GRx Active Families programme

Q14. What improvement/s can you suggest for the GRx Active Families programme?

|  |  |
| --- | --- |
|  | Total |
| Base = | 226 |
|  | **%** |
| More sessions/greater frequency | 6 |
| Activities to better cater for different needs, abilities, locations, time | 4 |
| Opportunities for group interactions | 1 |
| More information re: food and nutrition | 1 |
| Other information | 1 |
| Other suggestions | 16 |
| No particular suggestion | 23 |
| Did not say | 49 |

Total may exceed 100 because of multiple response.

## General comments

Twenty five percent of participants provided general comments about the programme near the end of the survey (Table 9). The majority of these comments were positive and reflected the gratitude participants had for the programme and thanking coordinators for their help and support. Some participants also commented on the programme benefiting the whole family and being both fun and enjoyable.

A selection of their comments includes the following:

Such a fabulous resource. Imagine if available to all children.

It has been wonderful seeing my son develop a love for eating healthier and becoming more health conscious/confidences and active. Thank you.

Awesome work.

They doing really well, have no problems.

Love it.

Love the whole program. Kids all taken up winter sports this year as they more confidence from Active Families.

Excellent.

Thank you.

Excellent programme.

New way to motivate the kids.

Great and helpful.

Due to working full time, really appreciate the home visiting. Has helped my son and I to try to be more healthy and active.

Just wanted to say thank you for making us more aware of our choices.

A well run program.

Just a great association.

Awesome keep it up.

Thank you for your help.

Great programme to keep kids fit and healthy.

Keep it up. Programme is helpful.

I really enjoy this and I am determined to carry on.

Great service for youth and families, thanks very much.

Great for children to have this opportunity.

Awesome what you do. Very grateful for what you have done for our mokos and us as a family.

I really like it here. I enjoy doing cross fit boxing. The atmosphere is good.

Please keep it going - more families need this help as well.

Awesome programme and long may it continue.

Really enjoyed the end of term activities and waka. Really liked Maori games. [Q16: Doing handstands and some exercises too hard].

It's been fun.

Three participants offered a suggestion or concern about the programme:

Equipment for rental during winter seasons.

Wish they did it for parents/adults.

Would like to see a more focused target group. 10 to 14 years end of primary [and] intermediate.

Table 9: General comments about the GRx Active Families programme

Q19. Please feel free to make any other comments about the GRx Active Families programme.

|  | Total |
| --- | --- |
| Base = | 226 |
|  | **%** |
| Generally favourable | 23 |
| Concerns and suggestions | 2 |
| Did not say | 75 |

Total may exceed 100% because of multiple response.

# Profile of child and family

This section summarises the profile of the children referred to the Active Families programme and their families.

* Thirty eight percent of the children referred were aged 10-13 years old with 27 percent aged 5-9 years old and 28 percent aged 14-17 years old (Figure 18).
* Half of the children referred to the programme (51 percent) were male and 45 percent were female (four percent did not say) (Figure 19).
* Sixty nine percent of the survey participants were the mother of the referred child, while 12 percent were the father and 7 percent were the grandmother of the referred child. Another 10 percent said they had another relationship with the referred child such as being the child’s older sibling (Figure 20).
* Sixty four percent of the participants identified their family as being European (61 percent New Zealand European and three percent British/European), while 38 percent identified as Maori, 16 percent as Pacific (seven percent Samoan, six percent Cook Island Maori and four percent other Pacific) and two percent as Asian. Another eight percent specified some other ethnicity. Note that more than one ethnic group may apply (Table 10 and Table 11).
* In terms of household composition, 60 percent of the referred children live with their mother and 42 percent live with their father (Figure 21).
	+ Eight percent of participants have a grandmother and five percent have a grandfather residing in their household.
	+ Twenty five percent of the referred children have at least one brother and 30 percent at least one sister. Two percent had an aunt and/or their cousins and/or their uncle residing in their household.
* Participants are most commonly from the Sport Bay of Plenty catchments (24 percent), and Harbour Sport (11 percent). (Table 12).
* Forty six percent of participants live in the most-deprived three deciles of the country including 19 percent who live in the highest deprivation decile (Figure 22). Note that this figure is for the population of Active Families programme participants, rather than the n=226 participants in the survey.

Figure 18: Age of referred child

Q20. What is the current age of the child referred to the programme?



Total may not sum to 100% due to rounding.

Figure 19: Gender of referred child

Q21. What is the gender of the child referred to the programme?



Total may not sum to 100% due to rounding.

Figure 20: Relationship to child of respondent

Q22. What is your relationship to the referred child?



Total may not sum to 100% due to rounding.

Figure 21: Others living in the household

Q24. Please list who else usually lives in the same household as the referred child.



Total may exceed 100 because of multiple response.

Table 10: Ethnicity

Q23. Which ethnic group does your family belong to?

|  | 2016 | 2016 | 2015 | 2015 | 2014 | 2014 |
| --- | --- | --- | --- | --- | --- | --- |
| Base = | 226 | 226 | 208 | 208 | 197 | 197 |
|  | n | % | n | % | n | % |
| NZ European | 138 | 61 | 134 | 64 | 108 | 55 |
| Maori | 85 | 38 | 85 | 41 | 93 | 47 |
| Cook Island Maori | 14 | 6 | 7 | 3 | 5 | 3 |
| Niuean | 3 | 1 | 1 | 0 | 2 | 1 |
| Indian | 1 | 0 | 1 | 0 | 3 | 2 |
| Samoan | 15 | 7 | 9 | 4 | 14 | 7 |
| British/European | 7 | 3 | 5 | 2 | 3 | 2 |
| Chinese | 4 | 2 | 5 | 2 | 4 | 2 |
| Other Pacific | 9 | 4 | 7 | 3 | 3 | 2 |
| Other | 19 | 8 | 18 | 9 | 24 | 12 |
| Did not say | 8 | 4 | 4 | 2 | 1 | 1 |

Total may exceed 100% because of multiple response.

Table 11: Ethnicity (summary groups)

Q23. Which ethnic group does your family belong to?

|  | 2016 | 2016 | 2015 | 2015 | 2014 | 2014 |
| --- | --- | --- | --- | --- | --- | --- |
| Base = | 226 | 226 | 208 | 208 | 197 | 197 |
|  | n | % | n | % | n | % |
| European | 142 | 63 | 139 | 67 | 111 | 56 |
| Maori | 85 | 38 | 85 | 41 | 93 | 47 |
| Pacific | 37 | 16 | 23 | 11 | 21 | 11 |
| Asian | 5 | 2 | 6 | 3 | 7 | 4 |
| Other | 19 | 8 | 18 | 9 | 24 | 12 |
| Did not say | 8 | 4 | 4 | 2 | 1 | 1 |

Total may exceed 100% because of multiple response.

Table 12: Surveys received from each contract holder (from sample)

|  | 2016 | 2016 | 2015 | 2015 | 2014 | 2014 |
| --- | --- | --- | --- | --- | --- | --- |
| Base = | 226 | 226 | 208 | 208 | 197 | 197 |
|  | n | % | n | % | n | % |
| Otara Health – Counties Manukau | 18 | 8 | 3 | 1 | 14 | 7 |
| Harbour Sport | 25 | 11 | 29 | 14 | 18 | 9 |
| Marlborough PHO | 11 | 5 | 5 | 2 | 7 | 4 |
| Sport Taranaki | 9 | 4 | 16 | 8 | 9 | 5 |
| Sport Southland | 10 | 4 | 13 | 6 | 7 | 4 |
| Sport Bay of Plenty | 55 | 24 | 28 | 13 | 26 | 13 |
| Sport Gisborne | 3 | 1 | 3 | 1 | 12 | 6 |
| Sport Hawkes Bay | 12 | 5 | 13 | 6 | 12 | 6 |
| Sport Manawatu | 16 | 7 | 5 | 2 | 6 | 3 |
| Sport Northland | 15 | 7 | 37 | 18 | 25 | 13 |
| Sport Otago | 15 | 7 | 14 | 7 | 9 | 5 |
| Sport Waikato | 18 | 8 | 12 | 6 | 24 | 12 |
| Sport Whanganui | 5 | 2 | 6 | 3 | 8 | 4 |
| Sport Wellington  | 14 | 6 | 24 | 12 | 20 | 10 |

Total may not sum to 100% due to rounding.

Figure 22: Deprivation index distribution of all recipients (1 = least deprived, 10 = most deprived)



Total may not sum to 100% due to rounding.

Appendix A: Questionnaire



1. The relatively low number of responses means that sub-group sample sizes are too small for meaningful comparisons to be made. Therefore, further analysis of sub-groups of participants and Active Families contract holders has not been undertaken. [↑](#footnote-ref-2)