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Key comparisons from the Nelson Marlborough District Health Board Health Surveys 2008 and 2011

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1. INTRODUCTION

In 2008, the Nelson Marlborough District Health Board (NMDHB) commissioned a regional health survey to provide information about the current health status of the population. The survey focussed on personal, environmental, social and behavioural factors relating to nutrition and physical activity, as well as general health issues, health services utilisation and health outcomes within the Nelson Marlborough population aged 16 years and over. A highly informative technical report was produced from those findings in 2008 giving NMDHB more information about their population than any other DHB in New Zealand (McNeill et al., 2008). In order for NMDHB to continue to access current data to reliably inform service planning, another health survey was commissioned in 2011 to update health-related information about this district's population; another full technical report was produced for this survey also (McNeill et al., 2011).

This report presents a comparison of the data from 2008 and 2011 for a selection of some items of high importance to enable NMDHB to begin tracking results over time. It is important to note that two time points is insufficient to demonstrate a definitive change over time however, we can begin to see the direction of trends that may be tracked further in subsequent surveys. It would have been useful to also compare data from both surveys against national trends; unfortunately current national data from other surveys was not available at the time of preparing this report however. A subsequent appendix may be prepared to complement this report if and when suitable national comparisons are published.

A total of 1892 interviews were completed between March and July 2008 and another 1810 interviews between March and May 2011. All interviewees were aged 16 years or older and were all residents within the Nelson Marlborough DHB region. For detailed descriptions of the survey methods, sampling procedures, survey tools, sample characteristics and weighting refer to the 2008 and 2011 full technical reports (McNeill et al., 2008 and 2011).

2. ANALYSIS

The first step in the analysis for the full technical reports (McNeill et al., 2008 and 2011) involved the re-coding of some variables and the creation of new variables from combinations of variables. Table 1 below summarises the recoding and new variables created from the survey tool which is included in Appendix 1. The results presented in the full technical reports (McNeill et al., 2008 and 2011) and this subsequent appendix report provide the weighted percentage of responses in each category for each variable, stratified by Territorial Authority (TA), Socio-Economic Status (SES), age group, gender and ethnicity.

The significance of differences in responses between stratification variables within each time period was conducted using z-test for differences in proportions, with a Bonferroni correction for conducting multiple comparisons.

Table 1: Variable created or linked for analysis

New Variable	Description	Relevant Question(s)
Ethnicity	Ethnicity was categorised into Maori and Non-Maori groups. Any mention of Maori ethnicity at any of the ethnicity questions was identified as Maori. The rest of all ethnicities were grouped under Non-Maori.	7
Age Group	Age Groups were re-coded to have 4 groups of 16-24, 25-44, 45-64 and 65+ years. These are the groups used in reporting the findings for this report.	67
Socio-Economic Status (SES)	Socio-Economic Status (SES) was derived from the 2006 version of the New Zealand Deprivation Index (NZDep, 2006). This is an area based measure of deprivation based on a combination of the following variables from the 2006 Census about a mesh block (the smallest geographical unit used by Stats NZ to divide the country into areas): income, benefit receipt, transport, household crowding, home ownership, employment status, qualification, support (sole parent families) and access to a telephone (Salmond et al., 2007). In the 2008 survey, Telecom provided meshblock information for each telephone number. This service is no longer available so participants were asked their street address and this was then matched to a meshblock using an internet-based mapping tool (Google Maps API) and a mapping application (ArcGIS). SES deciles were matched to each respondent by matching their mesh block with the corresponding mesh block NZDep2006 deciles available through Statistics NZ. The deciles were then translated into quintiles to increase the sample size in each category to allow for more meaningful comparison between levels.	Mesh block from Telecom matched to NZDep from Statistics NZ
Adequate fruit and vegetable intake	This variable was created using the recommendations of the World Health Organisation (WHO and FAO 2003) . The consumption of ≥ 2 fruit servings and ≥ 3 vegetable serving per day was the adequate level of consumption calculated using the questions asking about the number of daily servings of fruits and vegetables.	13 and 14
Physical Activity – duration and adequacy	The WHO recommended that adults aged 18-65 years old should have at least 30 minutes of moderate –intensity physical activity for 5 days per week or 20 minutes of vigorous-intensity physical activity for 3 days per week (WHO 2004). Accordingly, the total number of minutes of moderate or vigorous activity was calculated for each participant. The number of days of physical activity was also calculated. Then, participants who were moderately active for ≥ 30 minutes on ≥ 5 days per week or vigorously active ≥ 20 minutes on ≥ 3 days per week were identified as regularly physically active.	35 - 40
Sedentary behaviour	The participants who reported less than 30 minutes of physical activity per week were identified as reporting sedentary behaviour as calculated by Ministry of Health reporting the National Health Survey 2006-07 findings (Ministry of Health 2008).	35 - 40
Body Mass Index (BMI)	Self reported weight and height were used to calculate BMI. A preliminary step was to convert feet and inches to centimetres and stones and lbs to kilograms. Then, the BMI was calculated by dividing the weight in kilograms by square height in metres. Categories of underweight, healthy weight, overweight and obese were then estimated according to WHO recommendations (WHO and FAO 2003). For participants who were pregnant at the time of the interview, a pre-pregnancy BMI was calculated based on reported pre-pregnancy weight.	68-71
Children actively going to school	If children were walking, cycling or riding their scooters to go to school, they were grouped in one category as children going ‘actively’ to school, as opposed to ‘inactively’ travelling by car or bus.	51

3. GUIDE TO INTERPRETING RESULTS

The results of the survey are presented in tables with total responses and subgroup analysis by territorial authority (TA), ethnicity (E), age group (A), gender (G), and Socio-Economic Status (SES) for 2008 and 2011.

Table 2 presents an example of a results table. The first column shows the subgroups, with the second column showing subgroup categories. The first row shows the responses and the numbers below each response represent the weighted percentage of respondents who selected that response within each survey period. For example, 52.0% of respondents from Tasman selected 'Response A' for this question in 2008 compared to 55.4% in 2011.

The last row in each table summarises the significant differences between subgroup categories within each survey period (Inter-sub group differences). For example, NEL>TAS means that participants in Nelson were significantly more likely than those in Tasman to select this response. A significant difference means that there is less than 5% chance that the difference seen in this sample would not exist in the entire population of Nelson, Marlborough and Tasman were surveyed.

The triangles adjacent to some results in the 2011 columns indicate the direction of a significant difference between the 2008 and 2011 result for that response within that subgroup (Intra-subgroup differences).

Table 2: Sample results table

Description of questions being presented		Response A		Response B	
		2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	52.0	55.4	48.0	44.6
	Nelson (NEL)	60.6	61.7	39.4	38.3
	Marlborough (MARL)	51.8	58.2	48.2	41.8
Ethnicity	Maori (MAORI)	60.6	65.6	39.4	34.4
	Non-Maori (N-M)	54.6	57.8	45.4	42.2
Age Group	16-24 (A-1)	72.5	53.9▼	27.5	46.1▲
	25-44 (A-2)	52.0	55.5	48.0	44.5
	45-64 (A-3)		58.1	48.7	41.9
	65+ (A-4)		57.4		32.6
Gender	Male (M)		59.1		30.9
	Female (F)	42.8	48.5	57.2	51.5
Socio-Economic Status (SES)*	1	46.4	54.0▲	53.6	46.0▼
	2	50.4	60.9	49.6	39.1
	3	56.7	59.5	43.3	40.5
	4	61.4	55.0	38.6	45.0▲
	5	66.8	63.7	33.2	36.3
Total		55.0	58.0	45.0	42.0
Differences		NEL>TAS A-1>A-2 M>F	A4>A1 M>F	TAS>NEL A-2>A-1 SES-1>SES-3	A1>A4 A3>A4 F>M

▲ Significant increase in response from 2008 to 2011

▼ Significant decrease in response from 2008 to 2011

Differences between subgroup categories within one survey period

4. RESULTS

4.1 NUTRITION

One main focus of the 2008 and 2011 surveys was to identify healthy eating indicators and patterns among the population of Marlborough, Nelson and Tasman. This report presents the results of each survey relating to five of the areas researched from among those key indicators: intake of adequate amounts of fruit and vegetables; barriers to fruit and vegetable consumption; frequency of eating 'takeaways'; food security; and barriers and enablers to overall healthy eating.

4.1.1 ADEQUATE INTAKE OF FRUITS AND VEGETABLES

'Adequate' fruit and vegetable intake is defined as at least two servings of fruit and three servings of vegetables per day.

Overall comparison of 'Adequate' fruit and vegetable intake between 2008 and 2011

- Fewer than half of the participants reported consuming an adequate intake of fruit and vegetables in both 2008 (45%) and 2011 (42%); there were no significant difference between the two time points.

Inter-Subgroup Differences in 'Adequate Intake' 2008 and 2011

- The regional and SES differences that existed in 2008 were not present in 2011.
- There was no difference between Maori and Non-Maori at either time point.
- While in 2008 16-24 year olds were less likely than all other age groups to report consuming adequate amounts of fruit and vegetables, in 2011, it was the oldest age group (65+) that were less likely than all other age groups to do so.
- Females remained more likely than males at both time points to consume adequate amounts of fruit and vegetables.

Intra-Subgroup Differences in 'Adequate Intake' 2008 and 2011

- There was a significant increase from 2008 to 2011 amongst participants aged 16-24 reporting an adequate daily intake of fruit and vegetables (28% to 46%).

Table 3: Adequate intake of fruit and vegetables

<i>Combination of Question 21 and Question 22:</i>			
<i>(Q21) On average how many 'servings' of fruit (fresh, frozen, canned or stewed) do you eat on a typical day? A serving is what fits into the palm of your hand, like a medium apple, one medium or two small plums. Please do NOT include fruit juice or dried fruit.</i>			
<i>(Q22) On average how many 'servings' of vegetables or salad (fresh, frozen, or canned) do you eat on a typical day? One serving of cooked vegetables is what fits into the palm of your hand or it is one cup of salad. Please do not include vegetable juices.</i>			
		Adequate fruit and vegetable intake (2+ fruit and 3+ vegetables servings per day)	
		2008	2011
Territorial Authority	Tasman (TAS)	48.0	44.6
	Nelson (NEL)	39.4	38.3
	Marlborough (MARL)	48.2	41.8
Ethnicity	Maori (MAORI)	39.4	34.4
	Non-Maori(N-M)	45.4	42.2
Age Group	16-24 (A1)	27.5	46.1 ▲
	25-44 (A2)	48.0	44.5
	45-64 (A3)	48.7	41.9
	65+ (A4)	46.8	32.6
Gender	Male (M)	32.1	30.9
	Female (F)	57.2	51.5
Socio-Economic Status (SES)*	1	53.6	46.0
	2	49.6	39.1
	3	43.3	40.5
	4	38.6	45.0
	5	33.2	36.3
Total		45.0	42.0
Differences		TAS>NEL MARL>NEL A-2>A-1 A-3>A-1 A-4>A-1 F> M SES-1>SES-3 SES-1>SES-4 SES-1>SES-5 SES-2>SES-4 SES-2>SES-5	A1>A4 A2>A4 A3>A4 F>M

4.1.2 ADEQUATE INTAKE OF FRUIT PER DAY

'Adequate' fruit intake is defined as at least two servings of fruit per day.

Overall comparison of 'Adequate' fruit intake between 2008 and 2011

- Just over three quarters of the participants reported that they had an adequate intake of fruit in both 2008 (75%) and 2011 (76%); there were no significant difference between the two time points.

Inter-subgroup differences in 'Adequate' daily intake of fruit

- The regional and SES differences that existed in 2008 were not present in 2011.
- While there were no differences among the age groups in 2008, in 2011, participants aged 16-24 were significantly more likely to report an adequate daily fruit intake than participants aged 45-64 and 65+.
- Females remained more likely than males at both time points to consume adequate amounts of fruit.

Intra-subgroup differences in 'Adequate' daily intake of fruit

- There were no significant differences from 2008 and 2011 among any of the participant subgroups.

Table 4: Adequate intake of fruit per day

		Adequate fruit intake	
		2008	2011
Territorial Authority	Tasman (TAS)	76.4	77.5
	Nelson (NEL)	70.3	74.5
	Marlborough (MARL)	79.8	76.7
Ethnicity	Maori (MAORI)	70.2	75.6
	Non-Maori (M-N)	75.7	76.3
Age Group	16-24 (A-1)	76.7	84.5
	25-44 (A-2)	75.9	79.6
	45-64 (A-3)	73.9	73.6
	65+ (A-4)	76.0	69.1
Gender	Male (M)	67.7	71.1
	Female (F)	82.6	81.0
Socio-Economic Status (SES)*	1	76.4	80.4
	2	81.0	72.6
	3	73.1	77.9
	4	71.8	76.7
	5	72.0	74.2
Total		75.4	76.4
Differences		TAS>NEL MARL>NEL F>M SES-2>SES-3 SES-2>SES-4	A1> A3 A1> A4 A2>A4 F>M

4.1.3 ADEQUATE INTAKE OF VEGETABLES PER DAY

'Adequate' vegetable intake is defined as at least three servings of vegetables per day.

Overall comparison of 'Adequate' vegetable intake between 2008 and 2011

- Approximately half of participants in both 2008 (56%) and 2011 (51%) reported an adequate daily intake of vegetables; there were no significant difference between the two time points.

Inter-subgroup differences in 'Adequate' daily intake of vegetables in 2008 and 2011

- While participants from Tasman remained significantly more likely than those from Nelson to have an adequate intake of vegetables each day from 2008 to 2011, the difference between Nelson and Marlborough evident in 2008 was no longer present in 2011.
- While there were no ethnic group difference in 2008, in 2011, Non-Maori were significantly more likely than Maori to have an adequate intake of vegetables.
- While in 2008 participants aged 16-24 were less likely than all others to report an inadequate intake of vegetables, in 2011, it was the oldest age group (65+) that were less likely than all others to do so.
- Females remained more likely than males to have an adequate intake of vegetables.
- The differences between SES groups in 2008 were no longer present in 2011.

Intra-subgroup differences in 'Adequate' daily intake of vegetables in 2008 and 2011

- There was a significant increase from 2008 to 2011 among participants aged 16-24 (33% to 52%) who reported an adequate daily intake of vegetables.

Table 5: Adequate intake of vegetable servings per day

<i>Question 22: And on average how many 'servings' of vegetables or salad (fresh, frozen, or canned) do you eat on a typical day? One serving of cooked vegetables is what fits into the palm of your hand or it's one cup of salad. Please do not include vegetable juices.</i>			
		Adequate Intake	
		2008	2011
Territorial Authority	Tasman (TAS)	60.4	53.6
	Nelson (NEL)	49.5	45.9
	Marlborough (MARL)	58.2	50.8
Ethnicity	Maori (MAORI)	50.5	41.9
	Non-Maori (N-M)	56.2	50.8
Age Group	16-24 (A-1)	33.2	52.2▲
	25-44 (A-2)	60.5	53.7
	45-64 (A-3)	60.3	51.3
	65+ (A-4)	56.9	40.2
Gender	Male (M)	44.1	39.7
	Female (F)	66.9	59.8
Socio-Economic Status (SES)*	1	67.9	53.0
	2	58.1	50.1
	3	53.0	50.3
	4	49.8	51.8
	5	45.1	43.0
Total		55.8	50.6
Differences		TAS>NEL MARL>NEL A-2>A-1 A-3>A-1 A-4>A-1 F>M SES-1>SES-2 SES-1>SES-3 SES-1>SES-4 SES-1>SES-5	TAS>NEL N-M>MAORI A1>A4 A2>A4 A3>A4 F>M

4.1.4 BARRIERS TO FRUIT AND VEGETABLE CONSUMPTION

4.1.4.1 COST

Overall comparison of 'cost' as a barrier to fruit and vegetable consumption in 2008 and 2011

- Approximately half of all participants thought that the cost of fruit and vegetables was a barrier to consumption in both 2008 (49%) and 2011 (52%); there were no significant difference across the two time points.

Inter-subgroup differences in 'cost' as a barrier to fruit and vegetable consumption in 2008 and 2011

- The differences between Nelson and both Tasman and Marlborough in 2008 was no longer present in 2011 and no other regional differences had emerged.
- Maori remained more likely than Non-Maori at both time points to report that cost was a barrier in consuming fruit and vegetables.
- While there were no age group differences in 2008, in 2011, participants aged 25-44 were more likely than all other age groups to report that cost was a barrier to consuming fruit and vegetables.
- The gender difference in 2008 was no longer present in 2011.
- The difference between SES groups 2 and 4 was no longer present in 2011 and no other SES subgroup differences had emerged.

Intra-subgroup differences in 'cost' as a barrier to fruit and vegetable consumption in 2008 and 2011

- There were significant increases from 2008 to 2011 for several subgroups reporting cost as a barrier to fruit and vegetable consumption: participants living in Nelson (41% to 56%), those aged 25-44 (53% to 59%); males (41% to 50%); and participants living in areas of SES quintile 2 (42% to 52%).

4.1.4.2 SPOIL TOO EASILY

Overall comparison of 'spoil to easily' as a barrier to fruit and vegetable consumption in 2008 and 2011

- There was a significant increase from 2008 (30%) to 2011 (35%) in participants reporting that fruit and vegetable spoiling was a barrier to their consumption.

Inter-subgroup differences in 'spoil to easily' as a barrier to fruit and vegetable consumption in 2008 and 2011

- Participants in Marlborough remained more likely than those in Tasman to report that fruit and vegetable spoiling was a barrier to consumption in both 2008 and 2011; in 2011, they were also more likely than those in Nelson to do so.
- While in 2008 participants aged 16-24 were more likely than those aged 25-44 and 45-64 to report that fruit and vegetable spoiling was a barrier to consumption, in 2011, there were no longer differences from the 25-34 year olds. While in 2008 participants aged 65+ were more likely than those aged 45-64 to report that fruit and vegetable spoiling was a barrier to consumption, in 2011, this difference was no longer present.
- While in 2008 there were no gender differences among those reporting that fruit and vegetable spoiling was a barrier to consumption, in 2011, males were more likely than females to do so.

Intra-subgroup differences in 'spoil to easily' as a barrier to fruit and vegetable consumption in 2008 and 2011

- There were significant increases from 2008 to 2011 for several subgroups reporting ease of spoiling as a barrier to fruit and vegetable consumption: participants living in Tasman (26% to 34%) and Nelson (31% to 41%); Non-Maori (29% to 35%); those aged 25-44 (26% to 36%) and 45-64 (26% to 31%); males (30% to 38%) and participants living in areas of SES quintile 3 (28% to 34%).

4.1.4.3 AVAILABILITY AT WORK/SCHOOL

Overall comparison of 'availability at work/school' as a barrier to fruit and vegetable consumption in 2008 and 2011

- Around a fifth of all participants in both 2008 (22%) and 2011 (21%) reported that limited availability of fruit and vegetables where they work or go to school was a barrier to fruit and vegetable consumption; there were no significant difference across the two time points.

Inter-subgroup differences in 'availability at work/school' as a barrier to fruit and vegetable consumption in 2008 and 2011

- While in 2008 participants from Marlborough were more likely than those from Tasman or Nelson to report that the limited availability of fruit and vegetables where they work or go to school was a barrier to fruit and vegetable consumption. In 2011, this was no longer evident; however, Nelson participants were now more likely than those from Tasman to do so.
- Males remained more likely than females in both 2008 and 2011 to report that the limited availability of fruit and vegetables where they work or go to school was a barrier to fruit and vegetable consumption. The age group differences in 2008 were no longer present in 2011.
- While in 2008 there were no SES group differences, in 2011, participants in areas of SES quintile 2 were more likely than those from quintile 1 to report that the limited availability of fruit and vegetables where they work or go to school was a barrier to fruit and vegetable consumption.

Intra-subgroup differences in 'availability at work/school' as a barrier to fruit and vegetable consumption in 2008 and 2011

- There were significant increases from 2008 to 2011 for two subgroups reporting availability at work or school as a barrier to fruit and vegetable consumption: participants living in Tasman (17% to 27%); and those aged 65+ (14% to 22%).

4.1.4.4 AVAILABILITY AT LOCAL SHOPS

Overall comparison of 'availability at local shops' as a barrier to fruit and vegetable consumption in 2008 and 2011

- There was a significant increase from 2008 (8%) to 2011 (14%) in participants reporting that the limited availability of fruit and vegetables in local shops was a barrier to their consumption.

Inter-subgroup differences in 'availability at local shops' as a barrier to fruit and vegetable consumption in 2008 and 2011

- Participants from Marlborough remained more likely than those from Nelson and Tasman in both 2008 and 2011 to report that availability at local shops was a barrier in consuming fruits and vegetables. In 2011, however, participants from Tasman were also not more likely than those from Nelson to report this.
- While in 2008 participants in areas of SES quintile 3 were more likely than those from quintile 2 to report that availability at local shops was a barrier in consuming fruits and vegetables, this difference was not present in 2011 and instead participants in areas of SES quintile 5 were more likely than those from quintile 1 to do so.

Intra-subgroup differences in 'availability at local shops' as a barrier to fruit and vegetable consumption in 2008 and 2011

- There were significant increases from 2008 to 2011 for almost all subgroups reporting that availability at local shops was a barrier in consuming fruits and vegetables: participants living in Tasman (6% to 9%) and Nelson (7% to 20%); Non-Maori (8% to 15%); those aged 16-24 (5% to 15%), 25-44 (9% to 15%) and 45-64 (7% to 15%); males (7% to 16%) and females (9% to 13%); and participants living in areas of SES quintiles 2 (5% to 14%), 3 (11% to 15%), 4 (8% to 15%) and 5 (10% to 22%).

4.1.4.5 TIME TO PREPARE

Overall comparison of 'time to prepare' as a barrier to fruit and vegetable consumption in 2008 and 2011

- Only a few participants in both 2008 (6%) and 2011 (6%) reported that preparation time was a barrier to their consumption of fruit and vegetables; there were no significant difference across the two times points.

Inter-subgroup differences in 'time to prepare' as a barrier to fruit and vegetable consumption in 2008 and 2011

- While in 2008 participants in Nelson were more likely than those from Tasman to report 'time to prepare' as a barrier to fruit and vegetable consumption, this difference was no longer present in 2011.
- While in 2008 participants aged 16-24 were more likely than all other age groups to report that preparation time was a barrier to their consumption fruit and vegetables, in 2011, they were only more likely than those aged 45-64 and now participants aged 25-44 were also more likely than participants aged 45-64 to report preparation time as a barrier.
- While in 2008 there were no gender difference, in 2011, males were more likely than females to report that preparation time was a barrier to their consumption of fruit and vegetables.
- While in 2008 participants in areas of SES quintiles 4, 3 and 2 were all more likely than those in areas of SES quintile 1 to report 'time to prepare' as a barrier to fruit and vegetable consumption, this difference was no longer present in 2011.

Intra-subgroup differences in 'time to prepare' as a barrier to fruit and vegetable consumption in 2008 and 2011

- There were no significant differences among any subgroups from 2008 to 2011.

4.1.4.6 DON'T LIKE FRUIT AND VEGETABLES

Overall comparison of 'don't like fruit and vegetables' as a barrier to consumption in 2008 and 2011

- Only a few participants in both 2008 (3%) and 2011 (2%) reported that disliking fruit and vegetables was a barrier to their consumption; there were no significant difference across the two times points.

Inter-subgroup differences in 'don't like fruit and vegetables' as a barrier to consumption in 2008 and 2011

- While in 2008 there were regional, age group, gender and SES subgroup differences in reporting a dislike of fruit and vegetables as a barrier to consumption, in 2011, only one of these subgroup differences remained – males remained more likely than females to report this barrier.

Intra-subgroup differences in 'don't like fruit and vegetables' as a barrier to consumption in 2008 and 2011

- There were no significant differences among any subgroups across the two time points.

Table 6: Barriers to fruit and vegetable consumption

<i>Question 19: How much do you agree or disagree with each of the following things that influence the amount of fruit and vegetables that you eat each day? They cost too much; They spoil too easily; they are not available where I work; I'm not sure how to cook vegetables; I can't get good quality fruit and vegetables at my local shops.etc. (Refer to Appendix 1 for full question)</i>													
		Cost		Spoil Too Easily		Availability at Work/School		Availability at Local Shops		Time to Prepare		Don't Like Fruit & Vegetables	
		2008	2011	2008	2011	2008	2011	2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	52.7	50.3	25.5	33.8▲	17.3	26.5▲	6.1	9.4▲	4.1	5.7	1.1	2.2
	Nelson (NEL)	40.7	55.9▲	31.4	41.1▲	19.9	22.5	6.5	19.7▲	7.9	5.2	4.4	1.5
	Marlborough (MARL)	53.9	49.4	32.1	30.8	29.3	16.8	11.3	13.8	4.9	5.8	4.2	2.2
Ethnicity	Maori (MAORI)	62.4	62.3	36.4	40.0	27.3	22.0	10.5	12.7	8.4	7.6	3.5	1.8
	Non-Maori (N-M)	47.9	51.0	29.4	34.7▲	21.8	21.6	7.8	14.4▲	5.5	5.4	3.3	2.0
Age Group	16-24 (A1)	48.4	47.1	42.1	43.6	21.3	16.3	5.4	14.7▲	14.5	8.8	4.7	0.3
	25-44 (A2)	52.5	58.8▲	26.2	36.2▲	24.7	21.0	9.0	14.5▲	5.3	6.8	4.5	2.0
	45-64 (A3)	46.2	49.0	25.8	30.9▲	22.8	24.2	7.2	14.8▲	3.0	3.6	1.7	2.5
	65+ (A4)	47.4	48.1	34.2	34.5	13.5	22.2▲	9.7	12.3	4.5	4.7	3.0	2.2
Gender	Male (M)	41.3	49.6▲	29.5	38.0▲	25.5	24.2	7.4	15.7▲	5.2	7.0	4.5	3.1
	Female (F)	55.9	53.8	30.2	32.3	19.0	19.1	8.6	12.9▲	6.3	4.2	2.2	0.9
Socio-Economic Status (SES)*	1	48.0	43.0	24.2	30.7	20.4	17.7	7.9	9.8	2.3	2.7	0.7	1.2
	2	41.9	52.1▲	28.9	34.6	21.9	27.3	5.2	13.8▲	6.4	6.9	2.9	2.9
	3	48.0	47.1	28.0	34.2▲	21.3	19.3	10.7	15.2▲	7.1	5.6	6.2	1.2
	4	55.8	59.8	35.9	38.2	24.2	18.6	7.8	15.0▲	7.1	6.6	3.1	1.9
	5	55.2	59.6	33.5	39.4	24.9	25.9	10.1	21.6▲	3.1	7.1	2.7	1.1
Total		48.8	51.6	29.8	35.0▲	22.2	21.3	8.0	14.2▲	5.7	5.7	3.3	1.8
Differences		TAS>NEL MARL>NEL MAORI>N-M F>M SES4>SES2	MAORI>N-M A2>A1 A2>A3 A2>A4	MARL>TAS A1>A2 A1>A3 A4>A3 SES4>SES1	MARL>NEL MARL>TAS A1>A3 M>F	MARL>TAS MARL>NEL A2>A4 A3>A4 M>F	NEL>TAS M>F SES2>SES1	MARL>TAS MARL>NEL SES3>SES2	MARL> TAS MARL> NEL TAS>NEL SES5>SES1	NEL>TAS A-1>A-2 A-1>A-3 A-1>A-4 SES4 >SES 1 SES3>SES1 SES2>SES1	A1>A3 A2>A3 M>F	NEL>TAS MARL>TAS A-2>A-3 M>F SES3>SES1	M>F

4.1.5 USUAL FREQUENCY OF EATING TAKEAWAYS

Overall comparison in frequency of eating takeaways in 2008 and 2011

- Between a quarter and a third of all participants reported eating takeaways less than once a month in 2008 (31%) and 2011 (26%); there were no significant difference between the two time points.
- There was a significant increase from 2008 to 2011 in the overall number of participants eating takeaways 1-4 times a month (58% to 67%).
- There was no significant difference from 2008 (9%) to 2011 (6%) in the overall number of participants eating takeaways 2-3 times per week.
- There was a significant increase from 2008 to 2011 in the overall number of participants eating takeaways 4-7 times per week (.6% to 1.3%).

Inter-subgroup differences in frequency of eating takeaways in 2008 and 2011

- For participants who reported that they had takeaways less than once a month:
 - Non-Maori remained more likely than Maori in both 2008 and 2011 to report that they eat takeaways less than once a month.
 - While in 2008 participants in Marlborough were more likely than those in Nelson to report that they eat takeaways less than once a month, in 2011, there were no regional group differences present.
 - Participants aged 45-64 and 65+ remained more likely than all age groups younger than themselves in both 2008 and 2011 to report that they eat takeaways less than once a month, in addition, in 2008 participants aged 25-34 were also more likely than those aged 16-24 to report this however in 2011 this difference was no longer present.
 - Females remained more likely than males in both 2008 and 2011 to report that they eat takeaways less than once a month.
- For participants who reported that they had takeaways 1 to 4 times a month:
 - Participants aged 16-24 and 45-64 remained more likely than those aged 65+ in both 2008 and 2011 to report that they eat takeaways 1-4 times a month, also participants aged 25-34 remained more likely than all other age groups in both 2008 and 2011 to report this.
 - Males remained more likely than females in both 2008 and 2011 to report that they eat takeaways 1-4 times a month.
- For participants who reported that they had takeaways about 2-3 times per week:
 - While in 2008 participants in Nelson and Marlborough were more likely than those in Tasman to report that they eat takeaways 2-3 times a week, in 2011, there were no longer any regional group differences present.
 - Maori remained more likely than Non-Maori in both 2008 and 2011 to report that they eat takeaways 2-3 times a week.
 - While in 2008 all age groups were more likely than every group older than themselves to report that they eat takeaways 2-3 times a week, in 2011, this was no longer the case for participants aged 45-64.
 - Males remained more likely than females in both 2008 and 2011 to report that they eat takeaways 2-3 times a week.
 - While in 2008 participants living in areas of SES quintile 2, 3 and 4 were all more likely than those in areas of SES quintile 1 to report that they eat takeaways 2-3 times a week, in 2011, participants in quintile 5 were more likely than those in areas of SES quintiles 1 and 3 to report this.
- For participants who reported that they had takeaways about 4-7 times per week:

- While in 2008 there were no age group differences present, in 2011, participants aged 16-24 were more likely than all groups older than themselves to report that they eat takeaways 4-7 times a week.
- Males remained more likely than females in both 2008 and 2011 to report that they eat takeaways 4-7 times a week.
- While in 2008 participants living in areas of SES quintile 5 were more likely than those in areas of SES quintile 3 to report that they eat takeaways 4-7 times a week, in 2011, there were no longer any SES group differences present.

Intra-subgroup differences in frequency of eating takeaways in 2008 and 2011

- The frequency of eating takeaways 1-4 times per month increased significantly from 2008 to 2011 for a number of subgroups: participants living in Nelson (56% to 65%) and Marlborough (54% to 65%); Non-Maori (58% to 66%); those aged 25-65+ (70% to 79%, 59% to 66% and 33% to 41%); males (62% to 69%) and females (54% to 64%); and participants living in areas of SES quintile 1-3 (62% to 72%, 57% to 66% and 56% to 67%).
- The frequency of eating takeaways 4-7 times per week also increased significantly from 2008 to 2011 for several subgroups: participants living in Tasman (.0% to 1%) and Marlborough (.0% to 2%); Maori (.3% to 2%); and participants living in areas of SES quintiles 3 (.1% to 2%) and 4 (.0% to 2%).

Table 7: Usual frequency of eating takeaways

<i>Question 29: How often do you usually eat takeaway foods? This includes things like fish n' chips, McDonalds, pizza and Asian takeaways or curries.</i>									
		Less than once per month		1-4 times per month		2-3 times per week		4-7 times per week	
		2008	2011	2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	29.5	24.9	64.5	67.1	4.5	6.7	.0	0.8▲
	Nelson (NEL)	28.0	27.4	56.2	65.1▲	12.2	5.7	1.6	1.2
	Marlborough (MARL)	34.1	26.9	54.3	65.9▲	9.9	4.7	.0	1.5▲
Ethnicity	Maori (MAORI)	16.5	13.2	66.2	69.3	16.0	15.4	.3	1.8▲
	Non-Maori (N-M)	31.5	27.3	57.5	65.9▲	8.6	5.0	.6	1.1
Age Group	16-24 (A-1)	9.1	9.7	59.5	69.2	31.4	14.8	.0	6.3▲
	25-44 (A-2)	19.4	12.1	70.1	78.9▲	8.4	7.8	1.7	.4
	45-64 (A-3)	35.3	30.5	58.8	66.2▲	4.3	2.6	.0	.2
	65+ (A-4)	59.7	56.6	33.2	40.7▲	0.9	1.1	.0	.3
Gender	Male (M)	23.0	20.7	62.2	68.7▲	12.2	7.5	1.1	2.2
	Female (F)	37.7	31.5	54.2	63.8▲	6.0	4.1	.0	.2
Socio-Economic Status (SES)*	1	34.5	23.6	61.7	71.7▲	2.7	3.7	.0	.0
	2	28.2	26.2	56.9	66.1▲	12.1	6.6	1.3	1.0
	3	31.8	24.9	56.0	67.0▲	10.0	4.8	.1	2.4▲
	4	28.7	28.4	58.7	63.7	10.0	6.2	.0	1.7▲
	5	30.4	21.2	57.7	64.5	8.2	13.0	2.9	.0
Total		30.5	25.6	58.1	66.6▲	9.0	6.0	.6	1.3▲
Differences		N-M > MAORI MARL > NEL A2 > A1 A3 > A1 A3 > A2 A4 > A1 A4 > A2 A4 > A3 A4 > A3 F > M	N-M > MAORI A3 > A1 A3 > A2 A4 > A1 A4 > A2 A4 > A3 F > M	A1 > A4 A2 > A1 A2 > A3 A2 > A4 A3 > A4 M > F	A1 > A4 A2 > A1 A2 > A3 A2 > A4 A3 > A4 M > F	NEL > TAS MARL > TAS MAORI > N-M A1 > A2 A1 > A3 A1 > A4 A2 > A3 A2 > A4 A3 > A4 M > F SES2 > SES1 SES3 > SES1 SES4 > SES1	MAORI > N-M A1 > A2 A1 > A3 A1 > A4 A2 > A3 A2 > A4 M > F SES5 > SES1 SES5 > SES3	M > F SES5 > SES3	A1 > A2 A1 > A3 A1 > A4 M > F

4.1.6 BARRIERS AND ENABLERS TO OVERALL HEALTHY EATING

4.1.6.1 IMPORTANT TO SELF

Overall comparison of 'important to self' as an enabler to overall healthy eating

- Almost all participants in 2008 and 2011 reported that healthy eating was important to them, however, there was a significant increase from 2008 (91%) to 2011 (97%).

Inter-subgroup differences in 'important to self' as an enabler to overall healthy eating

- Non-Maori remained more likely than Maori in 2008 and 2011 to report that overall healthy eating habits are important to them.
- While a number of differences existed among the age subgroups in 2008 with older age groups being more likely than younger age groups to report that overall healthy eating habits were important to them, in 2011, no age group differences were present.
- Females remained more likely than males in 2008 and 2011 to report that overall healthy eating habits are important to them.
- While in 2008 participants in areas of SES quintiles 1 and 2 were more likely than those in areas of SES quintile 4 to report that overall healthy eating habits were important to them, in 2011, a greater number of SES subgroup differences had emerged. Participants in areas of SES quintile 1 were more likely to report this enabling factor than those in areas of SES quintiles 2, 3 and 5, and participants in quintiles 2 and 4 were also more likely than those in areas of SES quintile 5 to do so.

Intra-subgroup differences in 'important to self' as an enabler to overall healthy eating

- There was a significant increase from 2008 to 2011 in reporting that healthy eating was important to participants personally for every subgroup except for those living in areas of SES quintile 5. The percentages at each time point for each group are shown in Table 8 below.

4.1.6.2 COST

Overall comparison of 'cost' as a barrier to overall healthy eating

- There was a significant increase from 2008 (11%) to 2011 (14%) in the overall number of participants reporting that cost was a barrier to healthy eating.

Inter-subgroup differences in 'cost' as a barrier to overall healthy eating

- While in 2008 there were no regional subgroup differences, in 2011, participants from Marlborough were more likely than those from Tasman to report cost was a barrier to healthy eating.
- Maori remained more likely than Non-Maori in 2008 and 2011 to report that cost was a barrier to healthy eating.
- While in 2008 participants aged both 16-24 and 25-44 were more likely than those aged 45-64 and 65+ to report cost was a barrier to healthy eating, in 2011, the only difference remaining was those aged 25-44 were more likely than older age groups to report this barrier.
- While in 2008 there were no SES quintile subgroup differences in reporting cost as a barrier to healthy eating, in 2011, participants in quintiles 4 and 5 were more likely than those in areas of SES quintiles 1 and 2 to report this barrier.

Intra-subgroup differences in 'cost' as a barrier to overall healthy eating

- There were significant increases from 2008 to 2011 in participants reporting cost as a barrier to healthy eating among many subgroups: participants living in Marlborough (10% to 17%); Maori (17% to 25%) and Non-Maori (11% to 13%); those aged 24-44 (14% to 20%), 45-64 (8% to 11%) and 65+ (6% to 8%); males (7% to 14%); and those living in areas of SES quintile 4 (13% to 19%).

4.1.6.3 NEED TO SACRIFICE FAVOURITE FOODS

Overall comparison of 'need to sacrifice favourite foods' as a barrier to overall healthy eating

- There was a significant increase from 2008 (31%) to 2011 (36%) of overall participants reporting that they felt eating healthily meant having to give up the foods they liked.

Inter-subgroup differences in 'need to sacrifice favourite foods' as a barrier to overall healthy eating

- While in 2008 there were no ethnic group differences in 'need to sacrifice favourite foods' as a barrier to overall healthy eating, in 2011, Maori were more likely than Non-Maori to report this.
- Participants aged 25-44 and 45-64 remained more likely than those aged 16-24 to report that sacrificing favourite foods as a barrier to health eating in 2008 and 2011. While in 2008 participants aged 65+ were more likely than those aged 16-24 to report 'need to sacrifice favourite foods' as a barrier to overall healthy eating, in 2011, this difference was no longer present. In 2011, participants aged 25-44 and 45-64 were more likely than those aged 65+ to report 'need to sacrifice favourite foods' as a barrier to overall healthy eating, where these differences had not been present in 2008.
- While in 2008 there were no SES quintile group differences, in 2011, participants living in areas of SES quintile 2 were more likely than those in areas of SES quintile 1 to report 'need to sacrifice favourite foods' as a barrier to overall healthy eating.

Intra-subgroup differences in 'need to sacrifice favourite foods' as a barrier to overall healthy eating

- There were significant increases from 2008 to 2011 among several subgroups of participants reporting that eating healthily meant having to give up the foods they liked: participants in Tasman (31% to 38%); Maori (38% to 46%) and Non-Maori (31% to 35%); those aged 45-64 (32% to 40%); males (28% to 37%) and those living in areas of SES quintile 2 (29% to 42%).

Table 8: Barriers and enablers to overall healthy eating

<i>Question 40: How much do you agree or disagree with each of the following statements? Statements include: Having healthy eating habits is very important to me; I can't afford healthy foods; Eating healthier means giving up foods I like</i>							
		Important to Self		Cost		Need to Sacrifice Favourite Foods	
		2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	93.2	97.2 ▲	12.2	12.1	31.4	38.1 ▲
	Nelson (NEL)	90.4	96.3 ▲	11.1	12.9	33.0	34.4
	Marlborough (MARL)	90.1	97.1 ▲	9.8	17.1 ▲	29.3	33.6
Ethnicity	Maori (MAORI)	84.3	93.4 ▲	16.5	24.8 ▲	38.1	45.8 ▲
	Non-Maori (N-M)	91.7	97.1 ▲	10.6	13.2 ▲	30.8	34.7 ▲
Age Group	16-24 (A-1)	80.4	96.0 ▲	16.9	14.6	20.6	23.3
	25-44 (A-2)	89.7	96.5 ▲	14.4	19.9 ▲	35.2	39.7
	45-64 (A-3)	95.4	97.2 ▲	7.8	11.2 ▲	32.2	39.8 ▲
	65+ (A-4)	94.8	97.5 ▲	5.7	8.1 ▲	31.0	28.6
Gender	Male (M)	88.6	94.9 ▲	7.2	14.1 ▲	27.8	36.8 ▲
	Female (F)	93.6	98.6 ▲	14.6	13.8	34.6	34.3
Socio-Economic Status (SES)*	1	95.6	99.8 ▲	9.6	8.0	34.6	32.0
	2	92.9	96.6 ▲	9.7	10.9	29.4	42.1 ▲
	3	90.7	96.5 ▲	11.2	14.3	30.7	35.2
	4	85.8	97.5 ▲	12.8	18.8 ▲	30.3	33.6
	5	93.5	90.3	12.1	20.4	34.5	33.2
Total		91.2	96.9 ▲	11.0	13.8 ▲	31.3	35.9 ▲
Differences		N-M>MAORI A-2>A-1 A-3>A-1 A-3>A-2 A-4>A-1 A-4>A-2 F>M SES1>SES4 SES2>SES4	N-M>MAORI F>M SES1>SES2 SES1>SES3 SES1>SES5 SES2>SES5 SES4>SES5	MAORI>N-M A-1>A-3 A-2>A-3 A-1>A-4 A-2>A-4 F>M	MARL>TAS MAORI>N-M A2>A3 A2>A4 SES4>SES1 SES4>SES2 SES5>SES1 SES5>SES2	A-2>A-1 A-3>A-1 A-4>A-1 F>M	MAORI>N-M A2>A1 A2>A4 A3>A1 A3>A4 SES2>SES1

4.1.7 FOOD SECURITY

4.1.7.1 RUN OUT OF FOOD AND CAN'T AFFORD TO BUY MORE

Overall comparison of running out of food as an indicator of food security

- There were no significant differences from 2008 to 2011 in overall participants reporting that they ran out of food and could not afford to buy more either 'often' (2% and 3%), 'sometimes' (11% and 11%) or 'never' (87% and 87%).

Inter-subgroup differences in running out of food as an indicator of food security

- For participants who reported that they often ran out of food and couldn't afford to buy more:
 - Maori remained more likely than Non-Maori in 2008 and 2011 to report that they often ran out of food and couldn't afford to buy more.
 - While in 2008 participants aged 16-24 were more likely than those aged 45-64 and 65+ to report that they often ran out of food and couldn't afford to buy more, in 2011, they were also more likely than those aged 25-34 to report this indicator of very low food security.
 - While in 2008 there were no SES quintile subgroup differences, in 2011, participants in areas of SES quintile 5 were more likely than those in areas of SES quintiles 2, 3 and 4 to report that they often ran out of food and couldn't afford to buy more. Participants in areas of SES quintile 4 were also more likely than those from quintile 2 to report this indicator very low food security
- For participants who reported that they sometimes ran out of food and couldn't afford to buy more:
 - While in 2008 participants in Nelson were more likely than those in Marlborough to report that they sometimes ran out of food and couldn't afford to buy more, in 2011, this difference was no longer present, instead, participants in Tasman were more likely than those in Marlborough to report this indicator of low food security.
 - Maori remained more likely than Non-Maori in 2008 and 2011 to report that they sometimes ran out of food and couldn't afford to buy more.
 - In 2008 all age groups of participants were more likely than every group older than themselves to report that they sometimes ran out of food and couldn't afford to buy more, in 2011, this was true only for those aged 25-44, while participants aged 16-24 were only more likely than those aged 45-64 and 65+ to report this indicator of low food security and participants aged 45-64 were no longer different from those aged 65+.
 - While in 2008 there were no gender difference, in 2011, females were more likely than males to report that they sometimes ran out of food and couldn't afford to buy more.
- For participants who reported that they never ran out of food and couldn't afford to buy more:
 - While in 2008 participants in Marlborough were more likely than those in Nelson to report that they never ran out of food and couldn't afford to buy more, in 2011, this difference was no longer present, instead participants in Marlborough were more likely than those in Tasman to report this indicator of high food security.
 - Non-Maori remained more likely than Maori to report that they never ran out of food and couldn't afford to buy more.
 - In 2008 all age groups of participants were more likely than every group younger than themselves to report that they never ran out of food and couldn't afford to buy more, in 2011, this remained true for all age groups except those aged 65+ were not longer different from those aged 45-64.
 - Participants living in areas of SES quintile 1 remained more likely than those in areas of SES quintile 5 to report that they never ran out of food and couldn't afford to buy more in 2008 and 2011. Also, participants in quintile 2 remained more likely than those in areas of SES quintiles 4 and 5 to report that they never ran out of food in 2008 and 2011. While in 2008 participants

in quintile 3 were more likely than those in areas of SES quintile 5 to report that they never ran out of food and couldn't afford to buy more, this difference was no longer present in 2011.

Intra-subgroup differences in running out of food as an indicator of food security

- There was a significant increase from 2008 to 2011 among participants living in areas of SES quintile 5 reporting that they 'often' ran out of food (2% to 11%).
- There was a significant increase from 2008 to 2011 among participants living in areas of SES quintile 3 reporting that they 'sometimes ran out of food (9% to 13%).
- There was a significant increase from 2008 to 2011 among participants living in Nelson reporting that they 'never' ran out of food (84% to 88%).

Table 9: Sometimes run out of food and can't afford to buy more

Question 42: I'm going to read two statements that people have made about their ability to afford food, For each, please tell me whether the statement describes; something that was often true, sometimes true, or never true for you and your household in the last 12 months.

- Some times (I/we) run out of food and can't afford to buy more.

		Often True		Sometimes True		Never True	
		2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	1.9	2.5	11.0	13.3	87.1	84.0
	Nelson (NEL)	3.1	2.5	13.1	9.5	83.8	88.0▲
	Marlborough (MARL)	1.8	2.5	8.6	8.4	89.6	89.0
Ethnicity	Maori (MAORI)	8.2	5.4	16.7	16.3	75.1	77.5
	Non-Maori (N-M)	1.9	2.3	10.6	10.1	87.6	87.6
Age Group	16-24 (A-1)	4.4	7.5	24.3	19.6	71.2	72.6
	25-44 (A-2)	2.8	2.5	13.4	15.0	83.7	82.5
	45-64 (A-3)	1.5	1.6	7.2	6.1	91.3	92.2
	65+ (A-4)	1.0	.4	2.6	3.9	96.4	95.6
Gender	Male (M)	2.1	3.1	9.8	9.0	88.1	87.8
	Female (F)	2.5	2.0	12.0	11.9	85.5	86.1
Socio-Economic Status (SES)*	1	2.3	.0	9.5	10.5	88.2	89.5
	2	0.9	1.0	7.6	8.4	91.5	90.4
	3	3.3	1.6	8.5	12.6▲	88.2	85.8
	4	2.7	4.7	15.1	11.2	82.3	84.1
	5	2.3	11.2▲	21.2	13.3	76.5	75.5
Total		2.3	2.6	11.0	10.9	86.8	86.5
Differences		MAORI>N-M A-1>A-3 A-1>A-4	MAORI>N-M A1>A2 A1>A3 A1>A4 SES4>SES2 SES5>SES2 SES5>SES3 SES5>SES4	NEL>MARL MAORI>N-M A-1>A-2 A-1>A-3 A-1>A-4 A-2>A-3 A-2>A-4 A-3>A-4 SES4>SES2 SES4>SES3 SES5>SES1 SES5>SES2 SES5>SES3	TAS>MARL MAORI>N-M A1>A3 A1>A4 A2>A3 A2>A4 F>M	MARL>NEL N-M>MAORI A-2>A-1 A-3>A-1 A-3>A-2 A-4>A-1 A-4>A-2 A-4>A-3 SES1>SES5 SES2>SES4 SES2>SES5 SES3>SES5	MARL>TAS N-M>MAORI A2>A1 A3>A1 A3>A2 A4>A1 A4>A2 SES1>SES5 SES2>SES4 SES2>SES5 SES2>SES5

4.1.7.2 ADULTS IN THE HOUSEHOLD REDUCE PORTION SIZE OR SKIP MEALS DUE TO LACK OF MONEY FOR FOOD

Overall comparison of reducing/skipping meals as an indicator of food security

- There was a significant increase from 2008 (7%) to 2011 (9%) in the overall number of participants reporting that adults in their household ‘sometimes’ had to reduced portions or skip meals because of lack of money for food. There was no change across the two time points however in those reporting this being either ‘often’ (2% and 3%) or ‘never’ (91% and 88%) true.

Inter-subgroup differences in reducing/skipping meals as an indicator of food security

- For participants who reported that adults in the household often had to reduce portion size or skip meals due to a lack of money for food:
 - While in 2008 participants in Nelson were more likely than those in Marlborough to report that adults in their household often had to reduce portion size or skip meals due to a lack of money for food, in 2011, this difference was no longer present.
 - While in 2008 Maori participants were more likely than Non-Maori to report that adults in their household often had to reduce portion size or skip meals due to a lack of money for food, in 2011, this difference was no longer present.
 - While in 2008 there were no age-group differences among participants reporting that adults in their household often had to reduce portion size or skip meals due to a lack of money for food, in 2011, participants aged 16-24 were more likely than all older groups, and participants aged 25-44 were more likely than those aged 65+ to report this.
 - While in 2008 participants in areas of SES quintile 3 were more likely than those in areas of SES quintile 2 to report that adults in their household often had to reduce portion size or skip meals due to a lack of money for food, in 2011, this difference was no longer present, in 2011, this difference was no longer present, but instead, participants in quintile 4 were more likely than those in areas of SES quintiles 2 and 3, and participants in quintile 5 were more likely than those in areas of SES quintile 3 to report this indicator of very low food security.
- For participants who reported that adults in the household sometimes had to reduce portion size or skip meals due to a lack of money for food:
 - While in 2008 there were no regional differences among participants reporting that adults in the household sometimes had to reduce portion size or skip meals due to a lack of money for food, in 2011 participants in Marlborough and Tasman were more likely than those in Nelson to do so.
 - Maori participants remained more likely than Non-Maori in 2008 and 2011 to report that adults in the household sometimes had to reduce portion size or skip meals due to a lack of money for food.
 - Participants aged 16-24, 25-44 and 45-64 remained more likely than those aged 65+ in both 2008 and 2011 to report that adults in their household often had to reduce portion size or skip meals due to a lack of money for food. While in 2008 participants aged 25-44 were more likely than those aged 45-64 to also report this indicator of low food security, this difference was no longer present in 2011, instead, participants aged 16-24 were now also more likely than those aged 25-44 and 45-64 to report this.
 - While in 2008 females were more likely than males to report that that adults in their household often had to reduce portion size or skip meals due to a lack of money for food, in 2011, there were no gender group differences.
 - While in 2008 participants in areas of SES quintiles 3 and 5 were more likely than those in areas of SES quintile 1 to report that adults in the household sometimes had to reduce portion size or skip meals due to a lack of money for food, in 2011, this was only true for quintile 5.
- For participants who reported that adults in the household never had to reduce portion size or skip meals due to a lack of money for food:

- While in 2008 participants in Marlborough were more likely than those in Nelson to report that adults in their household never had to reduce portion size or skip meals due to a lack of money for food, in 2011, this difference was reversed and participants in Nelson were now also more likely than those Tasman to report this indicator of high food security.
- Non-Maori remained more likely than Maori in 2008 and 2011 to report that adults in the household never had to reduce portion size or skip meals due to a lack of money for food.
- Participants aged 65+ remained more likely than all younger age groups in 2008 and 2011 to report that adults in the household never had to reduce portion size or skip meals due to a lack of money for food. Also, participants aged 45-64 remained were more likely than those aged 25-44 to report this in 2008 and 2011. In addition, in 2011, participants aged 25-44 and 45-64 were now more likely than those aged 16-24 to report this indicator of high food security.
- While in 2008 males were more likely than females to report that adults in their household often had to reduce portion size or skip meals due to a lack of money for food, this difference was no longer present in 2011.
- While in 2008 participants in areas of SES quintile 1 and 2 were both more likely than those in areas of SES quintiles 3 and 4 to report that adults in their household often had to reduce portion size or skip meals due to a lack of money for food, in 2011, they were now only more likely than those in areas of SES quintiles 4 and 5 to report this indicator of high food security.

Intra-subgroup differences in reducing/skipping meals as an indicator of food security

- There was a significant increase from 2008 to 2011 among 3 subgroups of participants reporting that adults in the household often had to reduce portion size or skip meals due to a lack of money for food: participants in Marlborough (1% to 3%); females (2% to 3%); and those living in areas on SES quintile 4 (2% to 6%).
- There was a significant increase from 2008 to 2011 among 4 subgroups of participants reporting that adults in the household sometimes had to reduce portion size or skip meals due to a lack of money for food: participants in Tasman (6% to 11%) and Marlborough (6% to 11%); Non-Maori (6% to 9%); those aged 16-24 (7% to 18%); and males (5% to 9%).
- There were no significant differences among any of the subgroups reporting that adults in the household never had to reduce portion size or skip meals due to a lack of money food.

Table 10: Adults in the household reduce portion size or skip meals due to lack of money for food

Question 42: I'm going to read two statements that people have made about their ability to afford food. For each, please tell me whether the statement describes; something that was often true, sometimes true, or never true for you and your household in the last 12 months.

- Adults in the household reduce the size of their meals or skip meals because there isn't enough money for food

		Often True		Sometimes True		Never True	
		2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	1.9	2.1	5.9	10.9▲	92.2	86.8
	Nelson (NEL)	2.9	2.3	8.1	5.6	89.0	91.3
	Marlborough (MARL)	0.9	2.8▲	6.3	10.6▲	92.8	86.7
Ethnicity	Maori (MAORI)	6.0	2.0	13.5	15.7	80.5	81.6
	Non-Maori (N-M)	1.6	2.4	6.3	8.6▲	92.0	88.7
Age Group	16-24 (A-1)	3.6	7.1	7.4	17.5▲	89.0	75.0
	25-44 (A-2)	2.4	2.9	10.3	11.1	87.2	85.5
	45-64 (A-3)	1.3	1.0	5.8	7.1	92.9	91.9
	65+ (A-4)	0.8	.2	1.9	2.7	97.3	96.3
Gender	Male (M)	2.2	1.7	4.5	9.1▲	93.3	88.7
	Female (F)	1.6	3.0▲	9.0	9.0	89.3	87.8
Socio-Economic Status (SES)*	1	2.5	2.1	3.0	5.7	94.5	92.2
	2	0.4	1.0	5.4	7.8	94.2	90.1
	3	2.8	.8	9.9	11.0	87.3	88.2
	4	2.2	5.9▲	6.9	10.3	90.9	83.7
	5	2.1	4.7	11.3	15.2	86.6	80.1
Total		1.9	2.6	6.8	9.3▲	91.3	87.8
Differences		NEL>MARL MAROI>N-M SES3>SES2	A1>A2 A1>A3 A1>A4 A2>A4 SES4>SES2 SES4>SES3 SES5>SES3	MAORI>N-M A-1>A-4 A-2>A-3 A-2>A-4 A-3>A-4 F-M SES3>SES1 SES5>SES1	MARL>TAS NEL>TAS MAORI>N-M A1>A2 A1>A3 A1>A4 A2>A4 A3>A4 SES5>SES1	MARL>NEL N-M>MAORI A-3>A-2 A-4>A-1 A-4>A-2 A-4>A-3 M>F SES1>SES3 SES1>SES4 SES2>SES3 SES2>SES4	NEL>MARL NEL>TAS N-M>MAORI A2>A1 A3>A1 A3>A2 A4>A1 A4>A2 A4>A3 SES1>SES4 SES1>SES5 SES2>SES4 SES2>SES5

4.2 PHYSICAL ACTIVITY

From among the issues examined in 2008 and 2011, three key areas of focus on physical activity were selected for comparison in this report. These were: the prevalence of recommended levels of physical activity; prevalence of children getting 'actively' to school; and perceived barriers to regular physical activity.

4.2.1 PREVALENCE OF RECOMMENDED PHYSICAL ACTIVITY

Overall comparison of recommended physical activity

- Just over half of all participants in 2008 (56%) and 2011 (51%) reported having achieved the recommended level of physical activity each week (≥ 2.5 hours/week on at least 5 days per week); there were no significant difference between the two time points.

Inter-subgroup differences in recommended physical activity

- While in 2008 participants aged 16-24 were more likely than all groups older than themselves to report that they had achieved the recommended amount of physical activity each week, in 2011, all participants younger than 65 were more likely than those aged 65+ to report this.
- While in 2008 there were no gender group differences, in 2011, males were more likely than females to report that they had achieved the recommended amount of physical activity each week.
- While in 2008 participants in areas of SES quintile 2 were more likely than those in areas of SES quintiles 1 and 4 to report that they had achieved the recommended amount of physical activity each week, in 2011, participants in quintiles 1, 2 and 3 were all more likely than those in areas of SES quintile 5 to report this.

Intra-subgroup differences in recommended physical activity

- There were no significant differences among any subgroups from 2008 to 2011

Table 11: Prevalence of recommended physical activity (≥ 2.5 hours/day on at least 5 days per/week)

<i>Questions 45-50: (see questionnaire in Appendix)</i>			
		'Active' (≤ 2.5 hours/day at least 5 days/week)	
		2008	2011
Territorial Authority	Tasman (TAS)	54.1	49.5
	Nelson(NEL)	57.3	52.5
	Marlborough(MARL)	56.1	52.3
Ethnicity	Maori (MAORI)	58.2	49.5
	Non-Maori(N-M)	55.8	51.5
Age Group	16-24 (A1)	68.2	53.6
	25-44(A2)	55.2	53.3
	45-64(A3)	55.3	54.1
	65+(A4)	48.3	41.1
Gender	Male(M)	60.0	59.7
	Female(F)	52.0	43.8
Socio-Economic Status (SES)*	1	49.7	52.6
	2	61.5	54.7
	3	59.2	54.1
	4	51.6	47.3
	5	56.2	38.0
Total		55.9	51.2
Differences		A1>A2 A1>A3 A1>A4 SES2>SES1 SES2>SES4	A1>A4 A2>A4 A3>A4 M>F SES1>SES5 SES2>SES5 SES3>SES5

4.2.2 USUAL TRANSPORT TO WORK OR PLACE OF EDUCATION

Overall comparison of usual transport to work or place of education

- There was no significant difference between 2008 and 2011 in the overall number of participants reporting that they usually take an 'in-active' (53% and 55%) or 'active' (19% and 21%) mode of transport to work or place of education.

Inter-subgroup differences in usual transport to work or place of education

- For participants who reported that they usually travel by car, bus, scooter or motorbike:
 - Maori remained more likely than Non-Maori in 2008 and 2011 to report that they usually take an 'in-active' mode of transport to work or place of education.
 - Participants aged 16-24, 25-44 and 45-64 remained more likely than those aged 65+ in 2008 and 2011 to report that they usually take an 'in-active' mode of transport to work or place of education. Also, participants aged 25-44 remained more likely than those aged 16-24 to report this in 2008 and 2011.
 - While in 2008 there were no gender group differences, in 2011, males were more likely than females to report that they usually take an 'in-active' mode of transport to work or place of education.
 - While in 2008 participants in areas of SES quintile 2 were more likely than those in areas of SES quintiles 3, 4 and 5 to report that they usually take an 'in-active' mode of transport to work or place of education, these differences were no longer present in 2011.
- For participants who reported that they usually travel by cycling or walking all or part of the way:
 - While there were no regional subgroup differences participants reporting that they usually take an 'active' mode of transport to work or place of education in 2008, in 2011, participants in Tasman were more likely than those in Marlborough to report this.
 - While in 2008 Maori were more likely than Non-Maori to report that they usually take an 'active' mode of transport to work or place of education, the difference was no longer present in 2011.
 - Participants aged 16-24 remained more likely than those aged 25-44, 45-64 and 65+ in 2008 and 2011 to report that they usually take an 'active' mode of transport to work or place of education. Also, participants aged 25-44 and 45-64 remained more likely than those aged 65+ to report this in 2008 and 2011.
 - Males remained more likely than females in 2008 and 2011 to report that they usually take an 'active' mode of transport to work or place of education.
 - While in 2008 participants in areas of SES quintiles 3, 4 and 5 were more likely than those in areas of SES quintiles 1 and 2 to report that they usually take an 'active' mode of transport to work or place of education, in 2011, only those in areas of SES quintiles 3 and 4 remained more likely to report that they usually take an 'active' mode of transport to work or place of education than those in areas of SES quintile 2.

Intra-subgroup differences in usual transport to work or place of education

- Only one subgroup reported a significant increase from 2008 to 2011 taking an 'in-active' mode of transport to work or place of education: those living in areas of SES quintile 5 (45% to 60%).
- There were significant increases from 2008 to 2011 among 3 subgroups of participants reporting that they usually taking an 'active' mode of transport to work or place of education: participants in Tasman (17% to 22%); those aged 65+ (3% to 5%); and females (14% to 19%).

Table 12 Usual transport to work or place of education

<i>Question 58: How do you usually get to work or place of education?</i>							
		Car / Bus / Scooter / Motorbike (In-active method)		Walk all way / Walk part way / Cycle (Active method)		Other / Work at home / NA Don't know	
		2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	50.3	55.7	16.6	22.0▲	36.2	27.9
	Nelson (NEL)	54.7	53.5	20.8	21.4	27.6	30.2
	Marlborough (MARL)	54.7	56.2	19.5	16.8	29.9	30.7
Ethnicity	Maori (MAORI)	62.7	66.2	25.8	20.9	15.8	19.6
	Non-Maori (N-M)	52.7	54.3	18.6	20.1	32.1	30.3
Age Group	16-24 (A1)	57.0	60.1	42.7	42.2	6.8	5.8
	25-44 (A2)	65.9	67.9	18.3	18.9	18.5	19.2
	45-64 (A3)	61.1	62.9	18.0	20.3	24.9	21.3
	65+ (A4)	12.0	13.3	2.9	4.6▲	86.0	82.7
Gender	Male (M)	54.7	57.1	24.1	21.8	24.3	24.9
	Female (F)	52.1	53.3	14.3	18.6▲	37.3	33.8
Socio-Economic Status (SES)*	1	57.3	60.3	13.3	15.7	34.9	29.0
	2	61.0	57.9	14.6	15.6	29.2	28.7
	3	47.2	49.9	24.2	25.8	30.0	30.9
	4	50.7	51.1	20.9	26.2	30.7	29.4
	5	44.9	59.5▲	27.0	16.6	31.1	25.4
Total		53.3	54.9	19.1	20.7	31.0	29.2
Differences		MAORI>N-M A1>A4 A2>A1 A2>A4 A3>A4 SES2>SES3 SES2>SES4 SES2>SES5	MAORI>N-M A1>A4 A2>A1 A2>A4 A3>A4 M>F	MAORI>N-M A1>A2 A1>A3 A1>A4 A2>A4 A3>A4 M>F SES3>SES1 SES3>SES2 SES4>SES1 SES4>SES2 SES5>SES1 SES5>SES2	TAS>MARL A1>A2 A1>A3 A1>A4 A2>A4 A3>A4 M>F SES3>SES2 SES4>SES2	F>M N-M>MAORI A2>A1 A3>A1 A3>A2 A4 >A1 A4 >A2 A4 >A3 TAS>NEL	F>M N- M>MAORI A2>A1 A3>A1 A4 >A1 A4 >A2 A4 >A3 TAS>NEL

NB: multiple response options means that row totals may be greater than 100%

4.2.3 CHILDREN'S MODE OF TRANSPORT TO SCHOOL

Overall comparison of how children go to school

- There was a significant increase from 2008 (41%) to 2011 (50%) in the overall number of participants reporting that their child goes to school by car or bus (an 'inactive' method of transport). However, there was no change in the numbers reporting 'active' methods of transport to school (walking, cycling or scooter) (57% in 2008 and 46% in 2011).

Inter-subgroup differences in how children go to school

- For participants who reported that their children go to school by car or bus:
 - While in 2008 there were no SES group differences in children taking "inactive" modes of transport to school, in 2011, participants living in area of SES quintile 5 were more likely than those in areas of SES quintiles 3 and 4 to do so.
- For participants who reported that their children go to school by cycle, scooter or walking:
 - While in 2008 males were more likely than females to report that their children took an 'active' mode of transport to school, in 2011, there were no gender difference in reporting this.
 - While in 2008 there were no SES group differences in children taking "active" modes of transport to school, in 2011, participants living in area of SES quintile 4 were more likely than those in areas of SES quintiles 1 and 5 to do so.

Intra-subgroup differences in how children go to school

- There was a significant increase among several subgroups from 2008 to 2011 in reporting that their children took an 'in-active' mode of transport to school: participants in Marlborough (42% to 56%); Non-Maori (41% to 52%); those aged 25-44 (41% to 51%) and 45-64 (35% to 50%); males (37% to 54%); and those living in areas of SES quintile 5 (33% to 75%).
- Just one subgroup reported a significant increase from 2008 to 2011 in their children taking an 'active' mode of transport to school: those aged 65+ (30% to 85%).

Table 13: Children's mode of transport to school

<i>Question 63: How does this child usually get to school?</i>							
		Car / Bus (In-active method)		Walk / Cycle / Scooter (Active method)		Not at school / Home school / Don't know	
		2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	41.5	50.4	55.5	43.8	3.0	5.8
	Nelson (NEL)	40.0	44.8	59.3	51.0	0.7	4.2
	Marlborough (MARL)	41.5	56.4▲	55.4	42.0	3.1	1.6
Ethnicity	Maori (MAORI)	44.1	43.0	55.3	52.8	0.6	4.2
	Non-Maori (N-M)	40.7	51.6▲	56.8	44.4	2.5	4.1▲
Age Group	16-24 (A1)	53.8	52.4	46.2	37.4	0.0	10.2
	25-44 (A2)	41.2	50.6▲	55.5	45.1	3.3	4.3
	45-64 (A3)	35.1	49.7▲	63.7	49.9	1.2	0.4
	65+ (A4)	70.1	15.2	29.9	84.8▲	0.0	0.0
Gender	Male (M)	36.5	54.3▲	62.2	41.8	1.3	3.9
	Female (F)	44.3	47.5	52.6	48.3	3.1	4.2▲
Socio-Economic Status (SES)*	1	49.2	54.2	49.5	36.1	1.3	9.7
	2	42.7	55.2	55.2	41.3	2.1	3.5
	3	42.0	43.4	56.0	53.0	2.0	3.6
	4	32.4	43.5	63.3	56.0	4.3	0.5
	5	33.2	75.2▲	66.8	24.2	0.0	0.6
Total		41.0	50.3▲	56.6	45.7	2.3	4.0
Differences			SES 5 > SES 3 SES 5 > SES 4	M>F	SES 4 > SES 1 SES 4 > SES 5		NEL>MARL TAS>MARL

4.2.4 BARRIERS TO REGULAR PHYSICAL ACTIVITY

4.2.4.1 TIME

Overall comparison of 'time' as a barrier to regular physical activity

- There was a significant increase from 2008 (32%) to 2011 (47%) in the overall number of participants reporting that lack of time was a barrier to being more active.

Inter-subgroup differences in 'time' as a barrier to regular physical activity

- Participants in Tasman remained more likely than those in Marlborough in 2008 and 2011 to report that time was a barrier to being more active, and in 2011, they were also now more likely than those in Nelson to report this.
- Participants aged 25-44 remained more likely than all other age groups in 2008 and 2011 to report that time was a barrier to being more active. Also, participants aged 16-24 and 45-64 remained more likely than those aged 65+ to report time was a barrier. While in 2008 participants aged 45-64 were more likely than those aged 16-24 to report time was a barrier, this difference was no longer present in 2011.
- Females remained more likely than males in 2008 and 2011 to report that time was a barrier to being more active.
- While in 2008 participants in areas of SES quintiles 1 and 4 were more likely than those in areas of SES quintile 3 to report time as a barrier to being more active, these differences were no longer present in 2011.

Intra-subgroup differences in 'time' as a barrier to regular physical activity

- There was a significant increase from 2008 to 2011 for every subgroup except for participants aged 65+ in reporting that lack of time was a barrier to being more active; the figures for 2008 and 2011 for each group are shown in Table 13 below.

4.2.4.2 HEALTH PROBLEMS

Overall comparison of 'health problems' as a barrier to regular physical activity

- There was a significant increase from 2008 (27%) to 2011 (31%) in the overall number of participants reporting health problems as a barrier to being more active.

Inter-subgroup differences in 'health problems' as a barrier to regular physical activity

- Participants aged 45-64 and 65+ remained more likely than all groups younger than themselves in 2008 and 2011 to report that health problems were a barrier to being more active.
- While in 2008 females were more likely than males to report that health problems were a barrier to being more active, this difference was no longer present in 2011.
- While in 2008 participants in areas of SES quintile 4 were more likely than those in areas of SES quintiles 1 and 2 to report that health problems were a barrier to being more active, these differences were no longer present in 2011.

Intra-subgroup differences in 'health problems' as a barrier to regular physical activity

- There were significant increases from 2008 to 2011 for many subgroups reporting health problems as a barrier to being more active: participants in Tasman (26% to 32%) and Marlborough (24% to 33%); Non-Maori (27% to 32%); those aged 45-64 (30% to 34%) and 65+ (49% to 55%); males (24% to 30%) and females (29% to 33%); and those living in areas of SES quintile 2 (21% to 27%).

4.2.4.3 COST

Overall comparison of 'cost' as a barrier to being more active:

- There was no significant difference between 2008 (14%) and 2011 (16%) in the overall number of participants that reported cost was a barrier to being more active.

Inter-subgroup differences in 'cost' as a barrier to being more active:

- Maori remained more likely than Non-Maori in 2008 and 2011 to report that cost was a barrier to being more active.
- Participants aged 16-24 remained were more likely than those aged 25-44 and 45-64 in 2008 and 2011 to report that cost was a barrier to being more active. In addition, in 2011 they were also now more likely to do so than participants aged 65+. While in 2008 participants aged 25-44 were more likely than those aged 45-64 and 65+ to report cost as a barrier, these differences were no longer present in 2011.
- While in 2008 participants in areas of SES quintile 4 were more likely than those in areas of SES quintiles 1, 2 and 3 to report that cost was a barrier to being more active, in 2011, this difference only remained for quintile 4 and 2. While in 2008 participants in areas of SES quintile 5 were more likely than those in areas of SES quintiles 1 and 3 to report that cost was a barrier to being more active, in 2011, they were more likely than those in areas of SES quintile 2 and 3 to do so.

Intra-subgroup differences in 'cost' as a barrier to being more active:

- There were significant increases from 2008 to 2011 among several subgroups reporting that cost was a barrier to being more active: participants in Marlborough (11% to 15%); those aged 45-64 (11% to 15%) and 65+ (9% to 12%); males (13% to 17%); and those living in areas of SES quintile 3 (9% to 15%).

4.2.4.4 AVAILABILITY OF GYMS AND PARKS

Overall comparison of 'availability of gyms and parks' as a barrier to being more active

- There was a significant increase from 2008 (8%) to 2011 (10%) in the overall number of participants that reported the availability of gyms and parks was a barrier to being more active.

Inter-subgroup differences in 'availability of gyms and parks' as a barrier to being more active

- While there were no regional subgroup differences in reporting 'availability of gyms and parks' as a barrier to being more active in 2008, in 2011, participants from Marlborough and Tasman were each more likely than those in Nelson to report this as a barrier.
- While in 2008 females were more likely than males to report 'availability of gyms and parks' as a barrier to being more active, in 2011, this difference was no longer present.
- While in 2008 participants in areas of SES quintile 3 were more likely than those in areas of SES quintile 2 to report 'availability of gyms and parks' as a barrier to being more active, in 2011, this difference was no longer present.

Intra-subgroup differences in 'availability of gyms and parks' as a barrier to being more active

- There were significant increases from 2008 to 2011 among several subgroups reporting that availability of gyms and parks was a barrier to being more active: participants in Tasman (7% to 13%); Non-Maori (8% to 11%); those aged 45-64 (8% to 11%) and 65+ (8% to 12%); and those living in areas of SES quintiles 2 (5% to 10%) and 5 (5% to 14%).

4.2.4.5 NEIGHBOURHOOD SAFETY

Overall comparison of 'neighbourhood safety' as a barrier to being more active

- There was no significant difference from 2008 (5%) to 2011 (4%) in the overall number of participants that reported that neighbourhood safety was a barrier to being more active.

Inter-subgroup differences in 'neighbourhood safety' as a barrier to being more active

- While in 2008 participants in Nelson were more likely than those in Tasman to report that neighbourhood safety was a barrier to being more active, in 2011, participants from Marlborough were more likely than those in Nelson and Tasman to do so.
- While in 2008 participants aged 16-24 more likely than those aged to 45-64 report that neighbourhood safety was a barrier to being more active, in 2011, Participants aged 45-64 were more likely than those aged 25-44 to do so.
- While in 2008 participants living in areas of SES quintiles 2, 4 and 5 were more likely than those in areas of SES quintile to report that neighbourhood safety was a barrier to being more active, in 2011, these differences were no longer present.

Intra-subgroup differences in 'neighbourhood safety' as a barrier to being more active

- There were no significant differences from 2008 to 2011 among any subgroups.

4.2.4.6 FOOTPATH AVAILABILITY OR MAINTENANCE

Overall comparison of 'footpath availability or maintenance' as a barrier to being more active:

- There was no significant difference from 2008 (12%) to 2011 (12%) in the overall number of participants that reported that footpath availability or maintenance was a barrier to being more active.

Inter-subgroup differences in 'footpath availability or maintenance' as a barrier to being more active:

- While in 2008 participants in Tasman were more likely than those in Nelson to report 'footpath availability or maintenance' as a barrier to being more active, in 2011, this difference was no longer present.
- Participants aged 25-44 and 65+ remained more likely than those aged 16-24 in 2008 and 2011 to report that footpath availability or maintenance was a barrier to being more active. In 2011, participants aged 65+ were now also more likely than those aged 25-44 to report that footpath availability or maintenance was a barrier to being more active and participants aged 45-64 were more likely than those aged 16-24 to do so.
- Females remained more likely than males in 2008 and 2011 to report that footpath availability or maintenance was a barrier to being more active.
- While in 2008 participants in areas of SES quintile 4 were more likely than those in areas of SES quintile 2 to report that footpath availability or maintenance was a barrier to being more active, in 2011, this difference was no longer present, instead, participants in areas of SES quintile 5 were more likely than those in areas of SES quintiles 1, 2 and 3 to do so.

Intra-subgroup differences in 'footpath availability or maintenance' as a barrier to being more active:

- There were no significant differences from 2008 to 2011 among any subgroups.

4.2.4.7 AVAILABILITY OF CYCLE PATHS/LANES

Overall comparison of 'availability of cycle paths/lanes' as a barrier to being more active:

- There were no significant differences from 2008 (24%) to 2011 (22%) in the overall number of participants that reported availability of cycle paths/lanes was a barrier to being more active.

Inter-subgroup differences in 'availability of cycle paths/lanes' as a barrier to being more active:

- Participants in Tasman and Marlborough remained more likely than those in Nelson in 2008 and 2011 to report that availability of cycle paths/lanes was a barrier to being more active, in 2011, participants in Marlborough were also now more likely than those in Tasman to do so.

- While in 2008 females were more likely than males to report that availability of cycle paths/lanes was a barrier to being more active, in 2011, there were no gender subgroup differences present.
- While in 2008 participants in areas of SES quintile 4 were more likely than those in areas of SES quintiles 1 and 3 to report that availability of cycle paths/lanes was a barrier to being more active, in 2011, there were no SES subgroup differences present.

Intra-subgroup differences in ‘availability of cycle paths/lanes’ as a barrier to being more active:

- There were no significant differences from 2008 to 2011 among any subgroups.

4.2.4.8 DON’T SEE ACTIVE PEOPLE IN NEIGHBOURHOOD

Overall comparison of ‘don’t see active people in the neighbourhood’ as a barrier to being more active:

- There were no significant differences from 2008 (11%) to 2011 (12%) in the overall number of participants that reported lack of visibly active people in their neighbourhood was a barrier to being more active.

Inter-subgroup differences in ‘don’t see active people in the neighbourhood’ as a barrier to being more active:

- While in 2008 participants in Nelson and Marlborough were more likely than those in Tasman to report a lack of active people in the neighbourhood as a barrier to being more active, in 2011, there were no regional subgroup differences present.
- Participants aged 16-24 remained more likely than those aged 25-44 and 45-64 to report that lack of active people in their neighbourhood was a barrier to being more active however they were no longer more likely than those aged 65+ to do so.
- Males remained more likely than females in 2008 and 2011 to report that lack of active people in their neighbourhood was a barrier to being more active.
- Participants in areas of SES quintile 5 remained more likely than those in areas of SES quintiles 1, 2 and 3 in 2008 and 2011 to report that lack of active people in their neighbourhood was a barrier to being more active, and in 2011 they were also now more likely than those in areas of SES quintile 4 to do so; also, participants in quintile 4 remained more likely than those in areas of SES quintile 2 to do so.

Intra subgroup differences in ‘don’t see active people in the neighbourhood’ as a barrier to being more active:

- There were no significant differences from 2008 to 2011 among any subgroups.

4.2.4.9 ROAD SAFETY

Overall comparison of ‘road safety’ as a barrier to being more active:

- There were no significant differences from 2008 (29%) to 2011 (26%) in the overall number of participants that road safety was a barrier to being more active.

Inter-subgroup differences in ‘road safety’ as a barrier to being more active:

- While in 2008 there were no age group differences present, in 2011, participants aged 25-44 were more likely than those aged 16-24 to report that road safety was a barrier to being more active.
- While in 2008 males were more likely than females to report road safety as a barrier to being more active, in 2011, there were no gender group difference present.
- While in 2008 there were no SES group differences present, in 2011, participants in areas of SES quintiles 4 and 5 were more likely than those in areas of SES quintile 1 to report that road safety was a barrier to being more active.

Intra-subgroup differences in ‘road safety’ as a barrier to being more active:

- There were no significant differences from 2008 to 2011 among any subgroups.

4.2.4.10 OVERALL DIFFICULTY

Overall comparison of 'overall difficulty' as a barrier to being more active:

- There were no significant differences from 2008 (29%) to 2011 (29%) in the overall number of participants that reported that general difficulty being active was a barrier to being more active.

Inter-subgroup differences in 'overall difficulty' as a barrier to being more active:

- While in 2008 participants in Tasman and Nelson were more likely than those in Marlborough to report that it was very/difficult to be more active, in 2011, there were no regional group differences present.
- Participants aged 65+ remained more likely than those aged 16-24 in 2008 and 2011 to report that it is very/difficult to be more active; in 2011 participants aged 25-44 were also more likely than those aged 16-24 and 45-64 to report this, and participants aged 45-64 were more likely than those aged 16-24 to do so.
- Females remained more likely than males in 2008 and 2011 to report that it is very/difficult to be more active.

Intra-subgroup differences in 'overall difficulty' as a barrier to being more active:

- There was a significant increase from 2008 to 2011 among participants in Marlborough reporting that general difficulty was a barrier to being more active (24% to 29%).

Table 14: Barriers to being more active (% agreeing to each barrier)

<i>Question 56: How much do you agree or disagree with the following things that influence your own physical activity level?</i>											
<i>Options include: I don't know how much to be physically active; Lack of time; Arthritis or other health problems; Costs too much for things such as clothes, equipment, childcare etc; Facilities such as parks and gyms are too hard to get to... etc. (Refer to Appendix 1 for full question)</i>											
		Time		Health Problems		Cost		Availability of Gyms and Parks		Neighbourhood Safety	
		2008	2011	2008	2011	2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	37.1	52.7▲	26.3	32.2▲	15.7	17.1	7.1	12.6▲	3.1	2.7
	Nelson (NEL)	31.1	44.7▲	29.4	29.7	15.0	16.8	7.2	6.8	7.9	2.5
	Marlborough (MARL)	28.8	42.4▲	24.3	32.9▲	11.1	15.2▲	9.8	12.3	4.9	5.7
Ethnicity	Maori (MAORI)	35.6	53.0▲	27.7	31.9	21.7	25.8	12.5	11.6	4.3	2.3
	Non-Maori (N-M)	31.9	46.3▲	26.7	31.6▲	13.3	15.8	7.8	10.5▲	5.5	3.7
Age Group	16-24 (A1)	23.8	51.0▲	14.5	23.3	16.9	26.0	7.6	6.8	9.4	3.8
	25-44 (A2)	45.0	63.4▲	16.7	19.4	18.7	16.4	8.8	11.5	5.4	1.7
	45-64 (A3)	34.0	46.5▲	29.9	34.2▲	10.6	14.9▲	7.5	10.7▲	4.3	5.1
	65+ (A4)	11.7	14.5	49.3	54.8▲	8.5	12.0▲	8.3	11.8▲	4.2	3.9
Gender	Male (M)	23.6	42.5▲	24.4	29.8▲	12.6	16.9▲	6.8	9.4	4.2	3.2
	Female (F)	40.3	50.7▲	29.0	33.3▲	15.1	16.0	9.3	11.7	6.5	4.0
Socio-Economic Status (SES)*	1	37.9	50.9▲	24.0	27.5	10.9	14.8	10.2	8.4	1.8	3.2
	2	30.0	46.2▲	21.0	27.2▲	12.7	11.0	5.4	10.3▲	6.8	2.2
	3	25.1	45.4▲	27.5	33.4	9.3	14.8▲	10.5	10.5	5.3	4.8
	4	37.2	46.6▲	33.4	33.7	19.5	19.7	7.8	9.6	6.0	4.5
	5	31.3	43.3▲	29.2	37.6	21.8	29.7	4.7	14.0▲	8.1	4.9
Total		32.2	46.8▲	26.7	31.1▲	13.9	16.1	8.1	10.1▲	5.4	3.8
Differences		TAS>MARL A1>A4 A2>A1 A2>A3 A2>A4 A3>A1 A3>A4 F>M SES1>SES3 SES4>SES3	TAS>NEL TAS>MARL A1>A4 A2>A1 A2>A3 A2>A4 A3>A4 F>M	A3>A1 A3>A2 A4>A1 A4>A2 A4>A3 F>M SES4>SES1 SES4>SES2	A3>A1 A3>A2 A4>A1 A4>A2 A4>A3	MAORI>N-M A1>A3 A1>A4 A2>A3 A2>A4 SES4>SES1 SES4>SES2 SES4>SES3 SES5>SES1 SES5>SES3	MAORI>N-M A1>A2 A1>A3 A1>A4 SES4>SES2 SES5>SES1 SES5>SES2 SES5>SES3	F>M SES3>SES2	MARL>NEL TAS>NEL	NEL>TAS A1>A3 F>M SES2>SES1 SES4>SES1 SES5>SES1	MARL>NEL MARL>TAS A3>A2

Question 56 (continued): How much do you agree or disagree with the following things that influence your own physical activity level?

Options include: I don't know how much to be physically active; Lack of time; Arthritis or other health problems; Costs too much for things such as clothes, equipment, childcare etc; Facilities such as parks and gyms are too hard to get to... etc. (Refer to Appendix 1 for full question)

		Footpath Availability or Maintenance		Availability of Cycle Paths/Lanes		Don't See Active People in Neighbourhood		Road Safety		Overall Difficulty	
		2008	2011	2008	2011	2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	15.0	13.3	24.3	22.4	7.5	10.7	29.5	26.1	32.8	29.4
	Nelson (NEL)	9.7	11.7	17.3	12.9	12.1	12.2	29.7	29.2	30.8	28.5
	Marlborough (MARL)	11.5	11.9	29.4	33.3	13.2	14.3	28.6	26.1	24.1	29.1▲
Ethnicity	Maori (MAORI)	11.7	9.3	20.0	18.2	14.6	10.8	28.1	22.5	29.5	33.2
	Non-Maori (N-M)	11.9	12.6	23.8	23.1	10.8	12.4	29.3	27.4	29.1	28.7
Age Group	16-24 (A1)	5.9	5.4	19.5	18.1	22.6	19.8	26.4	20.9	22.4	11.6
	25-44 (A2)	12.5	11.5	24.9	23.9	8.5	11.5	30.5	29.8	30.8	35.1
	45-64 (A3)	11.4	12.7	25.3	24.3	8.1	9.6	29.0	29.0	28.4	28.3
	65+ (A4)	16.7	18.6	20.8	21.3	12.0	13.4	29.7	23.6	33.1	33.5
Gender	Male (M)	8.2	9.6	21.0	22.0	13.8	14.9	31.7	28.7	22.7	25.4
	Female (F)	15.5	14.8	25.9	23.4	8.5	10.0	27.0	25.6	35.3	32.3
Socio-Economic Status (SES)*	1	10.8	9.0	18.6	17.8	7.7	9.0	24.4	19.1	32.3	26.4
	2	9.6	10.8	24.7	22.3	8.0	9.2	26.8	27.0	27.9	25.1
	3	10.7	9.7	20.7	22.5	10.8	12.2	31.7	25.1	25.3	31.0
	4	15.8	14.2	29.1	23.5	13.9	15.4	32.7	29.2	31.0	31.2
	5	13.9	21.8	22.6	28.8	21.9	26.3	30.7	32.9	31.7	35.7
Total		11.9	11.8	23.5	22.2	11.1	12.6	29.2	26.0	29.1	29.0
Differences		TAS>NEL A2>A1 A4>A1 F>M SES4>SES2	A2>A1 A3>A1 A4>A1 A4>A2 F>M SES5>SES1 SES5>SES2 SES5>SES3	TAS>NEL MARL>NEL F>M SES4>SES1 SES4>SES3	TAS>NEL MARL>NEL MARL>TAS	NEL>TAS MARL>TAS A1>A2 A1>A3 A1>A4 M>F SES4>SES2 SES5>SES1 SES5>SES2 SES5>SES3	A1>A2 A1>A3 M>F SES4>SES2 SES5>SES1 SES5>SES2 SES5>SES3 SES5>SES4	M>F	A2>A1 SES4>SES1 SES5>SES1	TAS>MARL NEL>MARL A4>A1 F>M	A2>A1 A2>A3 A3>A1 A4>A1 F>M

4.3 BODY MASS INDEX

Body Mass Index (BMI) categories of ‘underweight’, ‘normal’, ‘overweight’ and ‘obese’ were calculated from self-reported height and weight.

Overall comparison of BMI

- There was a significant increase from 2008 (31%) to 2011 (37%) in the overall number of participants reporting an ‘overweight’ BMI; however there were no change for the overall numbers reporting ‘underweight’, ‘normal’ or ‘obese’ BMIs

Inter-subgroup differences in BMI

- For participants who fell in the ‘underweight’ BMI category:
 - While in 2008 participants aged 65+ were more likely than those aged 45-64 to report an ‘underweight’ BMI, in 2011, it was participants aged 16-24 were more likely than those aged 45-64 do so.
 - Females remained more likely than males in 2008 and 2011 to report an “underweight” BMI.
- For participants who fell in the ‘normal’ BMI category:
 - While in 2008 participants in Nelson were more likely than those in Marlborough to report a ‘normal’ BMI, in 2011, this difference was no longer present.
 - Non-Maori remained more likely than Maori in 2008 and 2011 to report a “normal” BMI
 - Participants aged 16-24 remained more likely than all other age groups in 2008 and 2011 to report a “normal” BMI. Also, in 2011, participants aged 25-44 were now more likely than those aged 45-64 or 65+ to do so.
 - While in 2008 there were no gender group difference, in 2011, females were more likely than males to report a “normal” BMI.
 - While in 2008 there were no SES subgroup differences, in 2011, participants in areas of SES quintile 1 were more likely than those in areas of SES quintiles 2, 3 and 4 to report “normal” BMI.
- For participants who fell in the ‘overweight’ BMI category:
 - Males remained more likely than females in 2008 and 2011 to report an “overweight” BMI.
 - Participants aged 25-44, 45-64 and 65+ all remained more likely in 2008 and 2011 than those aged 16-24 to report an “overweight” BMI. In addition, in 2011 participants aged 45-64 and 65+ were now more likely than those aged 25-44 to do so.
- For participants who fell in the ‘obese’ BMI category:
 - Maori remained more likely than Non-Maori in 2008 and 2011 to report an “obese” BMI
 - While in 2008 participants in Marlborough were more likely than those in Nelson to report and ‘obese’ BMI, in 2011, this difference was no longer present.
 - While in 2008 there were no age group differences, in 2011, participants aged 25-44, 44-65 and 65+ were all more likely than those aged 16-24 to report an “obese” BMI.
 - While in 2008 there were no SES subgroup differences, in 2011, participants in areas of SES quintiles 4 and 5 were more likely than those in areas of SES quintile 1 to report an “obese” BMI.

Intra-subgroup differences in BMI

- For participants who fell in the ‘underweight’ BMI category:
 - There were no significant differences between 2008 and 2011 among any subgroups reporting an ‘underweight’ BMI.
- For participants who fell in the ‘normal’ BMI category:
 - There was a significant difference between 2008 and 2011 among 3 subgroups reporting a ‘normal’ BMI: participants aged 25-44 (44% to 50%); females (49% to 54%); and those living in areas of SES quintile 1 (43% to 59%).
- For participants who fell in the ‘overweight’ BMI category:

- There were significant increases from 2008 to 2011 among all subgroups except for participants in Tasman, Maori and those living in areas of SES quintile 1, the figures for each subgroup by year are shown in Table 14 below.
- For participants who fell in the 'obese' BMI category:
 - There was a significant difference between 2008 and 2011 among 3 subgroups reporting an 'obese' BMI: Maori (20% to 31%); those aged 45-64 (13% to 16%); and those aged 65+ (10% to 15%).

Table 15: BMI categories calculated from self-reported weight and height

Question 84: How much do you weigh without shoes? Question 86: How tall are you without shoes?									
		<18.5 (Underweight)		18.5-24.9 (Normal)		25-29.9 (Overweight)		≥30 (Obese)	
		2008	2011	2008	2011	2008	2011	2008	2011
Territorial Authority	Tasman (TAS)	9.6	1.8	45.8	49.7	31.6	33.1	13.0	15.3
	Nelson (NEL)	8.0	1.2	52.5	48.2	30.4	38.4▲	9.1	12.1
	Marlborough (MARL)	10.3	1.5	45.3	44.2	29.8	39.2▲	14.7	15.1
Ethnicity	Maori (MAORI)	10.4	1.0	35.8	36.5	33.5	31.7	20.3	30.8▲
	Non-Maori (N-M)	9.2	1.6	48.9	48.3	30.4	37.1▲	11.6	12.9
Age Group	16-24 (A-1)	6.6	3.6	73.3	73.1	9.0	19.5▲	11.2	3.9
	25-44 (A-2)	10.4	1.6	43.8	50.4▲	32.7	33.1	13.1	14.9
	45-64 (A-3)	7.3	0.7	44.2	40.7	35.9	42.3▲	12.6	16.4▲
	65+ (A-4)	12.9	1.9	44.6	39.8	32.2	43.4▲	10.3	15.0▲
Gender	Male (M)	4.5	0.7	47.3	41.0	36.0	43.4▲	12.2	14.9
	Female (F)	13.8	2.3	48.8	54.0▲	25.3	30.2▲	12.1	13.5
Socio-Economic Status (SES)*	1	9.5	1.8	43.2	58.8▼	37.5	31.5	9.9	7.9
	2	7.6	1.2	49.2	43.6	31.5	40.5▲	11.7	14.7
	3	11.5	0.4	45.5	46.1	30.0	39.0▲	13.0	14.4
	4	8.2	1.3	51.3	46.4	26.6	34.7▲	13.8	17.5
	5	10.2	0.0	54.7	43.6	23.9	37.3▲	11.2	19.1
Total		9.2	1.1	48.0	47.7	30.6	36.8▲	12.2	14.4
Differences		F>M A-4>A-3	F>M A1>A3	NEL>MARL N-M>MAORI A-1>A-2 A-1>A-3 A-1>A-4	F>M N-M>MAORI A1>A2 A1>A3 A1>A4 A2>A3 A2>A4 SES1>SES2 SES1>SES3 SES1>SES4	M>F A-2>A-1 A-3>A-1 A-4>A-1 SES1>SES4	M>F A2>A1 A3>A1 A3>A2 A4>A1 A4>A2	MAORI>N-M MARL>NEL	MAORI>N-M A2>A1 A3>A1 A4>A1 SES4>SES1 SES5>SES1

4.4 SMOKING STATUS

Participants were asked whether they currently smoked tobacco.

Overall comparison of smoking status

- There were no significant differences between 2008 (16%) and 2011 (10%) in the overall number of participants reporting that they currently smoke tobacco.

Inter-subgroup differences in smoking status

- While in 2008 participants in Nelson were more likely than those in Tasman to report current smoking, in 2011, there were not regional subgroup differences present.
- Maori remained more likely than Non-Maori in both 2008 and 2011 to report that they smoke tobacco.
- Participants aged 16-24, 25-44 and 45-64 all remained more likely in both 2008 and 2011 to report that they smoke tobacco, in 2008 participants aged 16-24 were also more likely than those aged 45-64 to report this although in 2011 this difference was no longer present.
- While in 2008 participants living in areas of SES quintiles 2, 4 and 5 were all more likely than those in areas of SES quintile 1 to report current smoking, and participants in quintile 1 were more likely than those in areas of SES quintile 4 to do so, in 2011, there were no SES subgroup differences present.

Intra-subgroup differences in smoking status

- There were no significant differences from 2008 to 2011 among any subgroups.

Table 16: Smoking status

<i>Question 74: Do you smoke tobacco?</i>			
		Yes	
		2008	2011
Territorial Authority	Tasman (TAS)	12.8	10.8
	Nelson (NEL)	19.2	8.3
	Marlborough (MARL)	16.0	11.5
Ethnicity	Maori (MAORI)	27.9	19.4
	Non-Maori (N-M)	15.3	9.5
Age Group	16-24 (A-1)	24.5	13.1
	25-44 (A-2)	19.2	13.0
	45-64 (A-3)	14.5	9.4
	65+ (A-4)	6.8	4.4
Gender	Male (M)	17.6	10.2
	Female (F)	14.8	10.2
Socio-Economic Status (SES)*	1	8.7	7.3
	2	16.8	7.8
	3	13.9	11.4
	4	21.4	13.2
	5	23.0	14.9
Total		16.2	10.4
Differences		NEL>TAS MAORI>N-M A1>A3 A1>A4 A2>A4 A3>A4 SES2>SES1 SES4>SES1 SES4>SES3	MAORI>N-M A1>A4 A2>A4 A3>A4

4.5 REASONS FOR HAVING HEALTHY LIFESTYLE

Participants were asked how strongly they agreed with a range of possible reasons offered for trying to have a healthy lifestyle.

4.5.1 HAVING A HEALTHY LIFESTYLE TO LOOK BETTER

Overall comparison of 'looking better' as a reason to have a healthy lifestyle

- Approximately two-thirds of all participants in 2008 (69%) and 2011 (65%) strongly/agree that looking better is a reason for having a healthy lifestyle; there were no significant difference between the two time points.

Inter-subgroup differences in 'looking better' as a reason to have a healthy lifestyle

- While in 2008 participants in Marlborough were more likely than those in Nelson to strongly/agree that looking better is a reason for having a healthy lifestyle, in 2011, there were no regional differences present.
- While in 2008 participants aged 16-24 were more likely than those aged 45-64 and 65+ to strongly/agree that looking better is a reason for having a healthy lifestyle, in 2011, there were no age-group differences present.
- Females remained more likely than males in 2008 and 2011 to strongly/agree that looking better is a reason for having a healthy lifestyle.
- While in 2008 there were no ethnic group differences, in 2011, Maori were more likely than Non-Maori to strongly/agree that looking better is a reason for having a healthy lifestyle.

Intra-subgroup differences in 'looking better' as a reason to have a healthy lifestyle

- There were no significant differences among any subgroups from 2008 to 2011.

Table 17: Having a healthy lifestyle to look better

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To look better.</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	69.2	62.5
	Nelson (NEL)	65.6	66.2
	Marlborough (MARL)	72.0	67.9
Ethnicity	Maori (MAORI)	72.8	74.0
	Non-Maori (N-M)	68.6	64.8
Age Group	16-24 (A-1)	77.9	67.1
	25-44 (A-2)	69.8	67.3
	45-64 (A-3)	66.2	64.7
	65+ (A-4)	65.0	62.2
Gender	Male (M)	60.6	57.7
	Female (F)	76.7	72.5
Socio-Economic Status (SES)*	1	72.7	67.8
	2	71.5	68.2
	3	66.6	64.3
	4	67.0	60.1
	5	63.1	70.4
Total	ALL	68.9	65.3
Differences		MARL>NEL A-1>A-3 A-1>A-4 F>M	F>M MAORI>N-M

4.5.2 HAVING A HEALTHY LIFESTYLE TO MAINTAIN HEALTHY WEIGHT

Overall comparison of ‘maintaining weight’ as a reason to have a healthy lifestyle

- There was a significant increase from 2008 (80%) to 2011 (83%) in the overall number of participants who strongly/agree that to lose or maintain weight is a reason for trying to have a healthy lifestyle.

Inter-subgroup differences in ‘maintaining weight’ as a reason to have a healthy lifestyle

- While in 2008 participants aged 25-44 and 45-64 were more likely than those aged 16-24 and 65+ to strongly/agree that to lose or maintain weight is a reason for trying to have a healthy lifestyle, in 2011, participants aged 45-64 were more likely than all the other age groups to do.
- Females remained more likely than males to strongly/agree that to lose or maintain weight is a reason for trying to have a healthy lifestyle.

Intra-subgroup differences in ‘maintaining weight’ as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for many subgroups of participants who strongly /agree that to lose or maintain weight is a reason for trying to have a healthy lifestyle: participants in Marlborough (79% to 83%); those aged 45-64 (83% to 88%), males (74% to 80%), and those living in areas of SES quintiles 2 (76% to 83%) and 3 (78% to 96%).

Table 18: Having a healthy lifestyle to maintain healthy weight

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To lose or maintain weight.</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	83.2	82.5
	Nelson (NEL)	77.9	81.8
	Marlborough (MARL)	78.5	83.2 ▲
Ethnicity	Maori (MAORI)	81.4	85.7
	Non-Maori (N-M)	79.6	82.3
Age Group	16-24 (A-1)	72.0	78.5
	25-44 (A-2)	82.3	81.9
	45-64 (A-3)	83.3	88.1 ▲
	65+ (A-4)	74.4	75.8
Gender	Male (M)	73.7	79.5 ▲
	Female (F)	85.5	85.2
Socio-Economic Status (SES)*	1	83.7	82.7
	2	76.3	83.4 ▲
	3	78.3	96.1 ▲
	4	83.7	81.1
	5	72.8	78.8
Total		79.7	83.0 ▲
Differences		F>M A-2>A-1 A-2>A-4 A-3>A-1 A-3>A-4 SES4>SES2 SES4>SES5	F>M A3>A1 A3>A2 A3>A4

4.5.3 HAVING A HEALTHY LIFESTYLE TO HAVE MORE ENERGY

Overall comparison in 'having more energy' as a reason to have a healthy lifestyle

- Almost all participants in 2008 (92%) and 2011 (92%) strongly/agreed that to have more energy is a reason to have a healthy lifestyle; there were no significant difference between the two survey points.

Inter-subgroup differences in 'having more energy' as a reason to have a healthy lifestyle

- While in 2008 Non-Maori were more likely than Maori to strongly/agree that to have more energy is a reason for trying to have a healthy lifestyle, in 2011, there were no ethnic group differences present.
- While in 2008 participants aged 25-44 and 45-64 were more likely than those aged 65+ to strongly/agree that to have more energy is a reason for trying to have a healthy lifestyle, in 2011, all younger age group participants were more likely than those aged 65+ to do so.
- Females remained more likely than males in 2008 and 2011 to strongly/agree that to have more energy is a reason for trying to have a healthy lifestyle.
- While in 2008 there were no SES group differences, in 2011, participants in areas of SES quintile 2 were more likely than those in areas of SES quintile 4 to strongly/agree that to have more energy is a reason for trying to have a healthy lifestyle.

Intra-subgroup differences in 'having more energy' as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for 3 subgroups of participants who strongly /agree that to have more energy is a reason for trying to have a healthy lifestyle: Maori (87% to 96%); those aged 45-64 (92% to 95%), and those living in areas of SES quintile 3 (88% to 92%).

Table 19: Having a healthy lifestyle to have more energy

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To have more energy</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	91.4	91.1
	Nelson (NEL)	90.7	92.6
	Marlborough (MARL)	92.4	92.7
Ethnicity	Maori (MAORI)	86.6	95.8▲
	Non-Maori (N-M)	91.9	91.8
Age Group	16-24 (A-1)	92.1	91.2
	25-44 (A-2)	94.2	94.2
	45-64 (A-3)	91.8	94.7▲
	65+ (A-4)	85.4	84.0
Gender	Male (M)	88.2	90.7
	Female (F)	94.6	93.3
Socio-Economic Status (SES)*	1	93.4	93.8
	2	92.3	94.6
	3	87.8	92.3▲
	4	91.9	88.9
	5	94.6	89.4
Total		91.5	92.1
Differences		N-M>MAORI A-2>A-4 A-3>A-4 F>M	F>M A1>A4 A2>A4 A3>A4 SES2>SES4

4.5.4 HAVING A HEALTHY LIFESTYLE TO HAVE MORE CONTROL OF MY LIFE

Overall comparison of 'to have more control of my life' as a reason to have a healthy lifestyle

- There was a significant increase from 2008 (80%) to 2011 (84%) in the overall number of participants who strongly/agree that 'control' is a reason for trying to have a healthy lifestyle.

Inter-subgroup differences in 'to have more control of my life' as a reason to have a healthy lifestyle

- While in 2008 females were more likely than males to strongly/agree that 'control' is a reason to have a healthy lifestyle, in 2011, this difference was no longer present.
- While in 2008 there were no regional group differences, in 2011, participants in Tasman were more likely than those in Marlborough to strongly/agree that 'control' is a reason for trying to have a healthy lifestyle.
- Participants aged 25-44 and 45-64 remained were more likely than those aged 65+ to strongly/agree that 'control' is a reason for trying to have a healthy lifestyle; however while in 2008 participants aged 45-64 were also more likely to strongly/agree, in 2011, this difference was no longer present.
- While in 2008 participants living in areas of SES quintile 2 were more likely than those in areas of SES quintile 3 to strongly/agree that 'control' is a reason for trying to have a healthy lifestyle, in 2011, this difference was no longer present.

Intra-subgroup differences in 'to have more control of my life' as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for many subgroups of participants who strongly /agree that 'control' is a reason for trying to have a healthy lifestyle: participants in Tasman (80% to 86%); Maori (77% to 86%) and Non-Maori (80% to 83%), those aged 45-64 (83% to 86%) and 65+ (73% to 78%), males (77% to 83%), and those living in areas of SES quintile 3 (74% to 86%).

Table 20: Having a healthy lifestyle to have more control of my life

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To feel more in control of your life</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	80.3	86.4▲
	Nelson (NEL)	78.9	81.8
	Marlborough (MARL)	79.3	81.1
Ethnicity	Maori (MAORI)	76.8	86.0▲
	Non-Maori (N-M)	79.7	83.0▲
Age Group	16-24 (A-1)	75.3	80.2
	25-44 (A-2)	81.4	84.4
	45-64 (A-3)	82.9	86.3▲
	65+ (A-4)	72.8	77.6▲
Gender	Male (M)	76.5	83.1▲
	Female (F)	82.3	83.3
Socio-Economic Status (SES)*	1	80.3	80.2
	2	82.9	83.5
	3	74.4	86.1▲
	4	79.5	83.3
	5	81.9	86.1
Total		79.5	83.6▲
Differences		A-2>A-4 A-3>A-1 A-3>A-4 F>M SES2>SES3	A2>A4 A3>A4 TAS>MARL

4.5.5 HAVING A HEALTHY LIFESTYLE TO SET A GOOD EXAMPLE FOR OTHERS

Overall comparison of ‘setting a good example for others’ as a reason to have a healthy lifestyle

- There was a significant increase from 2008 (75%) to 2011 (79%) in the overall number of participants who strongly/agree that to set a good example for others is a reason for trying to have a healthy lifestyle.

Inter-subgroup differences ‘setting a good example for others’ as a reason to have a healthy lifestyle

- While in 2008 participants in Tasman and Marlborough were more likely than those in Nelson to strongly/agree that to set a good example for others is a reason for trying to have a healthy lifestyle, in 2011, there were no regional subgroup differences present.
- While in 2008 Maori were more likely than Non-Maori to strongly/agree that to set a good example for others is a reason for trying to have a healthy lifestyle, in 2011, there were no ethnic group differences present.
- Participants aged 25-44 remained more likely than those aged 16-24 in 2008 and 2011 to strongly/agree that to set a good example for others is a reason for trying to have a healthy lifestyle; in 2011 participants aged 24-44 were also now more likely than those aged 65+ to do so.

Intra-subgroup differences ‘setting a good example for others’ as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for many subgroups of participants who strongly /agree that to set a good example for others is a reason for trying to have a healthy lifestyle: participants in Nelson (70% to 78%); Non-Maori (74% to 78%), those aged 45-64 (73% to 78%), males (70% to 77%), and those living in areas of SES quintile 5 (68% to 82%).

Table 21: Having a healthy lifestyle to set a good example for others

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To set a good example for others</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	76.3	77.6
	Nelson (NEL)	69.5	77.6▲
	Marlborough (MARL)	78.4	79.1
Ethnicity	Maori (MAORI)	82.8	84.1
	Non-Maori (N-M)	74.0	77.7▲
Age Group	16-24 (A-1)	70.6	73.9
	25-44 (A-2)	80.7	83.4
	45-64 (A-3)	73.4	78.4▲
	65+ (A-4)	68.8	71.4
Gender	Male (M)	69.6	77.0▲
	Female (F)	79.3	79.1
Socio-Economic Status (SES)*	1	73.7	80.3
	2	75.2	78.8
	3	74.6	78.9
	4	76.4	75.7
	5	68.3	81.5▲
Total		74.6	78.5▲
Differences		TAS>NEL MARL>NEL MAORI>N-M A-2>A-1 A-2>A-3 A-2>A-4 F>M	A2>A1 A2>A4

4.5.6 HAVING A HEALTHY LIFESTYLE TO SOCIALISE AND GET TO BE WITH PEOPLE

Overall comparison of ‘socialising’ as a reason to have a healthy lifestyle

- Most participants in 2008 (60%) and 2011 (63%) strongly/agree that socialising is a reason for having a healthy lifestyle; there were no significant difference between the two time points.

Inter-subgroup differences in ‘socialising’ as a reason to have a healthy lifestyle

- While in 2008 participants in Tasman and Marlborough were more likely than those in Nelson to strongly/agree that socialising was a reason to have a healthy lifestyle, in 2011, participants in Nelson were now more likely than those in Tasman to do so.
- While in 2008 participants aged 25-44 and 65+ were more likely than those aged 45-64 to strongly/agree that socialising was a reason to have a healthy lifestyle, in 2011, there were no age group differences present.
- While in 2008 females were more likely than males to strongly/agree that socialising was a reason to have a healthy lifestyle, in 2011, there were no gender group differences.

Intra-subgroup differences in ‘socialising’ as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for 3 subgroups of participants who strongly/agree that socialising is a reason for trying to have a healthy lifestyle: participants in Nelson (54% to 67%), those aged 16-24 (60% to 77%), and males (57% to 63%).

Table 22: Having a healthy lifestyle to socialise and get to be with people

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To get to be with people or socialise.</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	62.8	57.0
	Nelson (NEL)	54.3	66.6▲
	Marlborough (MARL)	63.0	62.2
Ethnicity	Maori (MAORI)	61.0	63.3
	Non-Maori (N-M)	59.8	61.7
Age Group	16-24 (A-1)	59.7	77.4▲
	25-44 (A-2)	61.7	61.0
	45-64 (A-3)	54.0	55.1
	65+ (A-4)	67.6	64.0
Gender	Male (M)	56.9	62.8▲
	Female (F)	62.6	60.9
Socio-Economic Status (SES)*	1	61.2	66.8
	2	55.8	61.7
	3	57.6	60.5
	4	64.4	60.4
	5	62.7	68.9
Total		59.8	62.5
Differences		TAS>NEL MARL>NEL A-2>A-3 A-4>A-3 F>M	NEL>TAS

4.5.7 HAVING A HEALTHY LIFESTYLE TO LIVE LONGER

Overall comparison of 'living longer' as a reason to have a healthy lifestyle

- There was a significant increase from 2008 (86%) to 2011 (89%) in the overall number of participants who strongly/agree that living longer is a reason for trying to have a healthy lifestyle.

Inter-subgroup differences in 'living longer' as a reason to have a healthy lifestyle

- While in 2008 participants in Tasman and Marlborough were both more likely than those in Nelson to strongly/agree that living longer was a reason to have a healthy lifestyle, in 2011, there were no longer any regional subgroup differences present.
- While in 2008 participants aged 25-44 were more likely to strongly/agree that living longer was a reason for trying to have a healthy lifestyle, in 2011, participants aged 25-44 and 45-64 were more likely than those aged 65+ to do so.
- While in 2008 females were more likely than males to strongly/agree that living longer was a reason for trying to have a healthy lifestyle, in 2011, there were no gender subgroup differences.

Intra-subgroup differences in 'living longer' as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for 4 subgroups of participants who strongly /agree that living longer is a reason for trying to have a healthy lifestyle: participants in Nelson (81% to 87%), Maori (85% to 90%), those aged 45-64 (86% to 92%), and males (84% to 89%).

Table 23: Having a healthy lifestyle to live longer

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To live a longer life.</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	88.9	89.6
	Nelson (NEL)	81.2	86.7▲
	Marlborough (MARL)	88.9	89.3
Ethnicity	Maori (MAORI)	84.7	89.7▲
	Non-Maori (N-M)	86.3	88.5
Age Group	16-24 (A-1)	82.6	86.4
	25-44 (A-2)	90.6	89.6
	45-64 (A-3)	86.3	91.5▲
	65+ (A-4)	80.6	82.5
Gender	Male (M)	83.7	89.3▲
	Female (F)	88.5	87.9
Socio-Economic Status (SES)*	1	88.3	86.6
	2	84.2	88.6
	3	84.3	90.8
	4	87.5	90.2
	5	89.2	89.3
Total		86.2	89.2▲
Differences		TAS>NEL MARL>NEL A-2>A-1 A-2>A-4 F>M	A2>A4 A3>A4

4.5.8 HAVING A HEALTHY LIFESTYLE TO HAVE FUN

Overall comparison of 'having fun' as a reason to have a healthy lifestyle

- Almost all participants in both 2008 (89%) and 2011 (90%) strongly/agreed that to have fun is a reason to have a healthy lifestyle, there were no significant difference between the two time points.

Inter-subgroup differences in 'having fun' as a reason to have a healthy lifestyle

- While in 2008 males were more likely than females to strongly/agree that to have fun is a reason for trying to have a healthy lifestyle, in 2011, males were more likely than females to do so.
- While in 2008 participants aged 45-64 were more likely to strongly/agree that to have fun is a reason for trying to have a healthy lifestyle, in 2011, they were more likely than those aged 25-44 to do so.

Intra-subgroup differences in 'having fun' as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for 2 subgroups of participants who strongly /agree that to have fun is a reason for trying to have a healthy lifestyle: participants in Nelson (88% to 91%); and males (86% to 91%).

Table 24: Having a healthy lifestyle to have fun

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To have fun.</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	89.0	88.2
	Nelson (NEL)	87.7	91.3▲
	Marlborough (MARL)	90.0	89.7
Ethnicity	Maori (MAORI)	90.9	91.2
	Non-Maori (N-M)	88.7	89.6
Age Group	16-24 (A-1)	84.8	87.7
	25-44 (A-2)	87.9	87.7
	45-64 (A-3)	90.8	92.4
	65+ (A-4)	90.3	89.4
Gender	Male (M)	86.0	91.2▲
	Female (F)	91.6	88.3
Socio-Economic Status (SES)*	1	89.2	88.2
	2	91.0	92.2
	3	86.0	89.4
	4	87.6	88.9
	5	93.8	89.2
Total		88.9	89.8
Differences		F>M A-3>A-1	M>F A3>A2

4.5.9 HAVING A HEALTHY LIFESTYLE TO IMPROVE FITNESS

Overall comparison of ‘improving fitness’ as a reason to have a healthy lifestyle

- There was a significant increase from 2008 (92%) to 2011 (94%) in the overall number of participants who strongly/agree that to improve fitness is a reason for trying to have a healthy lifestyle.

Inter-subgroup differences in ‘improving fitness’ as a reason to have a healthy lifestyle

- Participants aged 16-24, 25-44 and 45-64 all remained more likely than those aged 65+ in 2008 and 2011 to strongly/agree that to improve fitness is a reason for trying to have a healthy lifestyle.
- While in 2008 females were more likely than males to strongly/agree that to improve fitness is a reason for trying to have a healthy lifestyle, in 2011, there were not gender group differences present.

Intra-subgroup differences in ‘improving fitness’ as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for 4 subgroups of participants who strongly /agree that to improve fitness is a reason for trying to have a healthy lifestyle: Non-Maori (92% to 94%), those aged 45-64 (92% to 95%), males (89% to 94%), and those living in areas of SES quintile 3 (89% to 96%).

Table 25: Having a healthy lifestyle to improve fitness

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To improve your overall fitness level</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	93.1	95.1
	Nelson (NEL)	91.9	94.0
	Marlborough (MARL)	89.9	92.8
Ethnicity	Maori (MAORI)	92.2	94.9
	Non-Maori (N-M)	91.6	94.0▲
Age Group	16-24 (A-1)	93.5	95.3
	25-44 (A-2)	93.5	95.3
	45-64 (A-3)	92.3	95.4▲
	65+ (A-4)	85.3	87.9
Gender	Male (M)	89.4	93.7▲
	Female (F)	93.7	94.3
Socio-Economic Status (SES)*	1	91.9	94.3
	2	92.2	94.3
	3	89.2	96.0▲
	4	91.9	92.5
	5	95.8	89.8
Total		91.6	93.9▲
Differences		A-1>A-4 A-2>A-4 A-3>A-4 F>M	A1>A4 A2>A4 A3>A4

4.5.10 HAVING A HEALTHY LIFESTYLE TO PREVENT ILLNESS

Overall comparison of ‘preventing illness’ as a reason to have a healthy lifestyle

- Almost all participants in 2008 (94%) and 2011 (95%) strongly/agreed that to prevent illness is a reason to have a healthy lifestyle; there were no significant difference across the two survey points.

Inter-subgroup differences in ‘preventing illness’ as a reason to have a healthy lifestyle

- There were no significant Territorial, Gender or Ethnicity group differences.
- Participants aged 25-44 (96%) were more likely to strongly/agree that to prevent illness is a reason for trying to have a healthy lifestyle in comparison to participants aged 16-24 (90%). Participants aged 45-64 (98%) were more likely to strongly/agree that to prevent illness is a reason for trying to have a healthy lifestyle in comparison to participants aged 16-24 (90%) and 65+ (94%).
- Participants in areas of SES quintile 4 (96%) were more likely to strongly/agree that to prevent illness is a reason for trying to have a healthy lifestyle in comparison to participants in areas of SES quintile 5 (89%). Participants in areas of SES quintile 3 (98%) were more likely to strongly/agree that to prevent illness is a reason for trying to have a healthy lifestyle in comparison to participants in areas of SES quintile 1 (93%) and 5 (89%).

Intra-subgroup differences in ‘preventing illness’ as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for 2 subgroups of participants who strongly /agree that to prevent illness is a reason for trying to have a healthy lifestyle: Maori (92% to 95%), and those living in areas of SES quintile 4 (93% to 96%).

Table 26: Having a healthy lifestyle to prevent illness

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To prevent illness or other health problems.</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	96.8	95.6
	Nelson (NEL)	92.6	94.6
	Marlborough (MARL)	93.5	95.3
Ethnicity	Maori (MAORI)	91.6	95.4▲
	Non-Maori (N-M)	94.4	95.2
Age Group	16-24 (A-1)	87.9	90.0
	25-44 (A-2)	95.8	95.7
	45-64 (A-3)	96.3	97.7
	65+ (A-4)	92.6	93.5
Gender	Male (M)	93.0	94.5
	Female (F)	95.4	95.8
Socio-Economic Status (SES)*	1	94.6	92.8
	2	95.6	94.3
	3	92.9	97.9
	4	93.3	95.8▲
	5	95.6	89.3
Total		94.2	94.9
Differences		TAS>NEL TAS>MARL A-2>A-1 A-3>A-1 F>M	A2>A1 A3>A1 A3>A4 SES4>SES5 SES3>SES1 SES3>SES5

4.5.11 HAVING A HEALTHY LIFESTYLE TO ENCOURAGE FAMILY TO BE HEALTHIER

Overall comparison of 'encouraging family to be healthier' as a reason to have a healthy lifestyle

- Most participants in 2008 (83%) and 2011 (85%) strongly/agree that to encourage family to be healthier is a reason for having a healthy lifestyle; there were no significant difference between the two time points.

Inter-subgroup differences in 'encouraging family to be healthier' as a reason to have a healthy lifestyle

- While in 2008 participants in Tasman were more likely than those in Nelson and Marlborough to strongly/agree that to encourage the family to be healthier is a reason for trying to have a healthy lifestyle, in 2011, there were no longer any regional group differences present.
- Participants aged 25-44 remained more likely than those aged 16-24 and 65+ in 2008 and 2011 to strongly/agree that to encourage the family to be healthier is a reason for trying to have a healthy lifestyle, participants aged 45-64 also remained more likely than those aged 16-24 in 2008 and 2011 to do so. However, while in 2008 participants aged 65+ were more likely than those aged 16-24 to endorse this, in 2011, this difference was no longer present, and in 2011 while participants aged 45-64 were more likely than those aged 65+ to do so, this had not been the case in 2008.
- While in 2008 females were more likely than males to strongly/agree that to encourage the family to be healthier is a reason for trying to have a healthy lifestyle, in 2011, there were no gender group difference present.
- While in 2008 there were no SES group differences present, in 2011, participants in areas of SES quintile 3 were more likely than those in areas of SES quintile 2 to strongly/agree that to encourage the family to be healthier is a reason for trying to have a healthy lifestyle.

Intra-subgroup differences in 'encouraging family to be healthier' as a reason to have a healthy lifestyle

- There were significant increases from 2008 to 2011 for 3 subgroups of participants who strongly /agree that to encourage family to be healthier is a reason for trying to have a healthy lifestyle: Maori (87% to 92%), males (77% to 84%), and those living in areas of SES quintile 3 (80% to 90%).

Table 27: Having a healthy lifestyle to encourage family to be healthier

<i>Question 76: How much do you agree or disagree that the following is a reason for trying to have a healthy lifestyle? To encourage my family to be healthier.</i>			
		Strongly/Agree	
		2008	2011
Territorial Authority	Tasman (TAS)	87.7	85.4
	Nelson (NEL)	80.8	83.8
	Marlborough (MARL)	82.0	85.4
Ethnicity	Maori (MAORI)	87.1	92.3▲
	Non-Maori (N-M)	83.1	84.3
Age Group	16-24 (A-1)	71.4	72.1
	25-44 (A-2)	88.0	91.0
	45-64 (A-3)	85.3	88.0
	65+ (A-4)	80.7	77.8
Gender	Male (M)	77.1	84.4▲
	Female (F)	89.3	85.3
Socio-Economic Status (SES)*	1	85.0	83.9
	2	82.8	83.1
	3	80.3	89.8▲
	4	84.7	84.3
	5	86.3	81.4
Total		83.3	85.0
Differences		TAS>NEL TAS>MARL A-2>A-1 A-2>A-4 A-3>A-1 A-4>A-1 F>M	A2>A1 A2>A4 A3>A1 A3>A4 SES3>SES2

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6. APPENDIX

6.1 APPENDIX I: SURVEY QUESTIONNAIRE

Nelson Marlborough DHB Regional Health Survey

(Note that some numbers are deliberately skipped in the question sequencing or out of numerical order, this is for ease of matching with the survey conducted in 2008)

Q.1 Good morning/afternoon/evening. My name is and I'm calling from Phoenix Research on behalf of the Nelson Marlborough District Health Board and the University of Auckland.

They are conducting a study with people living in your area to help the District Health Board try to improve the health of your local community. The purpose of this survey is to help us learn more about the eating habits, physical activity levels and general health of people living in the Nelson, Tasman and Marlborough regions.

Q.2 Have you got a minute now so I can see if there is anyone in your household who may be able to help us?

If the person does not speak English well enough to do the selection, ask if there is someone else in the household you can explain the study to. If 'No', code as 'Language/Deaf' in outcomes. THANK AND CLOSE.

- Yes
- No

[IF THE ANSWER IS No, THEN SKIP TO QUESTION 94]

Q.3 Are there any people aged 16 years and over who normally live in this household?

- Yes
- No

[IF THE ANSWER IS NOT Yes, THEN SKIP TO QUESTION 94]

Q.4 Could you please tell me how many people aged 16 years and over normally live in this household?

Number of people aged 16 and over normally live in household? ____

Q.5 And would I be able to speak to the person aged 16 years and over, who had the most recent birthday?

- Continue with same person
- Passed to new person

Q.6 The interview should take about 30 minutes. Would you be able to help us with this survey now?

- Yes
- No

[IF THE ANSWER IS NOT Yes, THEN SKIP TO QUESTION 94]

Q.7 Before we start I'd like to remind you that this survey is voluntary, you can choose not to take part. You can also choose to decline to answer any question if you wish to do so. I'd also like to reassure you that all your answers are completely confidential. Your answers will be combined with those of other people who take part and there will be nothing reported that could identify you.

For quality control purposes some of my calls may be monitored by my supervisor

Q.8 Verify gender:

- Male
- Female

Q.9 We need to speak to people from a variety of ethnic backgrounds so can you please tell me which ethnic group or groups you belong to?

___ Code ALL mentioned ___
___ Read only IF necessary ___

- NZ European
- Maori
- Samoan
- Cook Island Maori
- Tongan
- Niuean
- Chinese
- Indian
- Fijian Indian
- Korean
- German
- Dutch
- British
- Other Pacific Island (specify)
- Other European (specify)
- Other Asian (specify)
- Other (specify)
- Don't know
- Refused

[IF THE ANSWER IS Don't Know or Refused, THEN SKIP TO QUESTION 15]

Q.10 Other Pacific Island (specify)

Q.11 Other Asian (specify)

Q.12 Other (specify)

Q.14 SECTION A: NUTRITION

We are now moving on to some questions about your own eating habits

Q.19 If someone wants to be healthy, what are some of the things that experts recommend they do?

___ If mention changing diet/eating properly or eating a balanced diet probe for details ___

___ **Do NOT read** ___

___ *Code all mentioned* ___

- Control/reduce saturated fat intake
- Control/reduce fat intake
- Control/reduce sugar intake
- Control/reduce portion size/ amount of food they eat
- Eat more fruit and vegetables/eat 5+ a day
- Eat less takeaways
- Control/reduce salt intake
- Eat more fibre
- Eat more wholegrains/cereals
- Eat less processed foods/eat more home cooked foods
- Choose reduced/low fat dairy products
- Trim/drain fat from meat or remove skin from chicken
- Control/reduce intake of butter/oil
- Drink more water
- Drink less soft drinks/cola
- Use diet or lite food products ie: diet soft drinks
- Keep fit/active
- Don't smoke/stop smoking
- Reduce weight/not get overweight or obese
- Regular health checks/visits with GP
- Other (specify)
- Don't know
- Refused

Q.21 On average how many, 'servings' of FRUIT (fresh, frozen, canned or stewed) do YOU eat on a typical day? A serving is what fits into the palm of your hand, like a medium apple, one medium or two small plums. Please do NOT include fruit juice or dried fruit.

___ Do NOT read ___

___ Code only ONE ___

- Don't eat fruit

- Less than 1 serving per day
- One serving per day
- Two servings per day
- Three servings per day
- Four servings per day
- Five servings per day
- Six or more servings per day
- Don't know
- Refused

Q.22 And on average how many, 'servings' of VEGETABLES OR SALAD (fresh, frozen, or canned) do YOU eat on a typical day? One serving of cooked vegetables is what fits into the palm of your hand or it's one cup of salad. Please do not include vegetable juices.

___ Do NOT read ___
 ___ Code only ONE ___

- Don't eat vegetables or salad
- Less than 1 serving per day
- One serving per day
- Two servings per day
- Three servings per day
- Four servings per day
- Five servings per day
- Six or more servings per day
- Don't know
- Refused

Q.24 How much do you agree or disagree with each of the following things that influence the amount of fruit and vegetables that YOU eat each day.

- ___ Read code ___
- 1: Strongly disagree
 - 2: Disagree
 - 3: Neither agree or disagree
 - 4: Agree
 - 5: Strongly agree
 - 6: ****Don't know****
 - 7: ****Refused****

- They cost too much** ___
- They spoil too quickly** ___
- They are not available where I work** ___
- I can't get good quality fruit and vegetables at my local shops** ___
- They take too much time to prepare (ie clean, cut up, cook)** ___
- I don't like fruit and vegetables** ___

Q.25 On how many of the LAST SEVEN DAYS did YOU: Drink fizzy or energy drinks, NOT including diet or zero sugar drinks?

>> *If asked, this includes RTDs and soft drinks as mixers*

- 1 day
- 2 days
- 3 days

- 4 days
- 5 days
- 6 days
- 7 days
- None
- Don't know / Not sure
- Refused

Q.17 On how many of the LAST SEVEN DAYS did YOU: Drink powdered fruit drinks (e.g. Raro and Refresh), NOT including diet or zero sugar drinks?

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- None
- Don't know / Not sure
- Refused

Q.26 On how many of the LAST SEVEN DAYS did YOU eat a bigger portion of food than you needed?

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- None
- Don't know / Not sure
- Refused

Q.27 On how many of the LAST SEVEN DAYS did YOU have something to eat for breakfast?

>> If asked, this includes liquid food like 'Up and Go' and smoothies but NOT drinks

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- None
- Don't know / Not sure
- Refused

Q.28 On how many of the LAST SEVEN DAYS did YOU eat your MAIN meal AT HOME together with all or most of the people living in your household?

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- None
- Not applicable - live alone or do not shop/cook together
- Don't know / Not sure
- Refused

Q.29 How often do YOU usually eat take-away foods? This includes things like fish n' chips, McDonalds, pizza and Asian takeaways or curries.

___ *Do NOT read* ___

- Less than once a month
- 1-3 times a month
- About once a week
- About twice a week
- About 3 times a week
- About 4 times a week
- About 5-7 times a week
- Don't know / Not sure
- Refused

Q.30 What type of milk do YOU MOST OFTEN use?

___ *Read ONLY if needed* ___

___ *Code only ONE* ___

- Standard milk (whole or full cream) (Blue top)
- Low- or reduced-fat milk (Yellow, Green, or Light Blue top)
- Skim or trim milk powder
- Whole or powdered whole milk (Sliver top)
- Soy milk
- Other (specify)
- Don't have milk
- Don't know / Not sure
- Refused

[IF THE ANSWER TO QUESTION 30 IS NOT Other, THEN SKIP TO QUESTION 32]

Q.31 Other (specify)

Q.32 How often do you eat: Chicken or Pork

___ *Do NOT read* ___

>> Interviewer note: White meat

- Never
- Less than once a month
- 1-3 times a month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more times per day
- Don't know / Not sure
- Refused

Q.33 How often do you eat: Fresh fish or canned fish

___ *Do NOT read* ___

>> Interviewer note: does NOT include deep fried fish, processed fish, or canned fish in oil

- Never
- Less than once a month
- 1-3 times a month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more times per day
- Don't know / Not sure
- Refused

Q.34 How often do you eat: Red meat

___ *Do NOT read* ___

>> Interviewer note: includes beef, lamb, mutton

- Never
- Less than once a month
- 1-3 times a month
- Once per week
- 2-4 times per week
- 5-6 times per week
- Once per day
- 2 or more times per day
- Don't know / Not sure
- Refused

Q.35 How often do you eat: Processed meat or fish

___ *Do NOT read* ___

>> Interviewer note: Includes sausages, nuggets, salami, fish fingers, meat patties, etc.

- Never
- Less than once a month
- 1-3 times a month

- Once per week**
- 2-4 times per week**
- 5-6 times per week**
- Once per day**
- 2 or more times per day**
- Don't know / Not sure**
- Refused**

[IF THE ANSWER TO QUESTION 17 IS NOT Me, THEN SKIP TO QUESTION 37]

Q.37 Where do YOU usually get your lunch or food eaten at work from?

___ Read IF necessary ___

- I bring a packed lunch from home**
- From a vending machine at work**
- I get food from the work cafeteria (includes food purchased or provided free by the company)**
- Buy food from a bakery/lunch bar/café near work**
- I don't eat food while at work**
- Not applicable**
- Don't know / Not sure**
- Refused**

Q.38 Overall, how healthy would you rate YOUR eating habits?

___ Read ___

- Poor**
- Fair**
- Good**
- Very good**
- Excellent**
- Don't know / Not sure**
- Refused**

Q.39 How easy do YOU find it to eat healthily?

___ Read ___

- Very difficult
- Difficult
- Neither difficult nor easy
- Easy
- Very easy
- Don't know
- Refused

Q.40 How much do you agree or disagree with each of the following statements?

___ Read ___

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
6. ****Don't know****
7. ****Refused****

I can't afford healthy foods _____
Having healthy eating habits is very important to me _____
Eating healthier means giving up the foods I like _____

Q.41 Who encourages you or does things to make it easier for you to EAT HEALTHILY?

___ Code multiple answer ___

___ Read IF necessary ___

- Your spouse/partner
- Your wider family/whanau (other than your spouse/partner)
- Children in your household
- Your close friends
- People you work with
- People at your church or place of worship
- Your doctor or healthcare provider
- Your employer
- People at your marae
- Other
- Nobody/ no one
- Don't know
- Refused

Q.42 I'm going to read two statements that people have made about their ability to afford food. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months.

___ Read ___

- 1. *Often true*
- 2. *Sometimes true*
- 3. *Never true*
- 4. ****Don't know****
- 5. ****Refused****

Some times (I/we) run out of food and can't afford to buy more ___
 Adults in the household reduce the size of their meals or skip meals because there isn't enough money for food

Q.43 I'm going to read five statements about breastfeeding and oral health. How much would you agree or disagree with each statement?

___ Read ___

- 1. *Strongly disagree*
- 2. *Disagree*
- 3. *Neither agree nor disagree*
- 4. *Agree*
- 5. *Strongly agree*
- 6. ****Don't know****
- 7. ****Refused****

Breast milk is the ideal food for babies _____
Babies should be fed only breast milk for the first six months _____
I feel comfortable when a mother breastfeeds her infant (0-12 months) in public. _____
I feel comfortable when a mother breastfeeds her toddler (12-24 months) in public _____
Adding fluoride to drinking water to assists in the prevention of tooth decay _____

Q.44 SECTION B: PHYSICAL ACTIVITY

Now for some questions about physical activity.

I am going to ask you about the time you spent being physically active in the last 7 days, from last *[Insert date from 8 days ago]* to yesterday.

Do not include activity undertaken today.

I will ask you separately about brisk walking, moderate activities, and vigorous activities.

'Brisk walking' is walking at a brisk pace, a pace at which you are breathing harder than normal. This includes walking at work or school, while getting from place to place, at home and at any activities that you did solely for recreation, sport, exercise or leisure.

'Moderate' physical activities make you breathe harder than normal, but only a little - like carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking of any kind.

'Vigorous' activities make you breathe a lot harder than normal ('huff and puff') - like heavy lifting, digging, aerobics, jogging or fast bicycling.

Q.45 During the last 7 days, on how many days did you walk at a brisk pace. Think only about brisk walking done for at least 10 minutes at a time.

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- 7 days per week
- None
- Don't know
- Refused

[IF THE ANSWER TO QUESTION 45 IS None OR Don't know OR Refused, THEN SKIP TO QUESTION 47]

Q.46 How much time did you typically spend walking at a brisk pace on each of those days?

Hours ____
Minutes ____
Don't know ____
Refused ____

Q.47 During the last 7 days, on how many days did you do moderate physical activities, for at least 10 minutes at a time?

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week

- 6 days per week
- 7 days per week
- None
- Don't know
- Refused

[IF THE ANSWER TO QUESTION 47 IS None OR Don't know OR Refused, THEN SKIP TO QUESTION 49]

Q.48 How much time did you typically spend on each of those days doing moderate physical activities?

Hours _____
 Minutes _____
 Don't know _____
 Refused _____

Q.49 During the last 7 days, on how many days did you do vigorous physical activities for at least 10 minutes at a time?

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- 7 days per week
- None
- Don't know
- Refused

[A - IF THE ANSWER TO QUESTION 49 IS None OR Don't know OR Refused, THEN SKIP TO QUESTION 51]

Q.50 How much time did you typically spend on each of those days doing vigorous physical activities?

Hours _____
 Minutes _____
 Don't know _____
 Refused _____

Q.51 How much time do you usually spend sitting or reclining on a typical week day/weekend day? This may include time spent sitting at a desk or chair, reading, driving, watching TV or videos/dvds, working on a computer or playing games on a computer or games console. Do not include time spent sleeping.

Week day hours _____
 Week day minutes _____
 Weekend day hours _____
 Weekend day minutes _____

Q.52 Now these next questions are all about regular physical activity. Regular physical activity means that you do at least 30 MINUTES of MODERATE activity or at least 15 MINUTES of VIGOROUS activity on AT LEAST 5 DAYS of the week.

Q.53 Has your level of REGULAR physical activity increased or decreased over the last 6 months?

___ Read ___

- Increased
- Decreased
- About the same
- Don't know
- Refused

Q.54 Do you intend to start to be REGULARLY physically active ...?

___ Read ___

- Within the next 30 days
- Within the next 6 months
- I do not intend to start to be regularly physically active
- I am already regularly physically active
- My health does not allow me to be physically active
- Don't know
- Refused

Q.55 How difficult do you find it to be REGULARLY physically active?

___ Read ___

- Very difficult
- Difficult
- Neutral (neither difficult or easy)
- Easy
- Very easy
- Don't know
- Refused

Q.56 How much do you agree or disagree with the following things that influence your own physical activity level?

___ Read ___

- 1: Strongly disagree
- 2: Disagree
- 3: Neither disagree or agree
- 4: Agree
- 5: Strongly agree
- 6. ****Don't know****
- 7. ****Refused****

Lack of time ___
Arthritis or other health problems ___
Costs too much for things such as clothes, equipment, child care etc. ___

Facilities such as parks and gyms are too hard to get to —
 My neighbourhood is not safe —
 There are not enough footpaths or the footpaths are not well maintained —
 There are not enough cycle lanes or paths —
 I rarely see people walking or being physically active in my neighbourhood —
 Road safety is an issue in my area —

Q.57 For a short journey, up to 2.5km, how often do you usually walk or bicycle?

___ *Read* ___

- Almost always
- Very Often
- Occasionally
- Rarely
- Never
- Don't know
- Refused

Q.58 How do you usually get to work or place of education?

___ Code ALL that apply ___

___ Do not read ___

- Bus
- Car / Motorbike / scooter
- Bicycle
- Walk only
- Walk part of the way
- Work at home/carer
- Not applicable, unemployed
- Don't know
- Refused

Q.59 SECTION C: YOUR CHILDREN

Q.60 Are there any children aged UNDER 16 living in this household who you help look after?

___ Read ___

- Yes
- None
- Don't know
- Refused

[IF THE ANSWER IS NOT Yes, THEN SKIP TO QUESTION 66]

Q.61 Are any of the children 5 years or older?

- Yes
- No

[IF THE ANSWER IS No, THEN SKIP TO QUESTION 65]

Q.62 These next questions are all about your CHILD WITH THE MOST RECENT BIRTHDAY WHO IS 5 OR OLDER. Please answer these questions for this child only.

On how many of the LAST SEVEN DAYS, did this child have something to eat for breakfast?

>> Interviewer note: If asked, this includes liquid food like 'Up and Go' and smoothies but NOT drinks

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Not at school
- Home-school
- ** None **
- Don't know / Not sure
- Refused

Q.63 How does THIS CHILD usually get to school?

- Car
- Bus
- Walks
- Bicycle
- Scooter
- Don't know / Not sure
- Refused

Q.64 How much time does this child usually spend sitting or reclining on a typical week day/weekend day? This may include time spent sitting at a desk or chair, reading, driving, watching TV or videos/dvd's, working on a computer (e.g. homework) or playing games on a computer or games console. Do not include time spent sleeping.

Week day hours _____
Week day mins _____
Weekend hours _____
Weekend mins _____

Q.65 Thinking now about the children or young people that you are responsible for in your household, how much do you agree or disagree with the following statements?

___ *Read* ___

1. *Strongly disagree*
2. *Disagree*
3. *Neither agree nor disagree*
4. *Agree*
5. *Strongly agree*
6. *****Don't know*****
7. *****Refused*****

I encourage my children to be physically active _____
I encourage my children to eat healthily _____
I believe my children get enough physical activity _____
I believe my children eat healthily _____

Q.66 SECTION D: YOUR HEALTH

Now this next series of questions are to do with your own personal health

Q.67 In general, would you say YOUR health is...

___ *Read* ___

- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't know
- Refused

Q.68 How would you describe YOUR weight?

___ *Read* ___

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight or obese
- Don't know
- Refused

Q.69 Are you trying to...

___ *Read* ___

- Gain weight
- Lose weight
- Neither of these
- Don't know
- Refused

Q.70 The next few questions are about **PRIMARY HEALTH CARE WORKERS** and the way that you have used them over the last 12 months. Primary Health Care workers are those that you see outside of the hospital, such as your local family doctor or GP, practice nurse and diabetes nurse for example.

Q.71 Have you seen or spoken to a **PRIMARY HEALTH CARE WORKER** in the last 12 months about **YOUR OWN** personal health? (if necessary_ eg this would include your local GP, nurse or health promoter etc)?

- Yes
- No
- Don't know
- Refused

Q.72 Over the last 12 months, has a PRIMARY HEALTH CARE WORKER either carried out or arranged for YOU?

___ Code ALL that apply ___
___ Read IF necessary ___

- 1: Yes
- 2: No
- 3: *** Don't know ***
- 4: *** Refused ***

- A blood pressure test _
- A cholesterol test _
- A diabetes test _
- To have your weight measured _
- To discuss stopping smoking _
- To discuss healthy eating or healthy weight _
- To discuss your risk of diabetes _
- To discuss your risk of heart disease _
- To discuss exercise or physical activity _

Q.73 Over the last 12 months, has a PRIMARY HEALTH CARE WORKER told you that you were overweight, obese or that you needed to lose weight?

- Yes
- No
- Don't know
- Refused

Q.74 Do you smoke tobacco?

- Yes
- No
- Don't know
- Refused

Q.75 Have you ever been told by a doctor or other medical professional that you have any of the following conditions?

___ Code ALL that apply ___
___ Read IF necessary ___

- 1: Yes
- 2: No
- 3: *** Don't know ***
- 4: *** Refused ***

- Type one diabetes..... _
- Type two diabetes _
- Diabetes, but don't know type _

Hypertension or high blood pressure (do NOT include borderline high, pre-hypertensive, or hypertension during pregnancy) _
 High cholesterol _
 Heart disease (this includes: heart attack, myocardial infarction, angina, coronary cardiovascular disease or a stroke _
 Risk factors for heart disease _

Q.76 How much do you agree or disagree with how PERSONALLY IMPORTANT each of the following reasons is to YOU for trying to have a healthy lifestyle?

_Read _

- 1: *Strongly disagree*
- 2: *Disagree*
- 3: *Neither disagree or agree*
- 4: *Agree*
- 5: *Strongly agree*
- 6: ***Don't know***
- 7: ***Refused***

To look better _
To lose or maintain weight _
To have more energy _
To feel more in control of your life _
To set a good example for others _
To get to be with people or socialise _
To live a longer life _
To have fun _
To improve your overall fitness level _
To prevent illness or other health problems _
To encourage my family to be healthier _

Q.77 SECTION E: ABOUT YOURSELF

Finally, there are a few questions to help us describe the groups of people that have taken part in this survey. All this information is confidential and you will not be linked personally to the data.

Q.78 How long have you lived in the Nelson, Tasman or Marlborough region?

- All my life
- Other (Please specify)
- Don't know
- Refused

[IF THE ANSWER TO QUESTION 78 IS NOT Other, THEN SKIP TO QUESTION 80]

Q.79 Could you please specify how long have you lived in the Nelson, Tasman or Marlborough region?

Years _____
Months _____

[IF THE ANSWER TO QUESTION 9 IS NOT Maori, THEN SKIP TO QUESTION 82]

Q.80 Is your Iwi from the Nelson, Tasman or Marlborough region?

- Yes
- No
- Don't know
- Refused

Q.81 Do you have a marae in the Nelson, Tasman or Marlborough area at which you spend time?

- Yes
- No
- Don't know
- Refused

Q.82 Which age group are YOU in?

____ Read *UNLESS* age offered ____

- 16 to 19 years
- 20 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years

- 75 years and over
- Don't know
- Refused

[IF THE ANSWER TO QUESTION 8 IS NOT Female, THEN SKIP TO QUESTION 85]
 [IF THE ANSWER TO QUESTION 82 IS 55 and over, THEN SKIP TO QUESTION 84]

Q.83 Are you pregnant?

- Yes
- No
- Don't know / not sure
- Refused

[IF THE ANSWER TO QUESTION 83 IS Yes, THEN SKIP TO QUESTION 85]

Q.84 How much do you weigh without shoes?

Weight in kilograms _____
 Weight in stones _____
 and lbs _____
 ** Don't know ** _____
 ** Refused ** _____

[IF THE ANSWER TO QUESTION 8 IS NOT Female, THEN SKIP TO QUESTION 86]
 [IF THE ANSWER TO QUESTION 83 IS NOT Yes1, THEN SKIP TO QUESTION 86]

Q.85 When not pregnant how much do you weigh without shoes?

Weight in kilograms _____
 Weight in stones _____
 and lbs _____
 ** Don't know ** _____
 ** Refused ** _____

Q.86 How tall are you without shoes?

In centimetres _____
 Or in feet _____
 and inches _____
 ** Don't know ** _____
 ** Refused ** _____

Q.87 What is your highest level of education? Please don't include incomplete qualifications or qualifications that take less than 3 months.

___ Code ALL mentioned ___
 ___ Do NOT read ___

- None
- NZ School Certificate or National Certificate Level 1 or NCEA Level 1
- NZ Sixth Form Certificate or National Certificate Level 2 or NCEA Level 2
- NZ Higher School Certificate or Higher Leaving Certificate

- NZ University Entrance or Bursary or Scholarship or National Certificate Level 3 or NCEA Level 3 or Cambridge exam
- Trade or Technical certificate or Diploma that took more than 3months to complete
- Professional qualification like ACA, teachers, nurses
- Bachelors Degree
- Post Graduate Qualification
- Overseas secondary school qualification
- Other qualification (> 3mths)
- Don't know
- Refused

Q.88 Which of the following best describes your employment situation?

___ Read UNLESS offered ___

- Paid full-time employment
- Paid part-time employment
- Unemployed/actively seeking a job
- Work unpaid (either at home or as a volunteer, including at-home parent or other caregiver role)
- Retired
- Sick/Invalid
- Student (full-time, including secondary school)
- Other
- Don't know
- Refused

Q.89 Which of these best describes your household income before tax in the last 12 months? Please include the income for all adults who normally live in and who contribute to your household. If you are flatting or boarding please do not include the income of other people you live with.

___ Read ___

- No income or a loss
- \$5,000 or less
- More than \$5, 000 and up to \$10,000
- More than \$10,000 and up to \$15,000
- More than \$15,000 and up to \$20,000
- More than \$20,000 and up to \$30,000
- More than \$30,000 and up to \$40,000
- More than \$40,000 and up to \$50,000
- More than \$50,000 and up to \$70,000
- More than \$70,000 and up to \$100,000
- More than \$100,000
- Don't know
- Refused

Q.90 Well done. That is the end of the survey questions.

On behalf of the Nelson Marlborough District Health Board thank you very much for talking with me. We really appreciate you giving your time to help. The information you've shared will make a positive difference to improving the well-being of your local community.

Finally, I'd just like to remind you that I'm XXXX from Phoenix Research. If you have any queries at all about this survey, please feel free to phone Programme Director, Helen Steenbergen from Nelson Marlborough District Health Board during office hours on 03 5461547.

Thanks again for your time. We very much appreciate your help.