Exploring the Unique Brown Buttabean Motivation's (BBM) Approach to Obesity Intervention and Prevention in South Auckland

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Gloria Katokakala Finau

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Abstract

This research explores the impact of a South Auckland community-led health innovation *From the Couch* (FTC) programme developed by Buttabean Motivation (BBM) for Pacific people living with obesity. It examines the unique ways in which BBM engages, motivates and connects with underserved Pacific people living with obesity in South Auckland. Pacific peoples residing in South Auckland experience economic and societal challenges directly affecting access to health-related essential services, resources and opportunities. As marginalised communities, these disparities persist particularly in comparison to the broader New Zealand population.

Talanoa with three groups of FTC participants was used for data collection, a Pacific method suitable for working with Māori and Pacific participants. Reflexive thematic analysis was then used for data analysis coupled with *Fa'afaletui-dialectical analysis,* a Pacific cultural analysis that ensures a culturally safe and relevant research process.

The results highlighted the success of BBM FTC, which stemmed from embodying Pacific values in their approach including family, collectivism, social connection, reciprocity and respect. Four overarching themes were discovered: 'A space visible and invisible'; 'Impact of improved overall wellbeing'; 'Family by blood and by choice' *and* 'Utilising cultural knowledge'. These themes showcase the prioritisation of Pacific ways of knowing, being, and doing that are exemplified inherently through the BBM programme. This approach allows participants to engage and feel reassured in a space that supports their lived experience. It is a model for success that other lifestyle intervention programmes can learn from for effective Pacific community-led engagement.

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Chapter One: Setting the Stage

Research Positionality

I was born in Auckland and raised in Māngere, South Auckland, where I have lived most of my life. We did not have a lot of money growing up, however, we never went hungry. My parents hail from Ha'apai, Tonga. My mother is from Ha'afeva and my father from Vaini and Felemea. My parents ensured my sister and I had everything we needed to thrive at school and home. The Pacific values of respect, reciprocity, love, the importance of spirituality was embedded in our upbringing. Education was always encouraged and prioritised especially as my mother was a teacher and my father a stay-at-home parent who went back into the workforce after my sister and I began primary school.

My father had very limited English, so he took up odd jobs around Auckland and when jobs in Auckland were scarce, he eventually went to Australia for fruit picking. He loved fizzy drinks and we always had these available at home. When my dad was diagnosed with type 2 diabetes, he received support from a dietician who advised changes, which my parents took on. Our household meals changed to mostly fruit and green salads, with not a fizzy drink in sight.

Māngere has many fast-food restaurants. It is home to two McDonalds, KFCs, Dominos, and Burger Kings. It also has a Pizza Hut, Select Pizza, Carls Jr, and over a hundred takeaway shops including: fish and chips shops, Chinese takeaways, and bakeries. This contrasts with the affluent suburb of Remuera, only an 18-minute drive from Māngere, which has only one fast food restaurant, Hells Pizza.

During my time at Otahuhu College it was normal to go to school without lunch. Back then, meat pies were less than $2.50 and you could get a one litre fizzy drink for $1. Walking to school, my friends and I would spend our money on bakery pies and fizzy drinks, and then have nothing to eat at school. On our way home we would stop at Burger King and have 40^{c}

ice creams. My friends and I gravitated to takeaways because of its accessibility, availability, and affordability.

It is only in hindsight that I can now see how problematic these differences are and chose to study and work in health. I did not intend on a career in health, it fell in my lap. To save money for travel to Vanuatu I attained a fulltime job as a pharmacy assistant which was my introduction to health. The majority of customers were Māori and Pacific peoples, many of whom were prescribed multiple medications that needed to be filled into blister packs for ease of use. Medication for gout, diabetes, asthma and eczema were prevalent amongst the customers. This experience made me think of how many of our Pacific people were living with these conditions that were preventable and were heavily reliant on their medication.

I then worked as a dental assistant in schools throughout South Auckland. My roles were to assist the dental therapist to improve the oral health of children and youth in primary and intermediate schools. This experience taught me the importance of the Pacific values that I grew up with and helped me understand and respect the relationships healthcare professionals must create with families. There is a dire need for more Pacific people in those spaces who can engage effectively with parents. Those who had very little experience working in a cultural holistic way found it difficult to understand why a family could not afford a 99^{c} toothbrush. I could relate to many families because even though we never went hungry, I could empathise with some of the financial struggles due to similar experiences growing up.

When my dad was diagnosed with diabetes it was managed with pills, regular visits to the diabetes nurse, nutritionist, and podiatrist visits. The purpose of these visits was to control his sugar levels to ensure his diabetes was managed appropriately. The idea that diabetes can be managed in this way through pills and top-down advice from experts has been instilled in a lot of our Pacific people. My dad has managed his diabetes to keep it in the right sugar

levels but there has been no support or education to reverse diabetes altogether which I did not know it was possible until Brown Buttabean Motivation (BBM). There is no way out of the diagnosis, but you can manage it and see how it goes.

I first heard of BBM in 2017, when Tagata Pasifika broadcasted a BBM series 'BBM NO Excuses'. The series follows four Pacific individuals dealing with obesity who joined BBM's 10-week challenge to improve their health and wellbeing. I had watched snippets of the series and remember feeling so overwhelmed with joy to see the support that the four participants were receiving from Dave Letele also known as Brown Buttabean. Dave Letele created BBM to help improve the health and wellbeing of people experiencing obesity. I recall the way he encouraged the participants, supported them, and showed empathy, because he too went through a similar struggle. One scene I found particularly moving, was of a participant walking on the street with Dave by her side carrying a chair for her to sit down at each lamp post. This scene was important to me because we are constantly sold the idea that we need the gym to improve lifestyle, but Dave proved that one; you need to believe in yourself to change, two; you don't need the gym, three; you don't need special equipment to exercise and three have someone to encourage and support you on your journey.

When I was invited to be part of the BBM formative evaluation work I jumped at the opportunity. I knew that BBM was a community-led organisation, that has shown that Pacific people can lead their own health initiatives for their community. Being part of this research resonates with my own life story and growing up in South Auckland.

As an insider-researcher, my experiences and knowledge of growing up in South Auckland and having similar experiences to the From the Couch (FTC) participants, means I can provide insight that an outsider-researcher would not be able to (Greene, 2014). This research sheds light on the experiences of BBM participants who have, for many years, tried to live a healthy or better lifestyle. This position also means that I have a duty as a researcher

to ensure that the voices of the BBM participants are heard and are part of the decision making.

Research Aim

This research sheds light on the experiences of BBM's FTC participants (mainly Pacific and Māori) and their journey to living well. Specifically, this research aims to:

> Explore the unique ways in which BBM **engages**, **connects,** and **motivates** underserved populations of Pacific Peoples in South Auckland dealing with obesity.

Findings from this research will contribute to the overall question of: How does the BBM FTC 12-week exercise and lifestyle change programme impact Pacific peoples dealing with obesity living in South Auckland?

This thesis is part of a formative evaluation of a partnership between BBM, a community-led lifestyle change gym, and Total Healthcare (THC) one of the largest Primary Healthcare Organizations in New Zealand, to reduce obesity among a primarily Pacific and Māori population in South Auckland.

Obesity Impact in South Auckland

Studies have shown that through lifestyle changes such as, having a low carbohydrate diet, exercise, and reducing and eliminating medication can help to reverse diabetes (Smith et al., 2018). Obesity is increasing at an alarming rate causing worldwide public health concern (World Obesity Federation, 2023). It has tripled globally since 1975, affecting both developed and developing countries, including many parts of North America, the United Kingdom, Eastern Europe, the Middle East, the Pacific Islands, Australasia, and China. (World Health Organisation [WHO], 2000a; WHO, 2002). There are over one billion overweight adults, of which at least 300 million are obese (WHO, 2003 as cited in Pearce & Witten, 2009).

Obesity is defined as a medical condition characterised by excess body fat that has accumulated as result from excess of energy intake over energy expenditure. It can be measured using body mass index (BMI) (Ministry of Health [MOH], 2004; Hawkins, 2021). Obesity is a form of malnutrition that leads to an increased risk of noncommunicable diseases such as cardiovascular diseases, cancer, and diabetes (WHO, 2018; WHO, 2021). It also has strong links with psychological disorders such as depression, anxiety, social isolation, and identity changes (Zhao et al, 2009).

In Aotearoa New Zealand (NZ)[1], the rate of obesity has risen in the past 20 years. Aotearoa NZ is the third most obese country in the Organisation for Economic Cooperation and Development (OECD) and has the second-highest obesity rate for children in the OECD (Hawkins, 2021). In 2016, three in 10 adults, or 31% of the total population of Aotearoa NZ were obese (Tupai-Firestone et al., 2016). Obesity disproportionately affects Māori and Pacific people when compared with people of European and Asian ethnicity. Pacific people in Aotearoa NZ have the highest prevalence of obesity. The rate of obesity for Pacific people increased from 79.6% in 2002-03 to 87.8% in 2011-12 (Marriot & Sim, 2015).

Tamaki Makaurau Auckland[2] is home to the largest Pacific population outside of the Pacific Islands, with 64% in residence and the majority residing in the South Auckland area (Centre for Social Impact, 2018; Ministry of Pacific Peoples [MPP], 2020; Nakhid, 2012). South Auckland is a community rich in diversity with a strong Pacific history despite facing discrimination and marginalisation as result of gentrification and the dawn raids (Bell et al., 2017; Bruce & Allen, 2017). South Auckland has some of the poorest living areas in New Zealand, as its people experience higher levels of economic deprivation, poverty transience, housing overcrowding, and crime and unemployment rates; alongside the lowest rates of

[1] Aotearoa is the indigenous term for New Zealand and will be used interchangeably throughout this thesis.
[2] Tamaki Makaurau is the indigenous term for Auckland and used interchangeably throughout this thesis.

educational achievement, when compared with the rest of New Zealand (Nakhid et al., 2009; Nakhid, 2012). These underserved communities experience a lack of accessing essential services, resources and opportunities which contributes to existing disparities and challenges. This is a major reason why the MOH invested a considerable amount of seed funding to both support the partnership between BBM and THC, and to fund this formative evaluation of its results.

The main driver to beat obesity is changing dietary and physical activity patterns (MOH, 2004). Countless interventions have been created and implemented by government organisations, non-government organisations (NGO) and not-for-profits (NFP) but the long-term impact and sustainability of these programmes continue to be ineffective in Aotearoa. A report from the MOH (2004) aimed at tracking the obesity epidemic from 1977-2003 found an overwhelming increase of obesity that can no longer be explained by genetics or demographics. Instead, the rapid increase of obesity is the result of exposure to an obesogenic environment, an environment that promotes and facilitates sedentary lifestyles and overconsumption of energy-dense foods and beverages (Swinburn et al., 1999 as cited in MOH, 2004). This type of environment is characterised by: easy access to unhealthy foods, limited access to healthy food options, lack of opportunities for physical activity, workplaces that encourage sedentary behaviour, schools that offer unhealthy food and beverages, and other environmental factors that make it difficult to maintain a healthy weight (Tupai-Firestone et al., 2016; Vandevijvere et al., 2016).

Obesogenic environments are evident in South Auckland and studies have shown the most at-risk population are adults of Pacific descent living in high deprivation areas (Norman et al., 2021). Many lifestyle programmes aimed at helping Pacific people in South Auckland have proven to be unsustainable. Interventions to support healthy eating and promoting physical activity should be culturally appropriate and consider the unique needs and

perspectives of Pacific people (Tupai-Firestone et al., 2016). This includes: incorporating Pacific peoples' concepts of health and wellbeing, building trust with communities, the way in which organisations connect and engage with Pacific communities and their families, empowering Pacific communities to motivate each other and their families, providing supportive and appropriate support for families, meaningful work with families, and access to culturally competent staff (Kaholokula et al., 2018; Suaalii-Sauni et al., 2009).

If it is a system, as represented by an obesogenic environment, that is responsible for the poor population health of Pacific and Māori peoples living in South Auckland, then it is also a system, in the form of a thriving community-based NGO, that can be examined to provide a partial solution. One organisation that is improving and enriching the lives of Pacific people, through work centred on lived experiences as Pacific people in South Auckland, having journeyed through obesity and other serious life challenges, is BBM.

Brown Buttabean Motivation

BBM is paving the way for community-led interventions promoting healthier lifestyles. Widely known as BBM, the organisation is 'world' famous in South Auckland and offers a range of programmes including FTC, the programme this research focuses on. FTC is a lifestyle programme that targets Māori and Pacific people who are obese and is changing the lives of many Pacific people in South Auckland. It is being evaluated as part of trial collaboration with one of the largest Primary Healthcare Organisations (PHO) in New Zealand, Total Healthcare, that is providing BBM with technical support and delivering clinical and nursing services to FTC participants.

The founder and director of BBM is Māori-Samoan, Dave Letele, a former semi-professional rugby league player and boxer. BBM was created out of the pain and harsh realities Dave experienced growing up. He often talks about his life story, having been born into gang life, where his dad was the Auckland Mongrel Mob President. Dave played rugby

league all over the world, resulting in several knee operations, before getting into the supermarket business. When that did not go well, he indulged in unhealthy habits such as consuming junk food and energy drinks. Dave hit rock bottom when he was 210kg.He lost custody of his kids, was sleeping on a mattress on the floor of a relative's house feeling depressed and hating his life (BBM Program, 2018). It was then that he embarked on a journey to get his life back. His health journey began as an ambition to do better for himself, his kids, and his family after losing so much. The year 2014, marked the beginning of BBM. What started as a blog for Dave to share his experiences and journey has now turned into three gyms, two community kitchens and a food share service. Dave's story is an inspiring one and he often uses it to motivate others.

As an organisation BBM delivers Māori and Pacific led lifestyle programmes aimed at helping people who are obese. BBM's vision statement is to: "Reduce obesity amongst Māori and Pacific people in New Zealand through education thereby enabling them to choose a healthy and active lifestyle for the duration of their lives, their children, their wider family, and the community" (BBM, 2023). Dave's 'no excuses' tough love approach to making a better life for yourself has attracted predominantly Māori and Pacific people from all over Tamaki Makaurau, Tokoroa and across the shores in Australia.

The BBM programme has changed many Māori and Pacific people's lives as well as their families. Dave's life story and journey to motivate others to get their life back together, along with his passion to serve the community and be the best version of himself, has set a precedent on how to help and empower others on a similar journey. His love and passion for people and his understanding and respect of Pacific values is what makes BBM successful and attractive for many Pacific people struggling daily with their health and wellbeing. BBM runs several exercise programmes, however FTC is the popular programme that put BBM on the map and made Dave and his BBM programme well known in Aotearoa.

BBM – FTC Formative Evaluation

This research sits within a larger study, a formative evaluation of BBMs FTC programme, led by my supervisors Professor James Liu and Associate Professor Siautu Alefaio-Tugia. The purpose of the formative evaluation is two-fold, firstly look at the effectiveness of the collaborative relationship between BBM, THC and MOH. Second, explore the impact of FTC on the participants.

FTC started with Dave training two Pacific/Maori men Luke and Phil. At that time there was no BBM headquarters, no gym and no community kitchen. Workouts were wherever Dave could hold sessions -the local park, the school halls anywhere free or low cost. He made it possible. Phil is a walking success story who finished FTC and continued on his health journey and is now a BBM leader.

In 2021, with limited government funding and the support of the MOH, BBM collaborated with Total Healthcare (THC) to deliver FTC to THC clients. FTC is a 12-week programme that includes three sessions a week located at the BBM Manukau headquarters. Monday and Friday are dedicated to exercise/physical activity sessions and Wednesday to nutrition/meal plans sessions, including three cooking classes. Total Healthcare's provided clinical expertise to support the FTC programme. They provide an onsite nurse, health coaches, GP and other clinical services such as HPV self-test and regular blood test at week 1, week 6 and week 12. These services are free for FTC participants.

BBM has a strong following on Facebook with over 160,000 followers from across Aotearoa including overseas. The social media page includes video highlights of Dave Letele's journey of BBM, video testimonials of BBM participants including the original FTC participant Phil and it provides an insight into what BBM programmes are on offer. BBMs principles are underpinned by Māori and Pacific values using both Te Whare Tapa Whā and the Fonofale model to guide their work by the community for the community.

Chapter Two: Literature Review

South Auckland

Pacific people migrated to New Zealand as early as the 1860s (Neilson & Robie, 2015). Aotearoa New Zealand, the land of the milk and honey, the land of opportunity, the land of education and the land of good jobs (Bell et al., 2017). Songwriters Dan Millward and Andrew Faleatua (Faleatua, 2019) offer a different more accurate perspective for Pacific peoples' experiences today: "Honey, land of milk and honey. It can be running from our hands. Honey, land of milk and honey. Cause it was always right here"

In the 1950s and 1960s the hands of the Pacific people filled the low paid, low skilled jobs that the Palagi New Zealanders no longer wished to do (Bell, 2017; Bruce & Allen, 2017; Spickard et al., 2002). These jobs, located in Central Auckland, involved working long hours in miserable conditions. The work included: factory work, shift work, cleaning, processing, and assembly line production (Bell, 2017).

Central Auckland was one of the main areas for Pacific people to settle, living mainly in suburbs such as Ponsonby, Freemans Bay and Grey Lynn (Friesen, 2009). In the early 1970s many were displaced as a result of gentrification and the 'overstayer campaign' famously known as the dawn raids (Bell, 2017; Bruce & Allen, 2017). This meant that many Pacific people moved to South Auckland and settled mainly in the suburbs of Ōtara and Māngere (Neilson & Robie, 2015).

South Auckland is a multicultural community, located in the southern part of Auckland, Aotearoa, that consists of the following suburbs: Māngere, Manukau, Ōtāhuhu, Papatoetoe, Ōtara, Manurewa, Papakura and Howick. This can be seen in Figure 1.

Almost half a million residents call South Auckland home, that is 33% of the Auckland region's total population (Centre for Social Impact, 2018). There are large Pacific, Māori and migrant communities in South Auckland, and it has the largest Pacific communities outside of the Pacific Islands (Centre for Social Impact, 2018; Nakhid, 2012).

Figure 1

South Auckland Map

The Pacific population has seen an increase of 10.8% between 2006 and 2013 in South Auckland. The 2006 New Zealand Census showed that 92,016 Pacific people lived in South Auckland, a number that increased to 101,937 at the 2013 Census (Sorensen et al., 2015). The Pacific population are young, with a median age of 22.1 years, and a high proportion of children under 14. The highest number of Pacific elderly people is in Auckland at 67% as well (MPP, 2020). By 2026, it is estimated that there will be 480,000 Pacific people in New Zealand (Sorensen et al., 2015).

The Pacific diaspora communities are diverse with the largest proportion from Samoa at 46.2% (53,208) followed by Tonga, 21% (24,450), Cook Islands at 19% (22,362), Niue at 7.8% (8,979) and Fiji at 2.5% (3,369) (Counties Manukau District Health Board [CMDHB]), 2017). Samoan, Cook Islands, Tongan, Fijian and Kiribati communities mainly reside in the Māngere-Ōtāhuhu, Otara-Papatoetoe and Manurewa local board areas (MPP, 2020).

Pacific cultures are diverse and have unique values, beliefs and practices (Tupai-Firestone et al., 2016). Pacific people have a strong sense of family values, often prioritising relationships and social connections over individual achievement. Pacific people have a strong sense of community, place high value in respect for elders and have a strong belief in an ancestral spirituality and the spiritual and cultural concept of tapu (the sacred and taboo) (Bruce & Allen, 2017; Suaalii-Sauni et al., 2009). Suaalii-Sauni et al. (2009) describes spirituality in two ways, either as religion or indigenous spirituality, and within these spaces are the principles of reciprocity, love, compassion, respect, collective healing, and humility (Havea et al., 2021).

Why South Auckland?

South Auckland is a vibrant community, it is home to the largest Pacific diaspora that celebrates its people and diverse cultures. One of the biggest youth Pacific festivals in the world is the culture celebrating, ASB Polyfest. This annual fourday festival showcases Pacific music and dance in South Auckland. It attracts 10,000 annual participants from over 80 secondary schools (Williams, 2022). South Auckland is home to talented musicians, actors and sport stars such as: musician Che Fu, music producer Jawsh 685, actor John Tui singing brother duo Adeaze, and Heavy weight boxer extraordinaire David Tua to name a few. These people reflect the Pacific diaspora culture in South Auckland which also

In the 1970s the dawn raids signified the beginning of racialising and victimising Pacific people, with the New Zealand Government at the time targeting 'Pacific Islanders' as overstayers, where many were subjected to arrest (Bell, 2017). During the dawn raids, the New Zealand Government introduced a policy in which police forcibly entered homes early in the morning demanding proof of residency from overstayers in New Zealanders focusing on Pacific People (Bruce & Allen, 2017). White privilege was prominent, as migrants from Europe and North America were over-represented in the number of overstayers but were

allowed to remain or overstay in New Zealand (Bell, 2017; Bruce & Allen, 2017; Neilson & Robie, 2015). Pacific people made up 86% of prosecutions for overstaying (Misa, 2010 as cited in Bruce & Allen, 2017: Spoonley, 2012). As the dawn raids continued to rise, so did the cost of living and house prices. This in turn, through gentrification (a process of neighbourhood transformation displacing the working-class and poor residents by an influx of middle-class residents) pushed more Pacific people out of Central Auckland (Hammel, 2009 as cited in Friesen, 2009). This changing landscape in Central Auckland meant young educated white people bought and renovated cheap houses while lower-income families struggled to access housing (Friesen, 2009). Furthermore, Pacific people were forced to relocate to state housing due to facing discrimination against attempting to rent a house (Friesen, 2009). The results of these events continue to be felt by Pacific people as they are further marginalised and misrepresented in South Auckland.

South Auckland has areas of high deprivation that are equivalent to the entire populations of Dunedin and Gisborne combined (Centre for Social Impact, 2018). South Auckland has some of the poorest living areas in New Zealand and the people of South Auckland experience a higher level of economic deprivation, poverty transience, housing overcrowding, lowest rates of educational achievement, high crime rates and unemployment compared with the rest of New Zealand (Nakhid et al., 2009; Nakhid, 2012). Furthermore, 56% of Pacific families are living in the most deprived areas of New Zealand compared to other ethnic groups (Sorensen et al., 2015).

The negative impacts of economic and social determinants of health, mean Pacific people experience poorer health outcomes than other New Zealanders, which can be seen in the differences in health status and are shown in health status inequities (CMDHB, 2017; Signal & Ratima, 2015). They have a lower life expectancy rate compared to any other group, excluding Māori, and high rates of long term health conditions such as cardiovascular

disease, cancer, and diabetes (CMDHB, 2017; MOH, 2020; MPP, 2020; Signal & Ratima, 2015; Sorensen & Jensen, 2017). Furthermore, the rate of obesity for Pacific adults and children is the highest rate in New Zealand, with Pacific children more likely to be obese than non-Pacific children (MOH, 2020; Sorensen & Jensen, 2017).

Obesity in Aotearoa

I am the seed of the migrant dream

The daughter who is supposed to fill the promise

Hope heavy on my shoulders

I stand on the broken back of physical labour

Knowing the new dawn has been raided

And milk and honey is linked to obesity and diabetes

And our hearts are drowning in buckets of povi masima

(Mila, 2005 as cited in Bell et al., 2017, p. 68).

The 1980s was the start of the obesity epidemic in Aotearoa (Swinburn & Wood, 2013). Obesity in Aotearoa has become more prevalent over time, with the highest prevalence amongst Pacific people. Pacific adults were 2.3 times more likely to be obese than non-Pacific adults, with 25.9% classified as overweight and 63.4% classified as obese (MPP, 2020). Obesity among Pacific peoples in Aotearoa is influenced by a variety of factors. These factors include: cultural norms and beliefs surrounding size, dietary habits, accessibility and affordability of healthy food options, physical activity levels, socioeconomic factors, and the impact of colonisation and historical trauma (Gill et al., 2002; Ratima & Wikaire, 2021, Teevale et al., 2010; Tupai-Firestone et al., 2016; Vandevijvere et al., 2016).

The most widely used scale to measure obesity is Body Mass Index (BMI). BMI measures the height and weight (kg/m^2) of an individual and provides a BMI score which indicates the BMI categories for adults 18 years and over that can be seen below in Figure 2.

Figure 2

Body mass index cut-off points for adults aged 18 years and over

New Zealand classification	BMI value (kg/m^2)	Risk of health conditions
Underweight	<18.5	Not applicable
Healthy weight	18.5–24.9	Average
Overweight	25.0–29.9	Increased
Obese	≥30.0	Substantially increased
• Obese (class I)	30.0–34.9	Moderate
• Obese (class II)	35.0–39.9	Severe
• Obese (class III): 'extreme obesity'	≥40.0	Very severe

Source: Adapted from WHO 2000

(MOH, 2015)

The BMI system has its limitations due to its initial development based on Eurocentric body standards, and its poor predictive value as a measure of actual health (Satinsky & Ingraham, 2014). It does not consider the different populations and their degrees of fatness due to genetics or natural body shape and proportions (Mercadal, 2022; Satinsky & Ingraham, 2014). For example, Pacific people have larger bodies, larger frames and are generally more muscular than European and Asian populations (Gill et al., 2002). Furthermore, muscular athletes often have a high BMI due to muscle weighing more than fat (Mercadal, 2022; WHO, 2000a). These limitations need to be highlighted and they raise the question of whether Pacific people should have their own unique way of measuring obesity to distinguish between larger bodies due to muscularity and larger bodies as a result of over-fatness (Gill et al., 2002). Nevertheless, for the time-being it provides a general measure of bodily health that might exaggerate the dangers for Pacific people, because it does not compensate for Pacific body type.

Obesogenic Environments

There is a strong link between obesity in areas of neighbourhood deprivation and underserved communities. (CMDHB, 2017). Neighbourhood deprivation is referred to a

neighbourhood that lacks access to resources and opportunities that are necessary for a good quality of life, such as education, healthcare and employment (Pearce et al., 2007; Tupai-Firestone et al., 2016; Vandevijvere et al., 2016). Furthermore, there is a major negative association between neighbourhood access to the nearest fast-food outlet and neighbourhood deprivation (Pearce et al., 2007). To illustrate what neighbourhood deprivation looks like, in my neighbourhood of Māngere, the nearest fast-food outlet is a five-minute drive from my house; within the same vicinity, there are 20 other fast-food outlets, including fish and chip shops and bakeries. There is also a TAB and an alcohol shop. It is a five-minute walk from my house to the nearest fish and chip shop, vape shop and dairy, which the majority of dairies in the suburb of Māngere, provides the lotto service. If you go the opposite direction, it is a 10-minute walk to a bakery, dairy, vape shop and an alcohol outlet, which is located directly opposite a school. Adults living in the most deprived areas are twice as likely to be at risk of obesity and children are 2.5 times more likely compared with those living in the least deprived areas (MOH, 2015). Research has found that environmental factors play an influential role in the increased rates of obesity (Teevale et al., 2010). These environments are obesogenic which can promote obesity among communities, especially in areas with high prevalence of fast foods and takeaways (Health Partner Consulting Group, 2012).

The obesogenic environments reinforce sedentary lifestyles and overconsumption of energy dense foods and beverages (Swinburn et al., 1999 as cited in MOH, 2004). For example, in areas of high deprivation the food environment is highly dense with the availability and promotion of cheap, nutrient poor, energy dense foods, and decrease in physical activity (MOH, 2004, 2015). The role of obesogenic environments includes advertising food preferences, affordability, availability of public transport, lack of nutrition and physical activity policies (MOH, 2004). Gage et al. (2014) found that children in high deprived areas are more likely to be exposed to unhealthy food marketing than children in

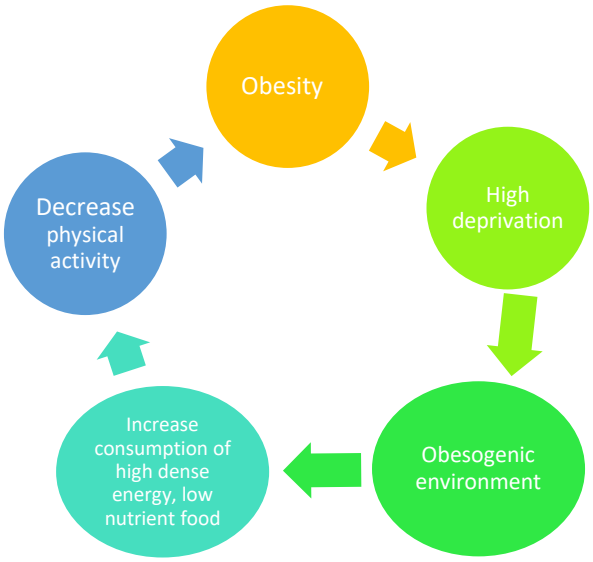
less deprived areas. Furthermore, a study looking at the food environments in neighbourhoods and arounds schools found that high deprivation areas had three times the density of fast-food outlets, takeaways, and convenience stores than areas less deprived, which influences food choices (Vavndevijvere et al., 2016). This mirrors my experience growing up in Māngere with the proliferation of fast foods and takeaways, which as a teenager was the option we gravitated towards because that was what was accessible, available, and cheap.

Foods consumed by Pacific communities have changed dramatically shifting away from traditional food towards westernised, high-fat foods (Gill et al., 2002). This aligns with the MOH who reported that Pacific adults were less likely to meet the vegetable and fruit recommendations and more likely to consume unhealthy foods and drinks (2022). Tupai-Firestone et al. (2016) reported that western processed foods are more accessible and affordable than healthier options which is contributing to a poor diet and obesity. This is evident in obesogenic environments as alluded to earlier which is prevalent in neighbourhoods of high deprivation (Vavndevijvere et al., 2016). The consumption of low vegetable and fruit is associated with increased risk of obesity (MOH, 2022). Gill et al. (2002) reported that the consumption of mutton flaps, turkey tails and fried foods has increased including alcohol, soft drinks and confectionary while vegetables, fruit and root crops has decreased. In 2020, a $1 pizza lunch promotion at Pizza Hut prompted Dave Letele to call out Pizza Hut for targeting ‘poor brown’ people and government for failing to protect people who are already disadvantaged by systems that continue to perpetuate the plethora of fast-food takeaways in areas of high deprivation (Checkpoint, 2020). This affordable and available high dense energy food at $1 means it could feed a family living on a low income because that’s the choice that is financially available to them. Study by Pearce et al (2007) found that fast food and takeaways are more easily accessed in more deprived

neighbourhoods and near socioeconomically disadvantaged schools. The obesity cycle (Figure 3) illustrates the shift of obesity as previously understood as an individual health behaviour and genetic makeup to that of other factors influencing health behaviours such as social and environmental influences (Gibbs et al., 2011; MOH, 2004).

Figure 3

The Obesity Cycle

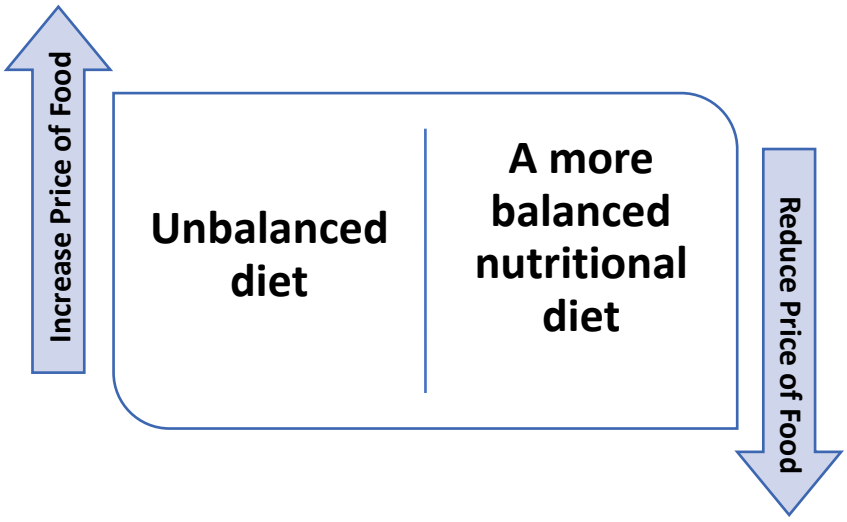


A study by Teevale et al. (2010) found that socioeconomic circumstances influenced food and physical activity behaviours. The cost and affordability of food, time constraint, food knowledge were barriers to eating healthy. Furthermore, they found that parents' work arrangements played a significant role where working long hours prevented a better work-life balance to support the wellbeing of families. Spending more time at work meant that it hindered in increasing food knowledge and added time constraints against making homemade meals and increasing physical activity. The cost and affordability of food is an important factor amongst low-income households. For example, the increase in price of food will

contribute to an unbalanced diet whereas a reduced price of food will contribute to a more balanced nutritional diet as shown on Figure 4.

Figure 4

Cost and affordability of food



As alluded to earlier, neighbourhood deprivation refers to a neighbourhood that lacks access to resources and opportunities that are necessary for a good quality of life, such as education, healthcare and employment (Pearce et al., 2007; Tupai-Firestone et al., 2016; Vandevijvere et al., 2016). This lack of access also prevents underserved communities from engaging in health and social services and therefore exacerbates the effects of obesity.

Healthy Lifestyles

Promoting healthy lifestyles and making sustainable changes at an individual and community level is crucial in addressing the obesity epidemic. This includes health education on the importance of nutrition, physical activity, and overall well-being (World Obesity Federation, 2023). WHO advises that intervention need to be tailored for populations considering cultural difference and resource availability. The MOH recommends a holistic

approach to weight management, encompassing dietary control, higher levels of physical activity, and behavioural adjustments tailored to cultural norms. Additionally, the impact of health determinants like psychosocial, cultural, environmental, and economic elements plays a crucial role in determining the success of weight loss endeavours (Norman et al., 2021).

Holistic Health Models vs Biomedical Model

WHO define health as a 'state of complete physical, mental and social well-being' according to the Ottawa Charter (WHO et al., 1986 as cited in Signal & Ratima, 2015, p. 9) however, this fails to recognise the aspect of spirituality, the holistic approach and concept of health which is hugely significant for Māori and Pacific peoples. The biomedical model of health continues to be dominant in Western medicine and is focused narrowly on disease prevention which is only concerned with the physical body of a whole person. It also views the body and mind as separate. The body is a physical being and the mind is treated as something abstract, referred to as dualism (Lyons & Chamberlain, 2006). It further emphasises the Westernised view and prioritises competition, materialism and individualism (Ratima & Wikaire, 2021). This individualistic approach sees a person as an individual, which does not value collaboration, caring, social justice and emphasises self-determination (Prilleltensky & Fox, 1997 as cited in Lyons & Chamberlain, 2006). This way of thinking has led to the belief that health is controlled and located within the individual (Lyons & Chamberlain, 2006). In contrast, holistic health models consider the whole persons wellbeing including their physical, mental, emotional and spiritual health as well as their social and environmental context (Ratima & Wikaire, 2021).

Holistic health models recognise the interconnectedness of various aspects of wellbeing for example, improving social support and reducing stress can positively affect mental and emotional health resulting in improving physical outcomes (Ratima & Wikaire, 2021). Māori and Pacific people view health as holistic and focus not only at an individual

level but importantly at a collective level. Māori view health as ecological, a balance and harmony between interacting mental, social, physical and spiritual dimensions (Signal & Ratima, 2015; Ratima & Wikaire, 2021). Furthermore, good health and wellbeing of individuals is linked to the health and wellbeing of wider Māori collectives, acknowledging the connections between the past and present, and recognising material and spiritual worlds (Signal & Ratima, 2015). It prioritises collectivism, cooperation, spirituality and recognises the importance of cultural identity and self-determination in achieving health and wellbeing (Ratima & Wikaire, 2021).

Professor Mason Durie led the way for holistic health in Aotearoa New Zealand by creating health models based on Te Ao Māori that are widely used in Aotearoa. Te Whare Tapa Wha created in 1984, captures elements of what is good health and wellbeing for Māori illustrated in Figure 5 (MOH, 2023). Te Whare Tapa Wha embodies health as four pous or pillars of the wharenui/meeting house. Te Taha Tinana (physical) refers to a fit for purpose body, Te Taha Wairua (spiritual), Te Taha Whānau (Family) – resilience whānau, able to resolve conflict as a whānau and Te Taha Hinegaro (Mental and emotion) a clear and alert mind. If one pou is taken from the equation, then the marae collapses. All four pou must be erected for the marae to be upright and refers to good health being achieved through the balance between whānau, wairua, Hinengaro and the tinana dimensions. Other Māori holistic health models include Te Pae Mahutonga, Te Wheke and The Matariki.

Figure 5

Te Whare Tapa Whā

(MOH, 2023).

Similar to Māori, Pacific people view health holistically including shared cultural values such as the importance of family, collectivism, spirituality, reciprocity, and respect (Ratima & Wikaire, 2021). There are a number of Pacific models that align with the way in which Pacific people conceptualise health. Firstly, the Pacific population is diverse and not homogenous (MPP, 2020). 'Pacific people' is a collective term used to recognise the diversity of nationalities, ethnic groups and languages of people from the Pacific Islands (MPP, 2020). There are 17 Pacific groups in New Zealand these include Samoan, Tongan, Cook Islands, Niuean, Fijian, Tokelaun, Tuvaluan, i-Kiribati, Tahitian, Papua New Guinea, Ni Vanuatu, Rotuman, Indigenous Australians, Solomon Islander, Hawaiian, Pictarin Islander and Nauruan. The introduction of Pacific health models was to ensure that the biomedical models underpinned by Western influence did not disadvantage and further marginalise Pacific people. The introduction of the Māori health models made way for Pacific people to create and introduce their own Pacific health models that operates in the Pacific values and beliefs. These models have always existed through the way in which Pacific people engage with

others, it is embedded in our culture and understood through our experiences in relation to one another, our land and *moana* (ocean).

The Pacific models enabled Pacific people to see the world through their own eyes and experience the reality of their worldview (Tu'itahi, 2015). Furthermore, having culturally appropriate tools that are effective for the improvement of their health and wellbeing is important (Tu'itahi, 2015). The Pacific models legitimise the culture, knowledge and experiences of Pacific people.

Pacific people view health of an individual is dependent on the health of the family as a collective (Health Partners Consulting Group, 2012). There are ethnic based and pan-Pacific health models such as the Fonofale (Figure 6), a Pacific health model created by Fuimaono Karl Pulotu-Endemann and initially introduced in mental health. Fonofale incorporates the values and beliefs of Pacific peoples of Samoa, Cook Island, Tonga, Niue, Tokelau and Fiji (Pulotu-Endemann, 2001). The model uses the concept of a traditional Samoan fale or house and depicts the Pacific way and the Pacific way and what is important to Pacific people and Pacific people's health. The roof represents the culture – Family, Culture, Physical, Spiritual, Mental.

Figure 6

The Fonofale

The Fonua is another Pacific health model from a Tongan worldview (Tu'itahi, 2015; Tu'itahi & Lima, 2015 as cited in Ratima & Wikaire, 2021). This model looks at good health and wellbeing existing at all levels of society through the interconnectedness of the material and spiritual wellbeing of humanity and the environment. Furthermore, it recognises the dimensions of good health that includes *laumalie* (spiritual), '*atamai* (mental), *sino* (physical), *katoa* (collective) and *'atakai* (environment). The Fonua model was further strengthened and became Fonua Ola with the addition of another dimension which includes *anga fakafonua* (cultural) (Tu'itahi, 2015). This dimension acknowledges the importance and social context of indigenous people, their knowledge and wellbeing. Other Pacific models include the Kakala model by Thaman Helu, the Tivaevae model by Teremoana Maua-Hodge, Fa'afaletui model by Carmel Peteru and Kiwi Tamasese and Te Vaka Atafaga by Kupa Kupa (Health Promotion Forum of New Zealand, n.d.).

Pacific-Indigenous Psychology

The field of psychology has historically been dominated by Western ideologies and theoretical frameworks, which often overlook and is disconnected from the unique perspectives and knowledge systems, needs and aspirations of Pacific communities (Tualaulelei & McFall-McCaffery, 2019). Research dominated by the western theories have in the past dehumanised indigenous people and privilege western ways of knowing (Alefaio-Tugia, 2022). For example, Faaleava and Alefaio (2022) looked at a study of the experiences of young Samoan women being researched by Margaret Mead who was an anthropologist of *Palagi* (European) descent. Meads' 'outsider' research had an impact on the Samoan community. Although the young Samoan women misled Meads with providing false accounts of everyday life as a joke, it was her lack of understanding of the Samoan culture and knowledge and her being unable to comprehend the Samoan way that her findings resulted in the exploitation of Samoan ways of knowing, being and doing (Faaleava & Alefaio, 2022).

The Western ideology of psychology often focuses on the individual, whereas the Pacific- Indigenous psychology challenges the Western approach and recognises the importance of Pacific cultural values, knowledge, beliefs and practices prioritising relationships, community engagement and community-based approaches to knowledge production and involves a holistic approach (Sualii-Sauni & Fulu-Aiolupotea, 2014). The western ideology to intervention is heavily reliant on individual therapy and diagnosis, however Pacific indigenous psychology seeks to recognise the significance of community-based interventions and holistic approaches that values the individual, families as well as communities in the context of Pacific worldview (Suaalii-Sauni et al., 2009). Sualii-Sauni et al. (2009) explored Pacific models of care which includes understandings of spirituality, the use of pacific language, hospitality and cultural value of group therapy. Furthermore, it emphasises and privileges interpersonal relations where trust and rapport are evident between

consumer, families and services workers, and recognising the importance of spirituality such as the spirit of a person to their mental health (Sualii-Sauni et al., 2009).

Pacific ways of knowing, being and doing are paramount for Pacific people to protect, legitimatise and validate the experiences and ways of Pacific people (Vaioleti, 2006). "Indigenous wisdom, thinking and knowledge with other knowledges also provides enormous potential for new, fresh opportunities and innovative ideas that can potentially be more effective transformation" (Smith & Smith, 2018 as cited in Ratima & Wikaire, 2021, pg 18). This intertwining of knowledge is evident in the FTC programme the coming together of the holistic approach to lifestyle by the BBM team with the balance of the clinical support by the THC team.

What Health Promotion Programmes Have Been Done so Far?

Obesity is increasing despite the plethora of health promoting programmes aimed at reducing obesity in Aotearoa New Zealand. Health promotion is defined as the process of enabling people to increase control over the determinants of health and thereby improve their health (WHO et al., 1986 as cited in Signal & Ratima, 2015). The determinants of health refer to societal factors that influence health such as employment, education, peace, shelter, a stable ecosystem, equity and social justice (Signal & Ratima, 2015)

International

On a global level, reports and guidelines are produced to support organisations and countries addressing their efforts to reduce obesity. For example, the World Obesity Federation (2023) provides worldwide data and vital insights into the impact of obesity. This document provides guidelines on how to implement interventions from policy interventions to lifestyle community policy. However, it also highlights those interventions for obesity are dependent on each country as action on obesity is rarely a collective one but commonly siloed, fragmented and under-prioritised on a global level (World Obesity Federation, 2023).

Aotearoa

Aotearoa has implemented a myriad of health promotion programmes aimed at reducing obesity rates. Many programmes delivered are from the lens of being the ambulance at the top of the cliff, rather than at the bottom, therefore recognising the importance of prevention. Many are adopted from overseas and adapted in Aotearoa NZ for local population groups.

There can be issues when programmes are adopted from overseas due to the compatibility of these with the South Auckland community. There has been heavy focus in Aotearoa on equity and ensuring there are equitable outcomes for Pacific people. The aim of equity is to ensure that barriers are removed, and resources are allocated to those needing it the most, so it's aimed at improving the situations of those who are most marginalised (Signal & Ratima, 2015) and therefore delivering equitable outcomes. Furthermore, equity ensures the fair access to resources and opportunities that enables people to achieve their fullest health potential (Signal & Ratima, 2015). Evaluation also plays an integral role in the planning and the implementation of interventions in identifying their efficacy or lack of efficacy and make necessary adjustments (WHO, 2000a; WHO, 2018).

The following interventions, presented on Table 1, were either introduced into the community or the community initiated the intervention. What is preferred is interventions that are community-led with the support of government organisations.

Table 1

Outline of health promotion programmes adapted from overseas and locally-grown

Programme	**Year**	**Overseas**	**Govt-initiated (MOH, DHB)**	**Community-led locally grown?**	**Evaluation**
Healthy Families NZ	2014-ongoing	Yes	Yes		Yes -
Green Prescription	1998-ongoing		Yes		Yes
Mr Tee	2012-ongoing			Yes	Unknown
Lotu Moui	2004-2010		Yes		Yes

Government-Led

Healthy Families NZ is a programme designed from the Be Active Eat Well pilot in Australia, EPODE pilot in France and NZs Project Energize. The aim of Healthy Families NZ is to encourage New Zealand families to live healthy, active lives - by making good food choices, being physically active, sustaining a healthy weight, quitting smoking and moderating alcohol consumption (Office of the Minister of Health, 2014). Furthermore, its purpose is to improve people's health where they live, learn, work and play through a systems approach to preventing chronic disease (Matheson et al., 2018). Healthy Families NZ was implemented in 10 locations in areas of high levels of deprivation, higher than New Zealand rates of risk factors for preventable chronic diseases and one of the locations was in South Auckland. Specifically, the area of Manukau, Manurewa, and Papakura where they

implemented activities in specific areas such as improving food systems. The report shared only one example of this, a partnership was formed with the Supreme Sikh Society Gurudwara Sri Klagidhar Sahib temple in Takanini and the Auckland Teaching Gardens Trust to cultivate vegetable, fruit, and nut gardens on temple land. This engagement has failed to address implementing interventions within Pacific communities. Healthy Families is still ongoing since it established in 2014 and its focus is to gather insights from community to government departments, engaging with Auckland council to inform policy. The report shows that Healthy Families NZ prioritised building and leveraging relationships that community organisations have locally to make a difference (Matheson et al., 2018). However, in saying that not all community organisations share the same vision as Healthy Families NZ and some community organisations were constrained by funding contracts therefore, the real impact of Healthy Families NZ in relation to reducing obesity for Pacific people was not reported.

Another programme is the Green Prescription aimed at increasing physical activity. The programme managed under the New Zealand MOH involves a referral from the GP or nurse for at-risk patients that recommends they increase their physical activity. Green Prescription started in 1998 as a Sport and Recreation New Zealand initiative (Tava'e & Nosa, 2012). Tava'e & Nosa (2012) reported positive experiences from participants, this was due to a friendly and supportive environment created by staff, instructors, and other members of the programme. Furthermore, they showed that Pacific women identified social support from friends and family and the other Pacific women was important to maintain their efforts to increase physical activity Through social support, the Pacific women created a sense of belonging and responsibility amongst the participants. In addition, they found that community leaders and members of the programme who have established rapport with communities played an important role in the intervention design and implementation of

health programmes. Hamlin et al. (2016) examined the effectiveness of Green prescription over the long term and found that improvements are still needed when engaging with Māori and Pacific, and specifically tailoring the programme for ethnicities. In addition, it found one reason for attrition was the level of fitness was not tailored to those who were less physically active and therefore failed to complete the programme. Since its inception in 1998, Green prescription still struggles to engage with Māori and Pacific people, although there are some positive reports from Pacific women overall, this is not an overwhelming result considering how long this government funded programme has been around.

Another intervention is the The Healthy Eating-Healthy Action: Oranga Kai-Oranga Pumau (HEHA) strategy launched as a response to the obesity epidemic addressing lack of physical activity, growing concerns over poor eating habits, (McLean et al., 2009). HEHA was implemented between 2004-2009 using the Ottawa Charter as a framework. This nationwide launch implemented activities in the schools, bakeries, supermarkets and Auckland council facilities. Some of the activities included the red tick label on certain food products to indicate being an appropriate healthy choice. These interventions were short-lived as the new government abolished the HEHA programme and was more focused on individuals using their autonomy.

Okenese-Gafa et al. (2016) surveyed pregnant women in South Auckland about their knowledge of healthy eating and eating habits during pregnancy. They found that Pacific and Māori were less likely to eat healthy during pregnancy, despite having received information on healthy eating, the women reported eating more during their pregnancy. The survey found those who consumed takeaways understood that their diet was unhealthy but reported lack of time and financial factors were reasons they chose takeaways. This is not surprising, given the socioeconomic factors and lifestyle patterns prevalent in obesogenic environments such as South Auckland as previously described.

The health interventions mentioned above are developed and focused using a western-centric way of doing. For health interventions to be culturally responsive and effective it needs to align with the cultural values, and perspectives of the target population (Kaholokula et al., 2018). Health programmes that are based on the worldviews, beliefs and values of the target population provide a 'ground up' approach because it emerged from the cultural group's own worldviews and practices rather than through a western approach (Kaholokula et al., 2018). This is consistent with the study by Teevale et al. (2010), who reported that the home environment and family helped in promoting healthy behaviours among Pacific adolescents and recommends family-based interventions to reducing obesity. A report by Gill et al. (2002) has identified some strategies to prevent obesity for Pacific people, and includes creating supportive environments, promoting healthy behaviours, and mounting a clinical response.

Community-Led

As an undergraduate student I did my placement at the Whare Koa Māngere Community house and supported a health promotion activity run by Teau Aiturau also known as Mr T at Centre Park, Māngere. Mr T founded a bike group called Triple Teez '*Time to Thrive to Stay Alive'* aimed at increasing physical activity amongst Māori and Pacific people in Māngere, South Auckland. Mr T a Cook Islander and a Māngere local started his journey in 2012 when he weighed 252kg, he struggled to walk and breathe and had sleep apnoea (Smith, 2014). He wanted to do something about his health condition and live longer so he started bike riding. He established Triple Teez due to his health and riding bikes was his way of increasing physical activity and getting better. His programme promotes bike riding for all ages and sizes where he runs holiday bike runs for children and afternoon bike runs. His programme supported by local organisations including the Māngere Otahuhu local board and Auckland Transport expanded to being a bike hub for Māngere. The hub supports and

provides bikes for children as well as providing practical skills in fixing bikes for families. To date, there is no existing literature or evaluations about the work Triple Teez has done so far in the community, except for the news articles providing exposure of his work and collaboration with other organisations. This illustrates that though community efforts exist and are perceived as successful from both within the community and outside, there needs to be more government support in evaluating these programmes.

A study by Bell et al. (2023) found that participants prefer to have a credible individual deliver programmes designed to improve physical, mental health and wellbeing. This would enhance the programme if the credible individual is accredited, qualified, having knowledge and personal experience. Someone who can provide evidence-based information and advice in a friendly manner. What was vital for these participants is that facilitators of the programme understood the challenges and issues related to lifestyle behaviour change, were approachable, non-judgmental and someone participants can relate to and get along with. Bell et al. (2023) found men who do not participate in physical activity regularly attributed this to the lack of knowledge, motivation, and reported intimidation or embarrassment. A sense of identity was created amongst participants when they were part of a group of similar individuals and this group was a source of motivation and social support. Finally, the study found that social support was important for participants improving their physical activity by creating goals, personalised targets, and when a healthy competition within group environments was created.

A systemic review and narrative synthesis conducted in 2021 analysed a total of 21 studies on interventions to prevent or manage obesity across New Zealand, Hawaii, American Samoa and in Australia. The interventions varied with most being based on a combination of diet and physical activity, with some incorporating psychological support and church food

policy. This systemic review addresses the need for interventions created at grassroots level (Mack et al., 2021).

Between 2004-2010, 50 Pacific churches in Auckland were targeted to implement lifestyle programmes. The programme called Lotu Moui – Pacific focused and draws on Pacific people's perspective of spiritual health and intertwine it with physical or holistic wellbeing (Counties Manukau District Health Board [CMDHB], n.d.). The activities included Zumba, water only policy and sports day were implemented over a period of two years. My lotu was part of this programme and I participated in the weekly activities. Towards the end of the programme, a sports day event was organised to bring together all the churches and families to engage in friendly sports and have fun together. This programme saw church leaders collaborate with their church to create a health committee who attended quarterly meetings facilitated by CMDHB to share information back to their church about how their healthy lifestyle activities were improving and further plan physical activities and nutrition sessions that suited their own congregation. Unfortunately, the conclusion of Lotu Moui also saw the end of the activities for some churches that were established during the programme. My Lotu did not continue the Zumba classes when Lotu Moui ended. Lotu Moui although Pacific focused and draws on Pacific people's perspective of spiritual health, physical and holistic wellbeing, it was created, funded, and implemented by CMDHB. The church community did not own Lotu Moui but were participants of a CMDHB programme. There was no proper evaluation to ensure sustainability of Lotu Moui within the church community and what that would look like without the facilitation of CMDHB. Mack et al. (2022) found that it is imperative that interventions are created at grassroots level, are fully supported, and owned by the local community and are organised *by the people for the people* and not introduced by outsiders.

What Strategies are Needed for Sustainable Obesity Interventions?

For Pacific people it is imperative that interventions are culturally appropriate and respond to the needs and perspectives of different communities (Vandevijvere et al., 2016). To understand Pacific people and what is needed to support their health and wellbeing, while combating obesity, it is necessary to explore their indigenous knowledge (Tupai-Firestone et al., 2016). Furthermore, indigenous knowledge encompasses life experiences that provides solutions and can pinpoint innovative ideas for interventions about what is culturally appropriate. This knowledge can be accessed through churches, communal gatherings, ceremonial occasions and through the sharing of stories and values within these spaces (Tupai-Firestone et al., 2016). This was evident in the study by Teevale et al. (2010) which found that the home environment and family helped in promoting healthy behaviours among Pacific adolescents and recommends family-based interventions to reducing obesity.

The importance of community engagement was found to be highly important when it comes to understanding food preferences and cultural practices where community-led interventions are tailored to the specific needs and context of different communities (Vandevijvere et al., 2016). One size does not fit all. For example, Health Families New Zealand was a programme adopted from Australia in 2014 (Matheson et al., 2018). Just because a programme worked in Australia does not mean it will work in Aotearoa. Engagement with local communities is imperative to ensure interventions are fit for purpose. Health interventions with a peer-based component have had mixed results with little research around Pacific peer-based health interventions (Posavac et al., 1999; Simoni et. al., 2011; Webel et. al., 2010) but could be particularly relevant for Pacific people who have collective ways of doing and living.

Overall, the review of research and literature indicates that the obesity epidemic is not slowing down in Aotearoa and that intervention for obesity is currently implemented through

Eurocentric mainstream efforts which are unable to effectively reach Pacific populations. Community-based efforts although the preferred option of implementing interventions are not well resourced and lack evidence that they are effective. The literature shows to improve obesity amongst Pacific communities then Pacific approaches to health must be implemented. This study explores how BBM, a community initiative, is making waves in tackling obesity in South Auckland an area of high deprivation with a high level of exposure to an environment that is obesogenic. The study will highlight what works for Pacific communities by exploring the unique ways in which BBM **engages**, **connects** and **motivates** underserved populations of Pacific Peoples in South Auckland dealing with obesity. This provides an overall understanding of the BBM FTC programme impacts for Pacific peoples dealing with obesity in South Auckland and throughout the global diaspora.

Chapter Three: Method

Pacific Methodology

As a researcher of Pacific descent and working on research involving Pacific people, it is fitting and appropriate to use a Pacific research methodology as a framework to guide the research process. Using a Pacific methodology is a culturally relevant and safe approach to research whereby it legitimises the indigenous knowledge and understanding of realities for Pacific peoples (Tualaulelei & McFall-McCaffery, 2019). As I alluded to earlier, Pacific people hold relational worldviews that emphasise building relationships, community engagement and trust which Pacific research methodology prioritises (Suaalii-Sauni & Fulu-Aiolupotea, 2014). The use of Pacific methodologies allows safe passage for cultural context to be explored (Alefaio-Tugia, 2022).

As mentioned earlier the Pacific ways of knowing, being and doing are paramount for Pacific people to protect and legitimatise. It validates the experiences and ways of Pacific people in academia, where such ways are marginalized (Vaioleti, 2006). There are several Pacific methodologies used in research with conceptual origins from Tonga, Samoa and Fiji. Such examples are *Kakala* by Konai Helu Thaman, *Tivaevae* by Maua Hodges and *Faafaletui* by Taimalieutu Kiwi Tamasese (Suaalii-Sauni & Fulu-Aiolupotea, 2014).

The FTC participants were mainly of Māori and Pacific descent and it was important that the research methodology reflected the participants and their stories, and privileges the Pacific way of knowing, being and doing. Talanoa by Vaioleti (2006) was used as the pacific methodology. Talanoa as a Pacific research methodology is grounded in Pacific values, beliefs, and cultural practices. Talanoa is an oratory tradition practiced in Samoa, Fiji, Tonga, Cook Islands, Niue, Hawai'i and the Solomon Islands (Prescott, 2008 as cited in Fa'avae et al, 2016). Vaioleti describes Talanoa as grounded in phenomenological research approach focused on understanding the meaning that events have for participants (2006). Talanoa is appropriate in researching Pacific issues at the centre of pacific ways (Crocombe, 1975 as

cited in Vaioleti, 2006) and a preferred methodology within Pacific research for it allows the nurturing of spaces by encompassing cultural protocol (Faleolo, 2021). Talanoa is the 'back and forth' conversation. The principles of *tauhi e va , mafana and malie* is crucial to ensure that Talanoa will provide authentic data, trustworthiness and quality research (Tunufa'i, 2016). *Tauhi e va* refers to what researchers do to maintain good, caring relationship between researcher, participants and stakeholders and holding space (Faleolo, 2021). Without *tauhi e va* the Talanoa will not be *mafana* (inwardly warm feelings) or *mālie* (the energizing and uplifiting of spirits to a positive state of connectedness and enlightenment) (Fa'avae et al., 2016, pp. 140-141 as cited in Hindley et al., 2020) this is when the Talanoa carries itself into another.

Talanoa

Green (2014) states that an insider researcher may have a unique perspective and may be better and able to establish rapport and build trust with participants. However, it is important as a researcher to engage in ongoing reflexivity as challenges may arise such as maintaining objectivity and navigating power dynamics. This ensures the research is conducted in an ethical and responsible manner (Green, 2014). Talanoa 'allows more *mo'oni* (pure, real, authentic) information to be available for Pacific research than data derived from other research methods' (Vaioleti, 2006 as cited in Suaalii-Sauni & Fulu-Aiolupotea, 2014, p. 334). It is different from interviews and focus groups as it allows a building of relationships to 'reach a state of understanding' between researchers and participants (Prescott, 2008, p. 132 as cited in Hindley et al., 2020). It requires the full engagement of the researcher during Talanoa and observations, recognising and understanding both verbal and non-verbal language used within Pacific contexts (Faleolo, 2021). Talanoa is conversation, talk, the exchanging of ideas and thinking in both formal or informal (Vaioleti, 2006). *Tala* is talk, it also means to command, inform, relate, tell, announce and to ask (Vaioleti, 2006). *Noa* means

nothing in particular, ordinary, purely imaginary or void. Talanoa literally means talking about nothing in particular and the cultural aspect of Talanoa allows for engaging in social conversations that could lead to critical discussions or knowledge creation (Vaioleti, 2006). Talanoa does not start when you press 'record' at the start of an interview but begins when making relational connections with the participants way before the recording starts.

Cultural Participatory Immersion

As a researcher of Pacific descent, I immersed and participated in FTC. Cultural Participatory immersion (CPI) is akin to ethnography and participatory action research where the researcher is also an immersed participant in the culture and programme being researched (Havea et al., 2021). Using cultural participatory immersion meant that I observed, participated, and engaged in FTC and other BBM activities. FTC is a 12-week programme, that consisted of three sessions a week -Monday (exercise), Wednesday (nutrition) and Friday (exercise). I participated every week and from that I was able to get to know the BBM mentors, leaders and participants. I was able to gain insight into their personal lives and how the programme was going for them and their families on a weekly basis. The cultural element of this approach allowed a reciprocal exchange where I was able to share with the participants and the BBM team aspects of my own personal family life and my journey in my studies that lead me to be part of this research project.

As an inside-researcher I used cultural participatory immersion to participate in the FTC programme, observe and engage with FTC participants, BBM staff, BBM mentors and the THC team. This experience will provide invaluable insight into the experiences of FTC participants and provide an insight into the way in which BBM with the support of THC deliver a programme that works for the community.

Through cultural immersion participatory I gained the trust and built relationship with the participants before the 'talanoa'. We shared how our bodies ached over the weekend due

to the workout session on Friday and gearing up to feel it again on the Monday workout session. This goes back to the principles of Talanoa - tauhi e va – making connections and getting to know the other.

From The Couch

FTC started in February 2022, with over 30 registrations from THCs client database and recruited through cold calling. Only four participants turned up on the first day of FTC. BBM then used social media to promote the programme. BBMs recruitment through social media had better success attracting many of their followers to register especially at such short notice compared to the THC clients who were contacted by phone weeks before the programme started. The programme was initially promoted as a weight loss programme with certain criteria's such as BMI and if anyone suffered from a non-communicable disease.

At the start of a new FTC cohort, Dave delivers his 'sermon' at the orientation. He begins with his own journey that led him to what BBM is today and then introduces current BBM leaders who also were previous participants of FTC. Dave then dives into the BBM principles or the mantra and explains how each one of them should be applied every day. The following is highlights from Dave's speech at the first FTC orientation for this formative evaluation:

- *Just start* – Just come, why wait? Start now, think about your family, your health, who is going to be there for your family if you're gone?
- *Stay consistent* - Just come! If you are not feeling up to it just come and sit here you don't need to work out, Just come Be here!
- *No judgement* - We've all been there; you do what you can do. If you need to rest then rest don't overdo it, the only one judging you is YOU.
- *No excuses* - If it rains you can still come, if you go to KFC in the rain then you can come to BBM in the rain

- *Surround yourself with positive people* - If you surround yourself with 5 idiots what does that make you? Surround yourself with people that encourage and support you on your journey to be a better version of yourself (D. Letele, personal communication, February 14, 2022).

The 'No excuse' approach, has led to what BBM is today. Dave finishes off his sermon with "Why do I do this? Because it's POSSIBLE!!, ITS WHAT?" and the participants reply, "ITS POSSIBLE!" (D. Letele, personal communication, February 14, 2022).

The following is a detailed description of the 12-week FTC three-day sessions including the way in which BBM and THC work together. The formative evaluation allowed for the adjustments of different elements of the programme. This process improved the delivery of the programme over the three cohorts. Hence, what the participants experienced in cohort 1, was different to that of those in cohort 2 and cohort 3. For example, Kapa Haka was introduced from cohort 2 and from cohort 3 the Māori dietician took over the delivery of nutrition sessions. The description presented in Table 2 is flexible and was tweaked by BBM and THC as they learned from previous cohorts.

Table 2

FTC 12 Week programme brief outline

WEEK	Monday 10am	Wednesday 10am	Friday 10am
WEEK 1 All participants are measured, weighed, and blood test taken.	Opening Karakia and Himene by Kapa Haka Tutor. Orientation: Dave's sermon, Participants introduced to BBM and THC members. Admin: Fill in surveys and register on BBM database.	Nutrition: Introduction of basic nutrition.	Workout session: Trainers will begin with simple workouts such as punching into the air, and star jumps.
WEEK 2	Workout session with trainers. Warm up by walking up and down the gym.	Nutrition: Dietician introduces next topic.	Workout session with Phil or James: Energy levels are high, it's Friday. Warm up walk. A new workout is introduced e.g. Mountain climbers.
WEEK 3	Workout session with Phil or James. Warm up walk. Similar	Cooking session with the dietician in the BBM kitchen. A	Workout session with Phil or James. Same as

	workout from Friday. FTC participants are engaging a little bit more with others. FTC participants are partnered up for this session. Each take turns doing a workout, they encourage each other through the workout.	detailed recipe is provided as well as ingredients. FTC participants are broken into a group of 2 or 3 to cook together. Round robin at the end to share feedback- what they learnt, what they will try at home etc.	Monday with an introduction of a new workout e.g. Pushups.
WEEK 4	Workout session with Phil or James. Warm up walk. FTC participants are partnered up and taking turns doing their workout. Encouraging each other throughout the workouts		
WEEK 5-6 Measurements are usually taken this week by THC staff – blood test	Workout session with Phil or James. Participants do their warm up confidently without being prompted. FTC participants are partnered up and taking turns doing their workout. Encouraging each other throughout the workouts	Cooking session (See above)	
WEEK 7 - 11 The last two week of FTC – exit surveys to complete and blood test	From Week 7-11 Workouts are intensified but a safe pace for all participants is ensured, with the support of BBM staff.	Cooking session (See above)	Workouts are intensified but safety for all participants is ensured.
WEEK 12 Last week of FTC - Blood test			Last day of FTC is celebrated with a graduation for all FTC participants. Their whānau are invited to watch them receive their completion certificate including a supermarket gift card. Shared kai at the end

Workout Sessions

All workouts were tailored to ensure safety for everyone. Some individuals required a box or chair to complete a workout, and this was encouraged at all sessions if anyone needed them. This is to prevent any falls or injuries. This eliminates any shyness or whakamā (shame) amongst FTC participants. Music gets everyone in the mood and ready. During the workouts BBM staff and mentors including the THC staff are doing the workouts and observing closely FTC participants to assess any risk of injuries or anyone needing support. At the end of a 20second workout they are encouraged to high five each other. All are

encouraged to rest if they need to and to slow down if they feel like it is going too fast for them. The workouts are usually planned on the day including some improvisation depending on the mood and how people are feeling that day.

Nutrition Sessions

Nutrition sessions had two elements – Theory and applying practical knowledge. BBM had a nutritionist who delivered the sessions from Cohort 1. The formative evaluation meant that BBM and THC worked together to allow changes conducive for the programme and its participants. By the end of Cohort 2 a new dietician of Māori descent joined to support the delivery of the nutrition sessions because of ongoing feedback to BBM and THC about the previous sessions being too academic.

The dietician plans are 12 weeks and adjusted depending on FTC participants. The theory part is the 'science-y' part of food – what is in our food? A breakdown of the micronutrients, carbs, trans fat through an interactive and engaging session. The sessions are very hands on, so encourages engagement and conversation between FTC participants. For example, the dietician has toy models of different fruit, vegetable, and meals that are used as a visual aid to describe where they belong in the food pyramid. One of the sessions was a tour of the supermarket – PaknSave. This tour encourages smarter ways of buying fruit, vegetable and meat. FTC participants are introduced to some of the staff who are experts in their food sections. They are then given a task towards the end of the tour that involves label reading. The dietician is also available on Facebook where he goes live motivating and talking about food, nutrition. FTC participants are given activities to do at home and using FB messenger they are able to share their results and their learnings. The dietician also has one-on-one with FTC participants to ensure their needs are met.

The nutrition sessions also hold three cooking sessions. Recipes and ingredients are provided as part of the programme. FTC participants are divided into four groups of three.

This ensures that everyone participates. There is a job for everyone in the group with: One person to gather ingredients and follow recipe instructions, one or two people to chop up ingredients, and one person at the stove to get the pots and pans ready.

Each participant takes a container of the meal they prepared. At the end of each cooking session, participants are given time to reflect and ask questions as a group about what they've learnt, will they try it at home and what would they change for next time. This is also a chance for the dietician to hear some feedback about what could be improved for the next cooking session.

Total Healthcare THC

THC provides the clinical service that complements the workout and nutrition sessions. THC provides an onsite nurse, health coaches and GP at almost every session. They take initial and final session blood tests and have experience in managing acute mental health crises. They are also on the Facebook private page and messenger so they are easily accessible for any questions that FTC participants may have. The operational manager regularly visits FTC sessions, this provides an opportunity to get to know FTC participants, and experience what they go through at the sessions.

Social Media

BBM uses social media to captivate Māori and Pacific people of South Auckland and disseminate any BBM activities and BBM updates. Over the years, many have walked through the BBM doors and some becoming mentors and leaders for BBM. BBM has a strong following on Facebook and uses it to disseminate information about FTC and other BBM activities. BBM has a communication team who records each sessions, edits the videos and posts them on Facebook. They provide snippets of what is happening at the sessions including FTC participants testimonials. BBM has also set up a Facebook private page that only FTC participants have access to. Each FTC cohort have their own Facebook messenger

chat. I had access to these platforms and engaged in them appropriately, for example 'liking' a post on the fb group or 'hearting' a motivational quote posted on the messenger. Through cultural participatory immersion I was mindful of keeping these spaces safe and comfortable for the FTC participants and that I would not impede any of my agendas on these platforms. This rich and insightful data will not be possible without participating and being immersed in BBM and FTC.

Talanoa Process

BBM had implemented three FTC programmes in 2022. The intake for each FTC programme is referred to as cohorts. At the orientation of each cohort, participants were provided with information about the Massey evaluation study (See appendix A). Researchers were present at each orientation to answer any questions the participants may have. Consent forms were signed (See appendix B).

Three researchers conducted talanoa with the FTC participants. Two of those researchers are of Pacific descent and one researcher is of Māori descent. Before each cohort started, researchers decided on which week it would be best to have Talanoa with the participants. Two to three talanoa were conducted for each cohort to track how the FTC programme had impacted the participants for the purpose of the Massey formative evaluation and provide feedback on how the programme can be improved for the next cohorts. Three Talanoa was selected, one from each cohort for the purpose of this research.

The three talanoa illustrated in Figure 7, were chosen for this research due to the number of participants and the amount of talanoa (dialogue) that could be drawn from. Participants were all residents of South Auckland – Manukau, Papatoetoe, Clendon, Manurewa and Māngere.

The talanoa from cohort 1 and 2 were recorded using zoom and an audio recording device. The talanoa from cohort 3 was recorded on an audio recording device. Talanoa

included at least two of the researchers. Due to Covid19, one of the researchers joined the talanoa via zoom for cohort 1 and 2. All Talanoa were transcribed verbatim.

Figure 7

Selection of talanoa from Cohort 1, 2 and 3

Cohort 1	Cohort 2	Cohort 3
• Talanoa conducted on Week 12 of FTC • 1 hour long • 3 Participants • Participants invited by BBM staff • Recorded using zoom and an audio recording device	• Talanoa conducted on Week 7of FTC • 29 minutes long • Four participants • Participants invited via Facebook post on the BBM Facebook group page. • Recorded using zoom and an audio recording device	• Talanoa conducted on Week 10 of FTC • 30 minutes long • Four participants, One BBM mentor and One BBM staff member • Participants were invited after workout session the week before the talanoa and. • Recorded on an audio recording device

Cohort 1

For cohort 1, talanoa was organised by the BBM staff. They notified the cohort through Facebook chat and by text. A reminder was also given after the Nutrition session which was held on Wednesdays. A total of three talanoa was conducted for cohort 1. The third Talanoa was chosen for the purpose of this research. Talanoa was conducted on Friday, week 12 of FTC and was 1 hour long.. This was face to face and one researcher joined on zoom. There were 3 participants present.

Cohort 2

For cohort 2, a photo of the researchers with details of the talanoa was posted on the BBM FTC Facebook page presented in Figure 8. This is a private group page for all FTC participants.

Figure 8

Massey Talanoa invite on BBMs Facebook page

Tēnā rā tātou, Talofa Lava!

Massey research team here (Jenn, Gloria and Sina).

We are hoping to have a chat with some of you next week and will be holding a talanoa at BBM on the following days:

Monday 11th July Morning session (11am) and

Thursday 14th July evening session (6:30pm)

This is straight after the normal sessions and we will provide some kai.This should only take 30-45mins.

We would like to get to know you a little bit more, your journey and just want to check in how you're going with the programme so far.

Nau mai haere mai, all welcome. If you would like to attend, please comment below with a simple "yes" to let us know, just so we have an idea of how much kai to get.

Here's a pic of us just so you know who we are lol 😀

BBM implemented FTC sessions in the morning and evenings. The chosen Talanoa for this research was from the evening session after the nutrition session on Week 7 of FTC. The Talanoa was 29 minutes long. Four participants were present and one support person.

Cohort 3

For cohort 3, 4-6 participants were invited by the researchers to the Talanoa. These participants were chosen via researchers' observation during orientation and FTC sessions. Three talanoa were conducted and the 3rd Talanoa will be analysed for the purpose of this research. The Talanoa was conducted on Monday after the workout session, Week 10 of

FTC. There was one BBM mentor, the BBM kapa haka lead and four FTC participants present at this Talanoa. The Talanoa was 30 minutes long.

Lotu/Opening Pprayer

Before each Talanoa started, researchers invited anyone to open the Talanoa with *karakia/lotu* or prayer. The researcher will open with *lotu* if no volunteers from the participants. Opening with *karakia* or *lotu* creates a space where it establishes a sense of power sharing between researcher and participant. This signifies and values the holistic approach of Talanoa. Opening and closing with lotu emphasises the spiritual values of Pacific peoples.

After lotu researchers engaged in casual conversation with the participants – how their week is going? How did the workouts go for them? What are their plans for the rest of the week and weekend? This process of Talanoa builds on the relationships with the participants that were initially formed at the orientation and continue to grow during FTC sessions. It is getting to know them and making the space comfortable to allow for recording the Talanoa for research purposes.

Talanoa Prompts

During the Talanoa the researchers prompt the participants with questions if there is nothing else to talk about. Essentially Talanoa is carried by the participants and the Talanoa moves fluidly between topics until there is no *mālie* and *mafana* then the next prompt is introduced.

Each Talanoa was transcribed verbatim and made it an important note not to correct any slangs used by participants to avoid losing the meaning, essence and richness of the Talanoa.

The scope of the Talanoa included was an organic process guided by an outline (see appendix C) such as prompts but also from participants' own response. Prompts included

sharing participants health journey, what made them come to BBM, whether or not they heard of BBM or Dave before and how to make FTC better.

Kai/ Food Breaking Bread (Reciprocity) – Manaakitanga, Hospitality

Kai was provided at each Talanoa. The importance of kai symbolises the respect between researcher and participant. Like lotu or karakia it also establishes a space open for sharing. For Pacific peoples the cultural importance of kai shows values of *ofa* (love), respect, care and hospitality.

Data Analysis

Reflexive thematic analysis and Fa'afaletui-dialectical analysis (Alefaio-Tugia, 2022; Braun & Clarke, 2022) were used to analyse data collected through talanoa and cultural participation immersion. Reflexive thematic analysis was used to analyse the talanoa that was recorded. As alluded to earlier, the essence of true talanoa does not start with the pressing of the record button. The themes found through reflexive thematic analysis needed a cultural lens to provide a holistic perspective of the themes and cultural participation immersion. Therefore, Fa'afaletui-dialectical analysis will be used to analyse the 'informal' spaces in which conversation and observation took place with FTC participants, BBM staff and mentors, THC staff and the evaluation team. This extended beyond the recorded talanoa.

Reflexive TA is grounded in western paradigm and used – thematic analysis from a individualistic perspective. Fa'afaletui-dialecttical analysis was brought in to provide the overall cultural and holistic perspective and understanding to the data generated through reflexive thematic analysis.

Reflexive Thematic Analysis

> *Qualitative research is about meaning and meaning-making, and viewing these as always context-bound, positioned and situated, and qualitative data analysis is about telling 'stories', about interpreting, and creating, not discovering and finding the*

'truth' that is either 'out there' and findable from, or buried deep within, the data (Braun & Clarke, 2019, p. 591).

I used reflexive thematic analysis to analyse the Talanoa. Reflexive thematic analysis (TA) is an approach to TA but allows for flexibility. As a Pacific inside-researcher engaged in cultural participatory immersion there is no doubt that researcher subjectivity will play a role in making sense and producing meaning in the analysis process, which is an essential resource for reflexive TA (Braun & Clarke, 2022). Therefore, reflexive TA was fitting for the purpose of analysing the Talanoa.

TA follows a 6-step process, however recent articles have suggested that researchers take on a more reflexive approach to thematic analysis. Reflexive TA does not follow a rule system rather it offers guidelines for the process of analysis (Braun & Clarke, 2022). The six steps are not to be followed rigidly but can be used as a guide that allows for fluidity between steps. Braun and Clarke (2022) state that the process of reflexive TA is not strictly linear and its ok to go backwards, sideways, and sometimes in circles which reflects the way in which I undertook reflexive thematic analysis. This meant that I went back and forth between the six phases to ensure the important aspects of the Talanoa were captured.

Phase 1: Familiarising Yourself With The Dataset. I familiarised myself with the data and making sense of each Talanoa while transcribing it verbatim. I read and reread the Talanoa transcripts including listening to the recording of the transcripts. As I was reading, I was taking notes and marking ideas on the transcripts.

At this stage of familiarising, several important aspects jumped at me and I took note of this and described what it could mean e.g first Talanoa from cohort three – the consistent things that kept repeating across all participants was that they felt very inspired seeing people they are familiar with and having a sense of a can do attitude – if they can do it then I can do it too.

Phase 2: Coding. I used a paper format first, then transferred the transcripts with comments and codes onto google doc for further analysis. Using google doc as my second round of coding gave a fresh perspective on the data set (Braun & Clarke, 2022). I highlighted each code with a different colour. I looked at any data extracts relating to feelings, change, motivation, connection, and engagement of FTC participants with each other, BBM and THC. In reflexive TA coding can be done from the very surface meaning or explicit (semantic) through to the more implicit or conceptual meaning (latent) (Braun & Clarke, 2022). Then I transferred the codes and data extracts to an excel spreadsheet.

Phase 3: Generating Themes. This phase is an active process where themes are generated by the researcher, using the data set, the research questions and the knowledge and insights of the researcher (Braun & Clarke, 2022). Themes have shared meanings and can be broad. Potential themes are identified that I feel address the researcher questions and captures the data and the codes relevant for each potential theme.

At this phase I used excel to organise the codes that clustered around similar themes. For example, I had clustered together the potential codes that related to lifestyle as a potential theme and exploring the initial meaning patterns – do they tell me something meaningful and important that is relevant to the research question.

Phasing 4: Developing and Reviewing Themes. This phase looks at re-engaging, reviewing the validity and viability of the coded data extracts and the entire data set (Braun & Clarke, 2022). Furthermore, looking at the quality, scope and the richness of potential themes – Do the themes make sense in relation to the coded extract and data set? Do they address the research question?

It's also important to let go of potential themes if they don't fit. For example, I really wanted social media to be a potential theme but as a theme it didn't provide the richness and not enough codes clustered to create meaning.

Phase 5: Refining, Defining and Naming Themes. This phase looks at fine tuning, defining each theme and making sure each theme has an essence with a strong core concept (Braun & Clarke, 2022).

Upon reflection I realised that some of the themes was present in all themes and thought that this was important to not have it as a separate theme. For example, motivation and all things that motivate FTC participants was present in all themes and I thought it would be better to remove it as a theme and report it in the results of how each theme showed different aspects of motivation. There is motivation to do well for family, and family motivate them to do better and continue in the FTC programme.

The theme of Mental Health and Health and Wellbeing was merged together to create one theme. The reason for this is the start of the FTC journey is a physical journey but as the weeks went by the mental health of FTC had improved and thus also improving their physical activity and moving a lot more.

Phase 6: Writing Up. This phase is the results of the analysis which is provided in the following chapter.

Fa'afaletui-Dialectical Analysis

Fa'afaletui-dialectical analysis is a process of cultural analysis for psychological research from a Samoan lens (Alefaio-Tugia, 2022). This process is founded on Fa'afaletui, which is a Samoan concept described as the gathering of knowledge from houses of collective wisdom (Alefaio-Tugia, 2022). 'Fa'a' is ways of 'tui' weaving together deliberations of different levels of knowledge from within houses 'fale'. (Tamasese et al., 1997 as cited in Alefaio-Tugia, 2022). Therefore, Fa'afaletui-dialectical analysis is essentially the gathering and weaving of knowledge from different fales or houses of collective wisdom.

In this case the fales or houses of collective wisdom are the FTC participants, THC team, BBM research team, BBM staff and mentors, and my thesis supervisors. It is the

collection, sharing, and connectedness of this collectively. This process is ongoing, Talanoa was recorded and analysed through reflexive thematic analysis. We cannot deny the observations, experiences, and social conversations I, as the researcher had with FTC participants, BBM team, BBM mentors and THC team before, during and after the FTC sessions. The true essence of Talanoa does not start and stop at a recording button. Reflexive thematic analysis identified four themes but missed the mark of providing a cultural analysis that was true to the FTC participants narrative, the experiences, and observations through cultural participatory immersion (CPI). The reflexive-TA was lacking the aspect of gathering and weaving together the collective wisdom. Fa'afaletui-dialecticial analysis explores and showcases the deeper meanings and values within the narrative and the embedded cultural meanings within the language in these narrative (Alefaio-Tugia, 2022) captured through cultural participatory immersion and talanoa.

Fa'afaletui-dialectical analysis was applied through sharing reflection accounts of my observations, back and forth dialogue between my supervisory team and the evaluation team. This included reflection accounts of my observations, experiences, and conversations with FTC participants, BBM staff, BBM mentors and THC staff. This process involved analysing data through a cultural lens that reflexive thematic analysis did not and could not provide. The following shows the interactive process of Fa'afaletui-dialectical analysis (Alefaio-Tugia, 2022):

1. Reviewed the themes and codes generated through reflexive thematic analysis with academic supervisor who is an expert with fa'afaletui-dialectical analysis. Reflecting on the essence of the talanoa in relation to my experience of an inside-researcher and a cultural participant immersed in FTC.

2. Strengthened the essence of the talanoa by going back and forth with academic advisor around my understanding of the talanoa and confirmed through informed talanoa with BBM staff, BBM mentors, FTC participants and the evaluation team.
3. Explored the language used in the talanoa through searching for hidden meanings. For example, the use of slangs, was there more meaning in their use within context of the talanoa.
4. Uncovered four themes through a collective cultural lens.

Chapter Four: Results

This research employed two data analyses to analyse the talanoa from cohort one, two and three. Initially, reflexive TA generated four themes. To further strengthen and provide a cultural perspective on the themes generated, Fa'afaletui-dialectical analysis was used which provides the overarching themes for this study.

Four themes were identified through the process of reflexive TA, these are; a safe place to thrive, a physical pathway to holistic wellbeing, success is family dependent, and inclusive and relevant nutrition. As presented in table 3 below.

Table 3

Themes Generated Through Reflexive Thematic Analysis

Reflexive Thematic Analysis
A safe place to thrive
A physical pathway to wellbeing
Success is Family Dependent
Inclusive and relevant nutrition

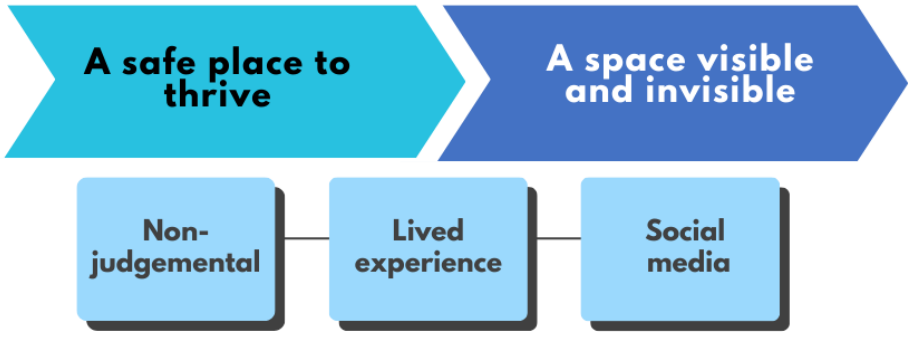
Fa'afaletui-dialectical analysis was used to further strengthen and identify the cultural essence of the themes generated using reflexive thematic analysis. The themes generated through reflexive thematic analysis provided a structure for interpreting the data, but still

needed a deeper cultural lens. Through Fa'afaletui-dialectical analysis the cultural 'essence' of overarching themes generated through reflexive thematic analysis were uncovered. Fa'afaletui-dialectical analysis shows the following four cultural extracts: A space visible and invisible; Impact of improved overall wellbeing; Family by blood and by choice and Utilising cultural knowledge. The following provides an explanation of how I arrived at the themes generated through Fa'afaletui-dialectical analysis.

A safe place to thrive was focused on how BBM provided the physical environment such as the BBM gym and equipment for FTC participants. However, through talanoa gathering the houses of wisdom, there was more to the physical environment. There was emphasis on how participants felt in this physical environment and the tools used to elicit how they felt safe. The cultural essence of 'a space visible and invisible' illustrates in Figure 9, how the physical environment of BBM that is visible impacts the invisible aspects of how participants felt, and the 'spirit' of the environment that was created for FTC participants.

Figure 9

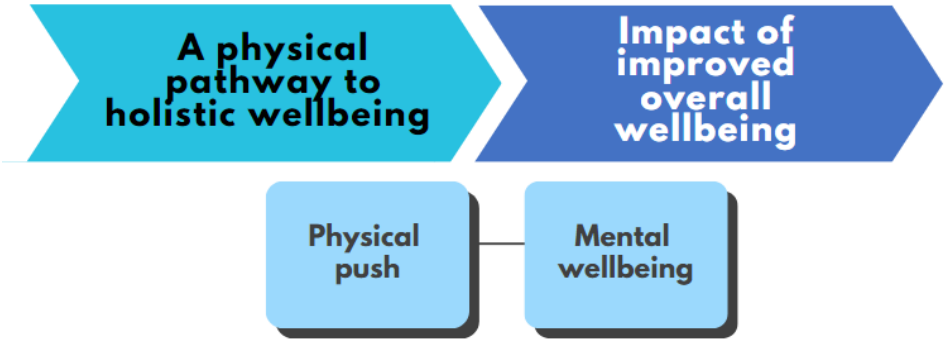
Fa'afaletui-Dialectical Analysis – A Space Visible and Invisible



A physical pathway to holistic wellbeing had a focus on physical changes participants experienced at FTC during the 12-week programme which was a pathway with a start and end date. This pathway also led to their mental and overall wellbeing. However, participants expressed through further talanoa and Fa'afaletui-dialectical analysis, that FTC is a long-term journey which is the essence of *Impact of improved overall wellbeing* illustrated in Figure 10. This new theme emphasizes how participants view their improvements made as part of their everyday lifestyle, which has no end date.

Figure 10

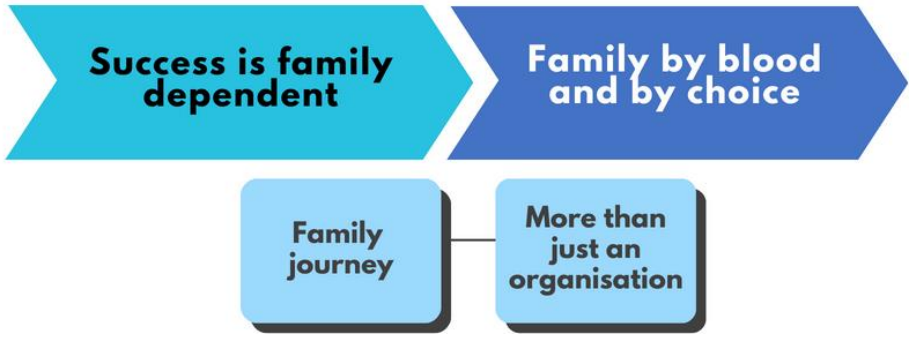
Fa'afaletui-Dialectical Analysis – Impact of Improved Overall Wellbeing



Success is family dependent can have a western interpretation that success can be achieved if your own family is there supporting you through FTC. Fa'afaletui-dialectical analysis results showed that the cultural essence reveals how family extends beyond blood ties as illustrated in Figure 11. This is evident in the talanoa where participants describe their relationship and connection with BBM and THC as being like a family. This emphasises Pacific values of family, social connections and social support.

Figure 11

Fa'afaletui-Dialectical Analysis – Family by Blood and by Choice



Inclusive and relevant nutrition through reflexive thematic analysis looks primarily at how nutrition session should be run for it to be relevant to the FTCs experience and realities. Through FDA *utilising cultural knowledge* in essence elaborates on cultural factors that influences the perception and consumption of food. *Utilising cultural knowledge* illustrated in Figure 12, not only refers to ethnicity, such as Pacific ethnicities, but also refers to time and place. It looks at what is currently happening such as inflation, what supermarkets or vegetable shop that are locally available. It looks beyond the nutrition session and into the daily lives at home and work, and their influences of food.

Figure 12

Fa'afaletui-Dialectical Analysis – Utilising Cultural Knowledge

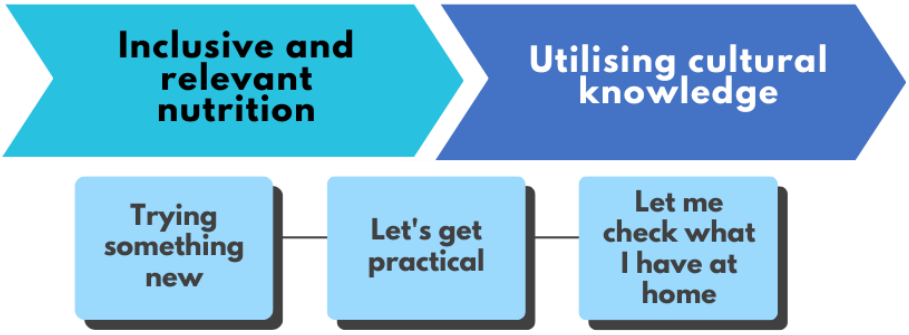


Table 4 presents the themes generated through Reflexive thematic analysis and then further analysing the data through a cultural lens using Fa'afaletui-dialectical analysis, to uncover the four key themes.

Table 4

Reflexive Thematic Analysis to Fa'afaletui-Dialectical Analysis

Reflexive Thematic Analysis	Fa'afaletui-Dialectical Analysis – Cultural Essence – Impact Factor
1. A safe place to thrive	A space visible and invisible
2. A physical pathway to wellbeing	Impact of improved overall wellbeing
3. Success is Family Dependent	Family by blood and by choice
4. Inclusive and relevant nutrition	Utilising cultural knowledge

A Space Visible and Invisible

A space visible and invisible describes the way in which BBM creates elements of being safe and feeling safe. A space visible describes the social and physical setting of BBM. It refers to spaces such as the BBM gym, for example the set-up of boxes along the wall to help participants who are unable to stand for long periods of time during the physical exercise sessions. It also looks at how lived experiences of the BBM team play an important role in

creating a safe, positive, and comfortable environment for FTC participants. A space invisible refers to the feeling of being safe beyond the walls of BBM. This is through support mechanisms that keep participants connected and motivated such as the use of social media - BBM Facebook and the Facebook messenger.

Non-Judgemental

The visible space of the BBM gym is described as non-judgemental compared to a typical gym. When you walk through the BBM doors you are greeted by members of the BBM team. The BBM gym has a lot of space in the middle of the gym to allow group workouts, the workout machines are lined up against two walls and several boxes lined up another wall for participants to use during workouts and sit on in between sets for those who cannot stand for long periods at a time. Most regular gyms are not staffed and with plenty of workout machines where gym goers are expected to know how to use. Taha describes her daunting experience of visiting a gym and being uncomfortable with people watching her:

> *You know I used to go to gyms and pay membership fees and… people were talking about it before. Like people stand around and they watch*.

This experience is also shared by the other participants of wanting to exercise and improve their lifestyle but when they decide to join the gym, they are then faced with an obstacle of being judged and stared at. Rima echoes Taha's experience with the gym but things changed after going to BBM, there was no judgement or eyes fixated on the way they look or how they do their workouts. Participants shared how they feel comfortable to work out at BBM and not worrying themselves about who is staring and who they are staring at. Rima goes on to explain that at BBM everyone is focused on themselves:

Yeah and as well like, when you come it just feels like everyone's just focused on themselves here. Instead of looking at each other or like you know seeing if they're doing this and that. Everyone's focusing on themselves and… we're all trying to catch our breath.

Rima also shares how his efforts to engage with a personal trainer (PT) at the gym made him realise that the gym was not the place for him. Personal trainers are focused on improving the health of the physical body, whilst ignoring other elements of health that is important for Pacific people such as family, culture, and spirituality. Rima spoke about the lack of empathy shown by the PT not getting to know him and what workouts would best fit him for his safety. The following is Rima and Hiva talking about their experiences at the gym together:

I was just talking to her (partner) the other day, that like, going to a gym and like listening to a guy that's been fit his whole life is not the same as coming to see (BBM leader), who's been through it all… Cause he's more empathetic towards you and it's like a guy who's done sports his whole life, went to uni for sports and then he's trying to tell you how hard things are and I'm like…Yeah (Rima).

And like, or he was just like, like we literally had to just go jump in their set that they were already doing and it was like… It was, oh my god, you can imagine how F45 stuff was… (Hiva)

Yeah, yeah, going to the gym and the personal trainer is… (Rima)
I'd never been to a gym and he's already making us do all that (Hiva)
Yeah... But with (BBM leader) *it's like, yeah* (Rima)

This exchange shows the implicit understanding between Rima and Hiva. It is necessary here to clarify exactly what is meant by the use of 'Yeah'. The 'Yeah's in this exchange has multiple meanings. The first 'Yeah' is from a defeated stance where Rima has finally found the courage to go to the gym and only to be discouraged by the PT's boasting of his position and thinking he knows exactly what Rima's struggles are. The second and third 'Yeah's is Rima agreeing enthusiastically with what Hiva is saying about their experiences, the two 'Yeah's in a row confirm their stance on why other gyms are not the place for them. The fifth 'Yeah' at the end of the exchange is from a position of 'I finally found the place for me' and that the BBM leader 'gets it' and knows exactly what Rima is going through.

Lived Experience

The previous extract shows how important it is that the BBM team 'gets it,' this can only come from lived experience. It is through Dave's lived experience that he is able to unapologetically convey what works and what does not. He also understands the struggle and effort goes into living a better lifestyle. This means that the BBM staff, leaders and mentors all have lived experiences and understand what the participants are going through. This is what attracted the participants to the FTC programme, it inspired them and motivated them to follow the same pathway as the BBM leaders and mentors to lead a better life.

Taha explains why she likes BBM because the BBM leaders have all been through the ups and downs of trying to be better and from their experience able to show the participants that this is the pathway to better health if you want it:

> *That's right. I think that's one of the things I really like about BBM, is that, I mean, you know, they've lived that ay, they've lived that life, they've eaten that, they've touched it. You know all this stuff, they've made these bad choices and now, you know they've*

got a testimony. They're giving back to everybody else, they're encouraging everybody else and you're never alone. (Taha)

Especially that first time we were there ay and he gave that speech. (Rima)

That was cool. (Hiva)

Motivating ay? (Researcher)

Yeah. (Hiva)

And he always, every time on Facebook, you always see his story of how big he used to be and how is now. I'd rather work with people like them then, you know other… Not that they're wrong or anything, just yeah (Rima).

This shows that participants prefer someone like Dave who used to be obese, and through his hard work he has been able to stay consistent with where his health is at now. The significance of this is that someone who has never been overweight, or lived with obesity, who has never struggled to eat well or struggled to do a simple task like vacuum the house in one go, can never comprehend what it is truly like for the participants. They shared how BBM did not treat them differently because of their size. BBM knows what kind of encouragement is needed and how to deliver it effectively. All exercise classes are set up so everyone engages with each other. The following exchange describes what this looks like:

I think the other thing is though, you know when you go to the gym you actually don't pair up with anybody and motivate anybody. Whereas here, you can just you know, completely pair up and you don't even know them. Like a lady I had here, this morning, and, you know just support, just giving them that extra…. You know… (Taha)

Yup (Hiva)

Whether you like it or not, forces you to engage ay? (Researcher)

Yeah. Here, you get sort of taught how to do you know workouts different ways as well. Like if you go to the gym by yourself it's like (looks blank). (Hiva)

Yeah [All laugh]. (Researcher)

Unless you're like online or whatever, but yeah like with your peers you get to learn how to be with each other, with other people and yeah how to learn new things. (Hiva)

It motivates each other ay and it's that whole self-esteem, that whole internal side of you inside mentally, physically and someone could be having a really bad day or just feeling really bad for themselves really (Taha)

> *…but so, so that's what I love about it as well it's just so welcoming and I've never had that kind of support around exercise like that. Like when you're doing it ay like high fiving and all that its just so…* (Ono)

Taha, Ono and Hiva share what all the other participants shared in this study is FTC is like no other programme, they have never experienced exercise sessions like they have at BBM. Participants are paired up with each other including the BBM and THC team. The workouts are tailored to the participants, after each set, they are encouraged to high five each other. Participants shared that they preferred exercise sessions this way. This is BBMs way to get the participants engaged and motivated, it also encourages them to motivate each other. Taha and Ono also mentioned about how the classes improved their mental health which will be covered in detail under the theme *Impact of improved overall wellbeing.*

Social Media

Participants shared how BBM made them feel safe and supported through the online platform – Facebook, which includes Messenger. These participants were connected with BBM's Facebook page prior to FTC but only engaged online when they registered for FTC. Once registered and oriented in the programme BBM set up a private Facebook group page and messenger for all participants including the THC team. Social media was what was connecting them to the programme while at home or at work. Taha describes below what it is like on the BBM Facebook page and Messenger where participants are motivating, supporting, and encouraging each other through commenting, chatting and sharing motivational quotes, social media was what was connecting them to the programme while at home or at work:

Well, they've created a page, they've created a Facebook, you know we chat most of the time. You see people's comments, you see people supporting each other and you know and when I walked in, you know, big is special. To me, big is not "oh you're big". Cause I'm hearing people say "Oh, you know when you go to BBM, it's only for big people" …. And I and I'm prepared to say "hey you know what? Actually, they're beautiful, they're good people" and we've just made the wrong choice in life. And if we don't support each other, that's what we're gonna be, that's our words that going to come out of our mouths, that doesn't support a big person. I don't, I don't buy that. Honestly. I don't think that's

nice.

Other participants described how the Facebook page and Messenger were great tools to keep them connected to the programme outside of the BBM walls. Fitu and Ono describe how social media kept them engaged and motivated through reading the post from other participants and being updated about the programme:

I just read it… yeah I kinda like yeah for me I just read it, I still haven't post my meal and all that but umm Ill get there (Fitu)

Reading it is so motivating (Ono)

Yeah yeah (Fitu)

Yeah I find it a really good tool… I don't think I'll be into if it wasn't for the social media side cause it keeps me on track… like it just, it's not like you're walking away

*from here and then that's it you don't hear anything until you turn up the next week (*Ono)

Ono shares a critical insight that if it was not for social media she would not be as engaged in the programme. This means that BBM's social media page and Messenger is a critical tool used to keep participants feel connected to FTC outside of the BBM walls. These mediums are used to update participants and Dave also posts to encourage and motivate them each week. Even for participants who do not post on these platforms they are still engaged through the very act of connecting on the Facebook group page or messenger and reading the post from BBM, THC or the participants.

Impact of Improved Overall Wellbeing

This second theme focuses on the domino effect of the FTC programme. Participants shared that their improved physical health led them to feeling good about themselves and their outlook on life. These changes encouraged them to keep going with their physical exercises in order to carry on with their positive emotions and their progress. It includes insights of mental health and how Dave and the BBM team motivates them to push through those negative thoughts and emotions. Furthermore, how FTC has given them a sense of hope and improving lifestyle changes impacting overall holistic wellbeing.

The Physical Push

Participants described how their twice-a-week exercise sessions were extremely helpful with thinking clearly, being mindful and knowing their limits physically:

Yeah I think that whole physical side of it has been really, helpful and I've loved from day one until now and even though in between, there have been injuries you know things that have to be mindful, our bodies are different in size and you know the

whole, I would say I came in 100% wanting to do, give as much as I can, but unfortunately things have happened (Taha)

Taha shares that things happen like injuries and it is important to listen to your body which the BBM team are extremely helpful with to ensure that participants are not pushed past their limits. This is really important because in the spirit of the high fives mentioned in the theme, A s*pace visible and invisible,* BBM staff ensure that participants know their limits and encourage participants to rest when needed.

Participants shared how they physically feel better, and they notice the physical changes. Most of the participants have neglected their physical health for so long while looking after family, and FTC has made them feel that it is time to look after themselves which makes them feel good and positive on the inside:

It's quite a positive environment as well, when you sort of, you know, like my days off is, is like, putting inside of me something really positive, making myself feel valuable, to what I'm doing on the day. that I'm not wasting the day on other things, like you were saying, you know sitting there at home or doing the same thing, cleaning after everybody (laughs) but doing something for yourself, feeling good about yourself and I think it was two weeks ago I had gone out to do shopping and and I, I saw a couple of my friends and they looked at me and they said to me, you know "what have you done to yourself?" you know and I said "oh what? Is something wrong?"[All laugh] They said "oh my gosh, your tummy looks really..." you know and I said "oh, okay" and even my clients, you know, I had clients that come in [inaudible], and I almost feel like saying [whispers] "Go to BBM". (Taha)

The physical changes that Taha experienced was echoed by all the participants. These changes help motivate participants to keep going because they feel good physically. Ua shared how his physical health has improved, he is moving more and doing things that he could not do before due to his weight and his size. Ua shared simple things we take for granted as his measure of success:

> *For me its just starting to notice the results now for me it's the little things that I can notice its putting on a seatbelt, getting in and out of the car, putting on socks you know those things that were kind of a struggle before now it's yeah getting easier and yeah just loose clothing, uniform at work so yeah once start to notice that then yeah it's good.*

Another participant shared a similar experience about increase in physical activity makes them feel better physically:

> *I like not being out of breath all the time…Cause I think before it was like yeah, so, oh it wasn't hard, it's just like you'd sit down like "I'm out of breath," am I just doing this or doing that? And now, these days, I'm not out of breath, well while I'm here I am but than other than that, yeah.* (Noa)

Noa and Ua's experiences are shared by all the participants, that since joining FTC they notice the improvement in their physical health and are able to do things that they would not otherwise be able to do before. Noa shares that he was out of breath all the time before FTC and now he is not out of breath which is one of his measures of success. Putting socks on and putting on a seatbelt would be things some people would take for granted but for Ua

this was a change that has made life easier for him. The success and results they experienced leads to them feeling good about themselves which indicates an improvement in their mental wellbeing.

Mental Wellbeing

Mental wellbeing was critical to all participants. Throughout the Talanoa, participants emphasised how their mental health improved due to being in FTC. Being physically active and actively participating in the exercise sessions which in turn created feelings of self-worth, feeling good and improvement in mental health. One participant shared that the increase in physical activity has improved their mental health and influenced them to have a better outlook and remove bad habits:

> Y*eah it's- I just feel that everything has changed now just yeah my mentality, bad habits starting to ah die out, yeah my whole life is yeah is changing for the better and you know it's all because of yeah of this class so it's a good start and yeah consistency is key yeah* (Ua)

Participants have to stay consistent with the FTC sessions throughout all three sessions during the 12 weeks, in order to see changes that Ua has shared above.

Another participant shared how sometimes getting to BBM was becoming too much mentally due to being physically unfit, but was motivated by remembering Dave and his encouragement to come no matter what. This helped Ono to not give into those feelings:

> *...like the whole like first six weeks I was just like fighting everyday trying not to come like in my head like giving myself excuses but because I'm so self-aware of my thoughts at the moment I can pick up on it, I was like man it's just like addict talking*

so I just keep remembering what Dave said about "just get here, just get here, just walk through the doors" and he said to me "even if you don't do it, so what I don't care just get here" I kind of just keep thinking of that and so this week was the first time I actually got in the car and drove here and didn't dread it, like I didn't, it's not the people it's the actual physical exercise, it's just because I have become soooo unfit so that's a really, really big break for me this week.

One participant shared that mental health was one of the motivations to join FTC and to feel good about themselves, they know they are being judged in public but FTC is different- it is a good different:

It was more to do with mental health and to make myself feel better about myself, cause I mean being judged by the public is a big thing for big people. You walk along and you know they're not looking, but you can feel it, feel the eyes...
..Up and down, round and round and it even got to a point when I'd go to supermarkets and then I hear a kid, a little kid say "Oh look a fat man", you know, and it hurt but i learnt to live with it,to me, on the inside I was shattered, but I never let anybody else know about it, I just kept it to myself and just carried on. It's not the kid's fault, it's the parents for not educating them. So I don't blame the kids for anything, even my nephews, they all come up to me they do the same thing, but that's me cause they like jumping on my stomach and doing things like that cause I allow them to do it. That's their trampolines and their pillows, and no, it's fun and but yeah (Teu)

Another participant shared how their years of medication dependency has changed their life dramatically since joining FTC. This has meant that their focus has shifted towards attending the BBM sessions to help them physically which has also curbed their urge to self-medicate and use drugs:

> *You know, so I'm doing things on my own, even with my meds I used to get chronic pain in the back of my legs, so you're given all these nerve pills and all that, and I started getting desperate so I went on to opioids... And so, since I've been at BBM, again, those, morphine, oxy, I'm not on those anymore, I just push those aside. I'm on benzos so I was on 12 or 14 pills, now I'm down to four…This is since I've been at BBM… my benzos, I sort of find hard to let go, I was on three, now I'm on two, that's a big progress for me i think...Because I've been on them for quite a few years…so yeah, I mean, just the whole impact of BBM, you know, and plus I used to be a drug user. So yeah, when I started here, I've been clean for what, nine months now? This is my new fix. (Tolu)*

This exchange shows the significance of FTCs holistic approach to physical health, which led to the improvement of this participants mental wellbeing illustrating that a pill is not the answer for every physical ailment, and the connection between mental and physical health.

Family by Blood and by Choice

This theme looks at the importance of family – Our own families at home shared by blood, and the family created by BBM. The social support plays a significant role in the motivation of participants within the BBM walls and at home. Participants spoke about being able to bring a support person: how this made them feel more confident to participate the

BBM sessions. Having that support meant they could also carry on with implementing lifestyle changes at home and as a family and continue to encourage each other.

Family Journey

A participant shared that having his partner join him in the FTC has encouraged him to go to FTC sessions and knew that he would not be able to go to BBM on his own:

> *Her [points to partner]…. I'll like sit there and be like "nah not today" and she'll be like "oh you'd said you'd go" and then I'll end up coming…. Yeah, but that's why, she wasn't even supposed to do this. She only came as support, and I go "you should do it" and then, she doesn't miss a day* (Valu)

> *Oh I've missed a couple....* (Hiva)

> *Oh yeah....* (Valu)

> *I think it was yeah the whole like, yeah don't really wanna disappoint anyone else* (Hiva)

> *Yeah* (Valu)

> *Besides you know wanting to come* (Hiva)

Another participant, Tolu shared how her sibling encouraged her to join FTC after they had joined FTC earlier in the year and experienced positive life changes. They continue to attend FTC sessions together:

Yeah, this is, he said to me, he goes "sis that's it, no more drugs" and I'm sitting there going "well, what am i gonna do? What am i gonna do?" you know, cause I'm... cause having a bad habit was a ritual for me... You know, so i was worried about what I was gonna do, so it was mentally disturbing me…Yeah and he goes this is us, this is what we're doing, BBM, so i watched him, he got me out of my house, yeah, so i did little dosages and, yeah so I started in April, so I started coming one, you know once a week, then twice and look I'm trying to take up all the days and they're saying "sit down girl" So yeah, best thing I've ever done (Tolu)

One participant shared that one way that their family was supporting and motivating them was reminding them of how far they have come. This participant also felt comfortable to share the before and after photo on the FTC messenger as a way of encouragement to other FTC participants:

Actually, I'm actually glad I came to be honest, funny you say that, that I'm here, because my daughter actually sent me a photo of when I first started here and and it's a photo of my depression and I said "eww fuck,why did you send me that?" and she goes "no, I want you to see how far you've come" But I will share it with our group, cause our groups nice and small. If it was quite a big group, I wouldn't be able to feel comfortable, but you know how small our group is ay? So I'd like to show a before and after and I look nothing like... Yeah so I said "why'd you send me that?" But she goes "nah I want.." But yeah, fuck, that's a big transformation. (Tolu)

So they've been watching you? (Teu)

Yeah, yeah. My girl knew that... cause she's always been in my corner, so she did befores, when I started the course. Yeah, she took quite a few, to think about it, but can't remember that one, Jesus. (Tolu)

More Than Just an Organisation

One participant talked about their experience seeking out mental health support. They shared that they did not feel connected with other organisations and their other activities did not keep them engaged, but they found that connection at BBM:

I think that, cause I had been to other, under other mental health agencies and, we had activities, but it didn't keep me grounded you know, but there's a couple of them that we went to and we just did, yeah, things I couldn't connect to, but other people could. It worked for them but it wasn't for me. So I'm happy I found this place. (Hongofulu)

Participants shared that being part of BBM is like being part of a family, they feel connected to the BBM mentors, BBM leaders and staff, THC staff and the other FTC participants. They spoke about having a sense of belonging:

It's the, definitely the mentors. The mentors just the, it's about the structure, how BBM's been built. You know, with their facilitators, with their nutrition, you've got a nurse on site, you've got a dietician on site, you've got a nutritionist on site, you've got kapa haka on site. That was my biggest thing, cause i said to... I said "I wanna learn how to...", cause you know we never grew up with te reo or anything, you know,

we were all mainstream and, I watched my brother and I said "brother teach me that" and he said "you've gotta come first" I said "Oh...." So you know, I grabbed the stick and you know just holding the stick made me feel.... just like I belonged, you know, I love this and yeah, just all these things I've always wanted to do, it's all within BBM. (Tolu)

One participant shared that BBM is one whole whānau, their engagement with other FTC participants have made them closer which means they motivate each other and stay connected by doing activities outside of BBM walls. They are all there to support each other:

We want to walk in his steps. He's our inspiration that man there. I mean, yeah, he's young but we got no excuse, when he's done what he's done, to where he is today and we're all following him. He's a very inspirational guy, as is everybody else. I'm really in awe of our of our women that go, you know our women they can get down and do bear crawls.

Come on, far. I'm looking and I'm like "Oh, I'll try do it, I might fall".... But to see our women do that, really puts a tear in my eye because it's massive to see, really good to see them do that, even our guys, our guys I mean, that's the first thing you think of "Oh I'm gonna fall" but you just do it, if you fall, we're all there to pick you up, that's what everybody's here for, whether you fall or not, whether you're sick or not... So that's the whole thing of BBM. It's big family orientated organisation... (Teu)

Here Teu is talking about Phil who was one of Dave's very first participants at BBM. Phil is a leader, mentor and role model at BBM and his transformation emphasises the importance that

change is possible and FTC participants that look up to Phil as a leader and a mentor, but also as a peer.

Utilising Cultural Knowledge

This theme focuses on cultural elements of the nutrition sessions. Nutrition accounts for 80% in weight loss and improving lifestyles therefore the approach and the consistency is critical. It looks at how to use cultural knowledge to tailor nutrition sessions to suit the participants. These include understanding participants preferences of food, where they shop, what family mealtimes look like. Furthermore, including shopping for fruits and vegetables in season. Participants shared how the nutrition sessions were just as important as the exercise sessions. They shared their ups and downs on trying to have a balanced meal every day at home, at work and at family gathering and celebrations. Participants had opportunities to cook and learn new recipes as part of the nutrition sessions.

Participants shared that nutrition was hard to balance day to day. Ensuring you have to eat a good meal is difficult when you live in a household with multiple people, and different appetites. This is especially true in Pacific families where the family unit looks beyond the western ideology of what consists of family. Many of the participants live in intergenerational homes so meal planning can often mean accommodating multiple schedules and preferences or preparing shared meals for a large number of individuals in a cost-effective manner. This is why the support of family is vital for the participants to thrive in BBM. This is especially true when meals at home are often unhealthy options such as takeaways. This reflects the impact of Pacific people and their strong sense of family values (Suaalii-Sauni et al., 2009) but also both positive and negative influence on one's health journey as the environmental factors like meals are such a big part of making healthy choices. Moving away from that lifestyle takes some adjustments and does not happen overnight.

Participants expressed that trying new things is important to them too, and exploring different ingredients helps them change:

> *I wish I could do the theory side cause that's the most important, you know, food! What you put in is…yeah, it's a result of who you are. So and that's my down part is the food side. You know, having to balance each day trying to eat a good meal, even the weekends, it can be really tricky, because, I'll tell you, I've seen KFC in my house how many times since I've started, I thought oh my gosh this is gonna be easy, we've all been on a same, you know in our family, my daughters been cooking you know, things like that but oh my gosh, after four weeks people started buying takeaways and I am thinking "What's happening?" You know, so, I, I, my prayers just got..[gestures downwards] I was thinking, oh you know, lord, you bought me here. So just those sort of things really* (Taha)

Trying Something New

Participants shared that engaging on the Facebook group page and Messenger exposed them to new meals that other FTC participants were sharing and were motivated to try new food that was good for them:

> *..now and then when Olivia or Dave comes on with his little pep talks that does it for me, I like that because he's so motivating and like when he posted his meal that night, this was quite in the early days I don't if you guys saw it, he posted a steak and salad… and I said to my daughter I feel really bad now cause my [inaudible] is two times the size of his and so [laughter] it actually motivated me I was like c'mon you know what you have to do you know yeah it's just really motivating* (Fitu)

That's where social media comes in, with everybody posting their breakfast, lunch and dinners and snacks and things like that online and then they ask "oh how do you make that?" they put it all on. And you, go out the next week or so, whatever, go shopping, get what you need and make it… It's really good. Real educational as well, even though it's not face to face but you're getting all the good stuff that you want, how to cook at home online from their own menus. (Hongofulu)

Let's Get Practical

Although the nutrition sessions have improved since the introduction of the Māori dietician, the following extracts are from cohort 1. It is critical to provide the narrative of the participants during this time to highlight the significance of their experience and what was important for them during these sessions. The participants shared that having nutrition sessions run like a classroom made it difficult to retain the nutritional knowledge and suggested that having more interactive or practical cooking sessions would be beneficial:

…She's telling us things but it's also like, it's just sometimes like, in one ear and out the other, sort of thing? Like the practical was cool, cause you know, we got to see it come together and we got to do it but then sometimes, the, I felt like it sort of dragged a bit, with the slides and, but that might just be me, you know, like the way I learn. Yeah, still good, still helpful but sometimes it just didn't stay, in my brain, what we needed to do. What better ways to do things. (Hiva)

Yeah, I think its umm, I've watched three of the videos, I haven't actually kept up. So I've watched three of the videos. And yeah, it's quite a lot to retain. (Taha)

Yeah. (Hiva)

Oh yeah cause lots of information, but, it is very really you know, vital information (Taha)

People learn differently, and for most of the participants they preferred a balance between theory and practical. BBM and THC showed their ability to be flexible and determination to improve elements of FTC to ensure the participants got the most of the nutrition session. Having the new Maori dietician meant that he was able to relate to the participants on a level that was conducive to their learning and wellness journey. Enquiring knowledge through interactive and hands-on activities were much more educational for them:

When (the dietician) came in, he got everybody involved. He didn't sit us in the classroom and, on that screen you know, with half of us sitting there going "what's she saying?" I can't see jack.. Having (the dietician) come in, get us interacting and touching this and that, that's educational, hands on. Everybody, there are some that like to read, but there's most of us that like to do it with your hands…Our hands. (Honogfulu)

Yeah I'm a physical person too. I can't... I don't get it if they're gonna write it and then talk to you and say "da da da da da da", I can't, I can't learn like that…I can learn like you're saying... (Uanoa)

Yeah, (the dietician)'s way unfortunately is better. I mean, he took our team to

PAK'nSAVE Because the morning shift was big, three days in one week he took them over there, bought them lunch. Made it happen you know, that's their education, shopping list, going round the supermarket, labelling... You know that stuff and unfortunately we never got to do that while (the nutritionist) was taking us for the first two cohorts. (Honogulu)

More interactive. (Uanoa)

Let Me Check What I Have at Home!

Participants also shared that it would be beneficial for nutrition sessions to reflect their lived realities and culture. Pacific people know their traditional recipes really well and cook them often at home. When recipes migrated to Aotearoa that meant that certain ingredients were readily available and sometimes that was the easy route but can be the unhealthiest. For example, a common ingredient in Pacific dishes is coconut cream in the islands, but if it can be changed to a healthier ingredient here with a lite version coconut cream or diluting it with water then the participants were on board. Cook what's in season, cook with ingredients they have at home, offer solutions and substitutes for expensive ingredients. How can they make their meals healthier and better for them?

Yeah she's too young (the nutritionist) and like Tolu loves the cooking and for me, I'm like "Can't we make something that I don't already make?" That curry gets a bit boring. (Uanoa)

Yeah, if we are going to cook, make something appropriate, you know, chickpea curries and lentils, all that's fine but not three classes. (Hongofulu)

Yeah. (Tolu)

So, we got all of this [points to kitchen], we should make use of it all...That can do a hangi in there. (Honogofulu)

Or a steam pudding…You know like the hangi, teach how to make it healthy. What Māori and\ Pacific and other people are gonna eat that... teach how to make it healthy. (Uanoa)

Good idea. (Tolu)

Not a chickpea and lentil curry. I mean I'm not gonna eat that 5 days a week. (Uanoa)

The use of ingredients plays an important role in the practical cooking class. The ingredients are the components that make up a recipe. The rise of cost of living also means increases in the price of food. The following extracts highlights the importance of being aware and have an understanding on what recipes can be altered to fit an individual's personal or financial needs:

Yeah, and the other thing you know, is being healthy, you know, is expensive. I mean I've noticed that with veggies, you know I'm buying a lot of frozen veggies, which I don't want to do a lot but it, it is expensive to actually be healthy. (Taha)

Yeah. I saw I think broccoli was like four dollars. (Researcher)

Oh, cabbage, we got cabbage the other day for nine dollars for one cabbage. (Taha)

Oh my gosh. I can't ay. That's so expensive. (Researcher)

Yeah that's criminal man. (Researcher)

That's what I was laughing at ay. When we did the first practical. (Rima)

Oh yup. (Researcher)

We saw like the stack of broccoli. That's like sixty dollars. (Rima)

Sell that on the black market. (Researcher)

There was so much broccoli, I was like "holy hell", can't afford that. (Rima)

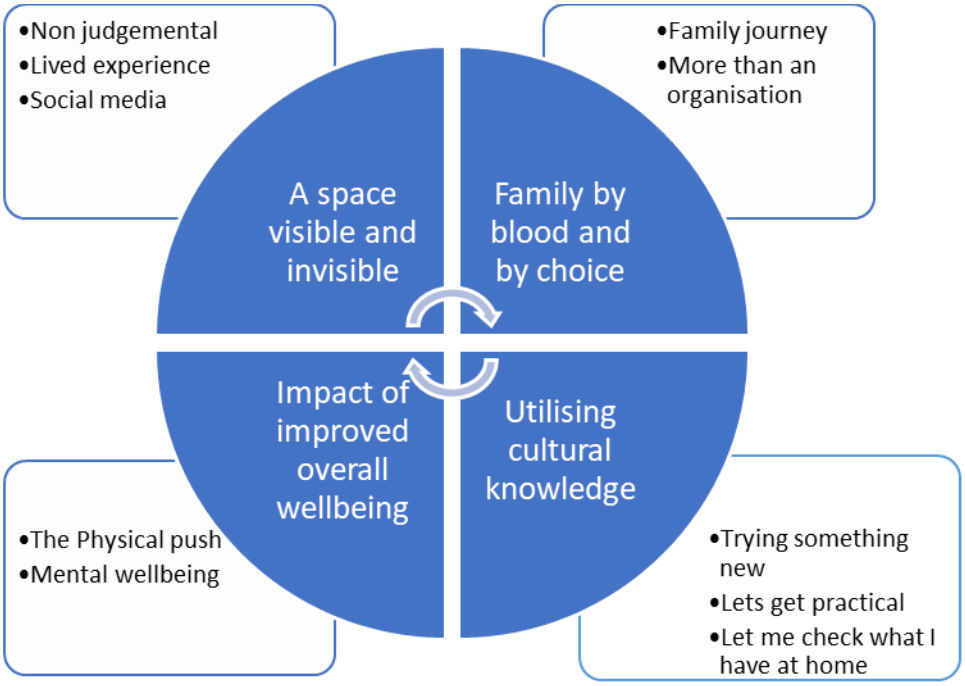
This exchange highlights the importance of understanding the current climate of the participants realities and tailoring sessions to their needs.

These themes identified do not work in isolation, and all contribute to what makes the BBM programme FTC work. All these components work together, and without the motivation and the non-judgemental spaces that BBM provides, it would just be your typical gym, and just another space that Pacific people living in South Auckland would struggle with to engage and succeed.

Figure 13 illustrates the important components described by FTC participants that have supported them on their journey to being a better version of themselves.

Figure 13

All components must work together



All these components need to work together in order for participants to feel the effects of change within themselves and with their families. One cannot work in isolation; you cannot have a physical exercise session without the support of the BBM Staff and the pairing up to encourage each other. The nutrition component cannot work in isolation especially when at home the ideas and hacks of tweaking the meals means that participants do not need to set unrealistic expectations for themselves.

Cultural Participatory Immersion

The following is my observation and experiences of FTC, BBM and THC as a cultural participant immersed in the FTC programme. This contributes to the analysis of the Fa'afaletui-dialectical analysis.

Cohort 1

Cohort 1 started in February 2022 and participants were recruited using THCs cold calling method. They used their online data and contacted their patient clients via phone call and text. The communication was made by BBM staff. A total of 40 were registered and unfortunately, only 4 were present at the FTC orientation. None of these participants completed the FTC programme. The same week BBM employed their own recruiting method which is their usual via BBMs social media page and attracted 30 registrations. The difference? BBM already had a relationship with the community through social media and the work that Dave does in the community. Although the majority of participants have never met Dave Letele, his work in the community highlighted through tv and social media was the draw card for FTC participants. This seemed more successful as the participants were already aware of the programme online but was waiting for the right opportunity and felt ready to finally step up and register for FTC. The participants who took part in the Talanoa from cohort 1 were recruited via BBMs social media after the orientation week.

Each week I participated in weekly FTC sessions with two other researchers. This was an opportunity to get to know the participants, BBM leaders, mentors, staff and the THC staff. The nutrition session was run by a nutritionist. During this cohort we were hit with the Omicron Covid outbreak so some of the FTC sessions were carried online.

Cohort 2

Cohort 2 commenced in May 2022, with 43 participants present on the first week. The recruitment strategy was via the BBM social ecology – social media. The BBM way proved to be effective as shown in the previous cohort.

This cohort had morning and evening sessions. The feedback from cohort 1 and others who registered but couldn't attend due to work wanted to have evening sessions. These

evening sessions proved to be successful in the beginning but as the weeks went by the numbers started to drop due to family, health, and work commitments.

A dietician of Māori descent joined the team to support the nutrition sessions. The new addition meant a different way of learning for FTC participants which elevated the nutrition sessions.

As alluded to earlier the introduction of Kapa Haka had taken BBM to a level that you won't experience from any other lifestyle programme. Starting some sessions with karakia (prayer or lotu), waiata (singing) and learning the BBM haka really made me feel a part of BBM. The feeling I got from performing the haka even as a Pacific person is mana enhancing. You can guarantee that you will leave the BBM doors feeling so proud of yourself and others around you.

Cohort 3

The last FTC cohort for the year 2022 started in September. I constantly share my experiences of BBM with my family so in this cohort my sister registered, She had been struggling with her own physical and mental health and also needed a push to be a better version of herself.

Before the cohort started, I was told by my GP that I was pre-diabetic and was at risk of having fatty liver. During the first weeks of FTC, Dave encourages all the participants to implement the L&P diet which stands for Luke and Phil (the original participants of FTC) based around the learnings and experiences of Dave's years of training. A simple guideline is provided to each participant. This is for 2 weeks of no carbs just protein, fruit and vegetables. Eggs described as your 'best friend' for two weeks was the prominent ingredient for most of the recipes shared on messenger by the FTC participants. The support of the dietician and the THC team meant participants were monitored closely during the two weeks. I implemented this diet for two week and continued to limit my sugars and carbs after that. I went to the

exercise sessions as well and by the end of FTC my risk of diabetes and fatty liver was non-existent.

This cohort the dietician had taken the leads for the nutrition sessions. His takeover was well received by many participants who shared with me their delight because they enjoyed the way he teaches nutrition. He encourages participants to add to their meals rather than to take away and ask the group "*how do we make our meals better?*" For example, someone had said they like eating pies for lunch but didn't know how to make it healthier, what was recommended was to add a salad to it or eat half a pie for lunch and the half for dinner with salad. One of the sessions includes a tour of PaknSave (located across the road from BBM Manukau). The purpose of the tour was to inform participants of different ways to purchase fruit, vegetables, and meat on sale and in season. The tour ended with an activity of nutritional label reading. A recipe book was created during this cohort to support the FTC participants beyond the 12 weeks FTC programme.

Chapter Five: Discussion

This research aimed to explore the unique ways in which BBM engages, connects, and motivates underserved populations of Pacific Peoples in South Auckland dealing with obesity. Talanoa and cultural participatory immersion (Pacific methodologies) were employed to provide rich and meaningful data highlighting the impacts of BBM FTC programme for Pacific people dealing with obesity living in South Auckland. Reflexive thematic analysis generated four themes – a safe place to thrive, a physical pathway to wellbeing, success is family dependent and inclusive and relevant nutrition. Through Fa'afaletui-dialectical analysis a Pacific cultural lens was applied to drill down further and provide the essence of cultural meaning, nuance, metaphor and context. This revealed four overarching themes: a space visible and invisible, impact of improved overall wellbeing, family by blood and by choice and utilising cultural knowledge. Overall, results highlight the unique BBM approach which this discussion will elaborate on in reference to this research and literature previously mentioned. Specifically, the discussion will highlight how BBM incorporated Pacific values and beliefs; leveraged cultural knowledge; and found solutions to obesity affecting Pacific people through the significant role of the community.

The BBM Impact Factor

The research showed four major themes were discovered: A space visible and invisible; Impact of improved overall wellbeing; Family by blood and by choice *and* Utilising cultural knowledge. These themes show a recipe for what makes BBM, BBM and thus confirms that solutions for combating obesity lies within the community. The programme exists due to Dave Letele's passion and love for his people and wanting FTC participants to be better versions of themselves. His programme cannot be replicated without lived experience, cultural knowledge and a love for Pacific people, and a desire for them to do better.

A space visible and invisible: This theme reflected that BBM was not just the four walls of the gym, but it was everything that was in the building and elements that made participants feel safe and encouraged to continue to come. It was more than what participants could see such as the walls, the equipment and the visible space. When looking at health programmes such as Green prescription there is not the same emphasis on the intangible factors which contribute to a culturally safe environment, this may be why in the years that Green prescription has existed the results have been underwhelming (Hamlin et al, 2016).

Impact of improved overall wellbeing: A lot of health programmes are often tailored to physical aspects of health such as exercise and nutrition. While these aspects are very important the aspect of mental health is often not spoken about or addressed in the same way. This is a key factor to ensuring the success of lifestyle intervention programmes. For Pacific programmes, such as the Triple T's programme- there is often a more holistic approach that does address mental health, however there is no existing literature documenting this. This illustrates a gap in research that needs to be addressed (Smith, 2014).

Family by blood and by choice: This theme emphasises the family atmosphere that existed at BBM. When participants walked through the door at BBM you were greeted as family and by family. It felt to the participants just like walking through the door at home where they are also greeted by family and in a safe and comfortable environment. As one participant expressed "*...that's the whole thing of BBM. It's big family orientated organisation."* Though there is evidence of this approach in church-based programmes (Counties Manukau District Health Board [CMDHB], n.d.), this family –focused way is not common among mainstream lifestyle intervention programmes. This theme proved that focusing on the family rather than just the disease or the individual is effective, and this approach should be implemented to improve the success of lifestyle intervention programmes.

Utilising cultural knowledge: For Pacific people "culture" is more than just ethnic culture, though that is an important factor- culture refers to lived experience which is influenced heavily by where you live, work, play, eat and learn. This theme showcased how BBM FTC was able to connect with the participants' cultural knowledge and lived experiences through the BBM leaders, mentors, and THC who are part of the same community, and who utilised cultural knowledge at every part of the programme. A systematic review mentioned previously (Mack et al., 2021) addressed the importance of interventions to be created at a grassroots level which would ensure that cultural knowledge is utilised from the very start and incorporated throughout.

The embodiment of these core themes, which include Pacific core values and the balance between the holistic approach to health and wellbeing from BBM and the clinical support from THC provided an optimal service that is not seen anywhere else in Aotearoa New Zealand.

Leveraging Lived Experience as Cultural Knowledge

As extensively detailed previously, South Auckland is a community rich in diversity with a strong Pacific presence. The lived experiences that Pacific people in South Auckland possess is immeasurable and this is unique cultural knowledge that can be applied to the planning and implementation of interventions that affect them directly. What works in Central Auckland may not work in South Auckland. As highlighted earlier in a study by Tupai-Firestone (2016) interventions supporting healthy eating and promoting physical activity should be culturally appropriate and consider the unique needs and perspectives of Pacific people. Cultural knowledge does not necessarily pertain to knowledge of ethnicity groups, but knowledge that is relevant to lived experience (which includes class differences).

The uniqueness of the experiences of the Pacific diaspora in this study is that they live in South Auckland. Their experiences growing up and living in South Auckland means that

lifestyle interventions are created and implemented from their point of view resulting in meaningful connections and effective engagement with the target population. This is consistent with Kaholokula et al. (2018) who recommends lifestyle interventions align with the cultural values and perspectives of the target population.

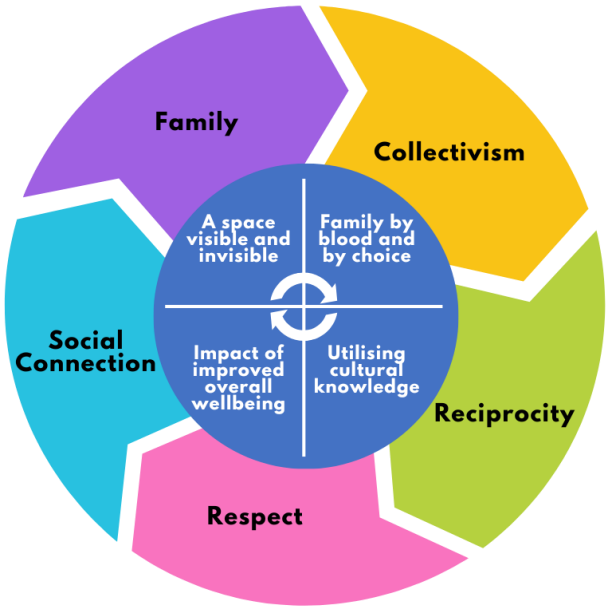
Community-Led Interventions Based on Pacific Values and Practises

Pacific Values and Practices

For Pacific people the home is the first place they learn and experience Pacific values and practices. These Pacific values are embedded into the BBM ethos and integrated through the FTC programme. Pacific values including collectivism, family, respect, social connections, reciprocity, and compassion are utilised to encourage and improve nutrition and boost physical activity for FTC participants. These Pacific values are core to the way in which BBM engages, connects and motivates Pacific people in South Auckland dealing with obesity. Figure 14 shows how Pacific values and practices encapsulate the overarching themes generated through Fa'afaletui-dialectical analysis.

Figure 14

Incorporating Pacific values



Respect

The value of respect is important across all Pacific cultures. The approach of BBM is to bring your whole self. At BBM each participant is on their own journey and with that comes their own story, and they are encouraged not to leave it at the BBM doors. The overwhelming majority of participants reported that BBM is unlike any other gym they have been to, and they describe BBM as safe and non-judgmental space. Dave Letele opens each FTC orientation with his personal struggles and then reveals the five mantras he lives by to guide and motivate participants on their journey to their own version of better health and wellbeing. This reflects the study of Bell et al. (2023) which did not explicitly use the term "respect" but found that participants related to a non-judgmental and approachable intervention, which refers to a respectful environment. The Pacific value of respect is shown far before participants register for FTC. They see through social media the way in which BBM members treat each other and support others that look like them. This indirect engagement with social media creates trust that participants have through the sharing of others success stories. This is the trust that cultivates within participants and ignites the motivation to register for BBMs FTC programme.

BBM respects and upholds the mana of each participant by ensuring participants are provided with the appropriate equipment and gears that suits the participants level of fitness. They are not pushed beyond their limits and are actively encouraged by BBM to rest when needed. BBM staff, leaders, mentors and THC staff understand that working out in front of other people is nerve-racking, so they join in the exercise sessions to promote a sense of hope that everyone can do it and the domino effect as mentioned in the theme *Impact of improved overall wellbeing* is in play.

Respecting the participants' lived experience and their realities is crucial when addressing nutrition. Participants shared that they have found it hard to balance nutrition day to day, confirming what literature shows about South Auckland being an area of high deprivation where Pacific people are exposed to obesogenic environments that influence the overconsumption of high energy fat food and drinks (Teevale et al., 2010). This means that changing food habits will not happen overnight and will take time. Change will continue beyond the 12 weeks of FTC, so patience and understanding is needed to support participants on their journey.

Though respect may not be a value which is emphasised in mainstream approaches as a priority, it is the reason why people continue to come back. Providing a space which is comfortable and safe, while acknowledging that all people have a history and their own stories, is a way we can respect participants in intervention programmes. Respect is crucial to a successful intervention programme, and rather than imposing one's own agenda or trying to tick a box, providers should genuinely view participants as humans trying to better themselves, and change their lives.

Collectivism

In Pacific communities, goals are often viewed and achieved as a collective, stemming from a long history of collective living which still exists today in New Zealand, evident through large close communities such as those in South Auckland. Health is no different, and Pacific people prioritise collectivism when seeking to achieve health and wellbeing goals. BBMs approach to obesity is a collective one. Although BBM was created and led by Dave Letele, he has mentored participants who have become BBM mentors and leaders themselves to support and lead the FTC programme along with THC. As previously mentioned, peer-based training literature is an area that needs further study (Posavac et al., 1999; Simoni et. al., 2011; Webel et. al., 2010) and could potentially benefit Pacific people.

Obesity interventions created from an individualistic approach means that organisations are siloed, and resources are scarce. The MOH, THC and BBM have a common vision and support the FTC programme collectively. The working together of these organisations towards a common goal unifies and sets the gold standards of working collectively for the betterment of Pacific people aspiring towards better health and wellbeing.

The value of collectivism is important and is shown clearly in the theme *a space visible and invisible* where BBM leaders and mentors encourage the participants and in turn the participants become comfortable to encourage each other during exercise sessions. The type of encouragement that can be seen during the exercise sessions are described by participants as '*high fiving' each* other, after a few sessions it becomes natural and automatic to high five. This simple act of hands joining together at a time where participants are weary, at first is strange. To be high fiving a stranger is unusual, but after a few high fives, it motivates you to get ready for the next set of exercises.

The celebration of success is vital for participants to the *impact of improved overall wellbeing.* Participants shared that putting on socks and a seatbelt are examples of their measure of success because of their consistency with FTC. Their measure of success can sometimes be taken for granted especially by those who have limited lived experience and is unable to relate to FTC participants. Collectivism comes through the encouragement of participants to celebrate those milestones as they come and not wait for numbers to drop on the scale as is projected as the norm in a typical gym. FTC sessions encourage and value collectivism as a way to move forward by engaging in group exercise sessions, the cooking sessions are in groups. Furthermore, connecting participants through a facebook page group and facebook messenger signifies the value of collectivism as an approach to motivating, engaging and connecting with FTC participants.

Collectivism as a value is incredibly important when it comes to designing and implementing lifestyle intervention programmes as participants can feel supported and that they are part of a community who are on the same journey. Interventions which focus on the individual are very common, but they can leave participants feeling isolated particularly Pacific people who thrive as a collective.

Reciprocity and Social Connection

Reciprocity and social connection works hand in hand as there is no reciprocity without social connection. Dave struggled in his journey to wellness and speaks often about how hard it was and warns participants that they may encounter a few hiccups on their journey. They must remember the five mantras introduced at the start of FTC and remember their WHYs. FTC is offered for free for participants and their commitment to attending the FTC sessions three days are week is what is needed. Dave Letele reiterates that BBM and THC will do all they can to support FTC participants on their journey to wellness and hopes for participants to take advantage of FTC for their benefit and the goal of improving their health and wellbeing not only for them but their families.

The use of social media as an extra tool to keep participants connected and engaged in FTC proved worthy due to what participants shared about their use of it. One participant shared that if it was not for social media then they would easily lose interest and risk dropping out of FTC (organized under the *space visible and invisible theme)*. Although FTC sessions were three times a week, an hour a session, social media was a 24/7 platform where they could still access each other indirectly outside of the 'official' FTC operating hours. BBMs efficacy of their use of social media means participants were kept up to date with any changes to the programme and what to expect for future sessions.

As participants keep up with the FTC updates on social media, they were also sharing each other's stories, which is vital in the connection and engagement of FTC participants.

Sharing each other's struggles meant that FTC participants were not alone in experiencing the ups and downs and it was an opportunity to support each other. One participant shared under the theme *Family by blood and by choice* some trepidation with sharing their before and after photo on the FTC messenger group but after sharing it online it was a moment of empowerment to share such a private but '*big transformation'.* Being brave and open about one's journey is a motivation for other participants to share their own just as Dave Letele was open about his story; this played in their motivation to join FTC.

Other moments of transformation included the sharing of one's meals and recipes online that participants make at home after participating in nutrition sessions. Their learnings from these sessions are continued online where they share what they learnt and how to switch up their recipes to make it better. One participant shared that even though their engagement is not face to face but they are still *getting the good stuff that you want* so you can make the meals at home. This reciprocal exchange of sharing each other's stories and recipes whether face to face or on social media strengthens FTC participants social connections with each other.

The social connection is crucial as many participants have isolated themselves and lost connections that can leave them feeling isolated. Through social connection there is reciprocity which contributes to their holistic wellbeing. The reciprocity of sharing stories and giving and taking throughout the health journey helps participants to feel that they are not alone and that they can succeed. Social connection and reciprocity go hand-in-hand therefore help increase retention of participants.

Family

Participants shared that family played an important role in supporting their efforts to lead a better and healthier lifestyle, including making holistic healthier lifestyle changes. From a Pacific perspective family extends beyond the western ideologies of a nucleus family

which includes mum, dad and their children. Family is more than the connection of genetics and blood but also by sharing similar values and beliefs. BBM encouraged all participants to bring along their family and to promote FTC to their families and friends. Participants describe BBM as "*more than an organisation"* and is more like family because of the support they receive and the ongoing encouragement to do better for themselves. Though participants come and go, many of them share the same values as BBM and live by Dave's mantra each day which motivates them to keep going including making better lifestyle changes. Participants shared that just like a family the participants get together outside of the BBM walls and FTC sessions and work out together in the weekends. The health of an individual is dependent on the health of the family as a collective (Health Partners Consulting Group, 2012). Working out as a BBM family means they able to support each other through workouts and encourage each other to attend FTC sessions. The study by Tava'e and Nosa (2012) found that the support of family and friends was important to maintain and increase physical activity amongst the participants in their study. Another study by Teevale et al. (2010) reported that family and the home environment helped in promoting healthy behaviours and family-based interventions is recommended to reduce obesity.

BBM has created an environment that makes the participants feel comfortable and be safe. Participants shared that they felt understood and the essence of family is built on trust and the connections they have with each other. This is why including a family focus is so important for lifestyle intervention programmes.

Social Media

Social media is a digital tool which can be accessed through a digital device, and anyone can use social media for their leisure and enjoyment which mainly is a one-sided relationship. BBMs use of social media incorporates Pacific values that places importance into the relationships built at the time of registration to FTC, engagement during FTC

sessions and connecting FTC participants with each other outside of the BBM walls. The BBM team uses social media to its full potential to motivate others, to inspire, to connect through stories, quotes and encouragement. This study shows how BBM used social media as a useful tool that takes participants into another space that keeps them connected to each other and carry on engagement throughout the FTC programme.

Recommendations and Conclusion

The Pacific ways of knowing, being and doing are at the forefront and success of BBM, which incorporates Dave's own Māori and Pacific cultural values. This means that the solutions lie within our Pacific communities. A lifestyle programme underpinned by western ideologies will not be able to deliver to Pacific communities and provide the results that BBM has.

This study used Talanoa to gather data and cultural participatory immersion to observe and experience the FTC programme and other BBM activities with the participants, BBM mentors and BBM leaders. FTC participants have reported that BBM just 'gets it', they understand what the participants are going through because they have been there before and know exactly what they are going through.

Recommendations for lifestyle interventions according to what has worked at BBM provided a platform for how lifestyle programmes should be approached and implemented in the community. This can be applied in other cultures and tailored to different ethnicity groups.

BBMs Sustainable FTC Lifestyle Intervention strategy

From this research I was able to identify key factors which contribute to BBMs sustainable FTC lifestyle intervention strategy. To replicate BBM in communities across Aotearoa New Zealand firstly trainers must have completed FTC themselves. These

programmes are to be implemented by those very people who have completed FTC and understand what FTC participants are going through and include the following:

- Leaders from the community with lived experience
- Physical activities tailored to people from different walks of life – ensuring access to resources to aid in safe exercise sessions for example chairs, boxes.
- Clinical services to provide much needed support to complement the holistic approach to lifestyle changes.
- Nutritional sessions to be culturally appropriate and suitable for the communities engaging in the service – sessions to be tailored to the population,
- The use of social media to connect, engage and motivate the community.
- Mental health support for participants

A recommendation for further research is to look closely at how BBM uses social media such as Facebook messenger and Facebook page group used between FTC participants and BBM mentors and leaders. Although this study looked at how BBM used social media to engage and connect with the community to promote FTC, to connect, engage and motivate FTC participants through posting motivational quotes and encouraging others- a further deep dive into the relationship between the social media and the language and slang used in these spaces that cultivates meaning for FTC participants that is positive and exudes a spirit of trust and sense of belonging would be helpful. The exercise sessions played a role in supporting the mental health of FTC participants. Further exploration is needed to gain insight into what other support is needed to aid in the mental health of FTC participants. Are the relationships online crucial for success in the gym as well?

You Want Solutions? The Community has the Answers

Aotearoa New Zealand has implemented a myriad of interventions from both a government and community level to combat the obesity epidemic. The difference in success is the sustainability of these interventions. This study has shown that the solution to obesity lies within the communities. The community needs leaders but leaders with lived experience. Dave started BBM because of wanting to improve and live a better life and from there helped a lot of people along the way. He has built trust within the community of South Auckland amongst Pacific people and this trust has meant participants are inspired to step outside of their comfort zone. What the participants have said is that the leaders of BBM are what inspired them to join FTC. For them they have yearn to live a better version of themselves and live well but without BBM they would not know where to begin. A study by Bell et al. (2023) found that participants prefer to have a credible individual deliver programmes designed to improve physical, mental wellbeing. This individual was described as someone who can provide evidence-based information and advice in a friendly manner and understood the challenges and issues related to lifestyle behaviour change. Furthermore, this someone is approachable, non-judgemental, can relate and get along with the participants. Studies shows that community interventions are best implemented from the ground up rather than top down (Kaholokula et al., 2018), so it is better to be taking the ambulance at the top of the cliff rather than the bottom.

The FTC programme has shown that with the right support in place, health and overall wellbeing can be improved. The magic of BBM is that they offer FTC through the lived experiences and realities of their BBM leaders and mentors who started their journey as FTC participants themselves. For example, mentors who had diabetes or were at risk of it, were able to have it reversed which is motivating to other participants and connects to other people's stories. These experiences, and the clinical expertise of THC, mean FTC is delivered

through a cultural and holistic lens that meets the needs of FTC participants. FTC provides a balance between a holistic and clinical approach to health and wellbeing that no other intervention has been able to successfully implement for Pacific people in South Auckland. How many studies do we need to do before it is accepted that our Pacific people in South Auckland already have the solutions to beat obesity in our Pacific South Auckland communities? Pacific community led programmes need the same attention and credibility that mainstream interventions receive to ensure equitable opportunities and outcomes for our Pacific people in South Auckland.

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Appendices

Appendix A

BBM "From the Couch" Evaluation Participant Information Sheet

School of Psychology
Massey University
Level 3, North Shore Library Building
229 Dairy Flat Highway
Albany
Auckland 0632

PARTICIPANT INFORMATION SHEET

BBM "From the Couch" Evaluation

Lead Researchers: Professor James Liu, Associate Professor Siautu Alefaio

We are part of a research team at Massey University, doing an evaluation of BBM's From the Couch programme funded by the Ministry of Health.

You are invited to take part in this research and share your journey towards weight loss and a healthier lifestyle. Your insights will help us to understand how people can achieve weight loss and a healthier diet. Through this research, we aim to provide information to policy makers in the hope of enhancing efforts to get to higher levels of personal and community health in our country.

Rights as a participant: Your participation in this study is voluntary and it is confidential**.** Any information provided will be used for research only. Principles of confidentiality are maintained. Only grouped results will be reported. We will not share any information about what we discuss in our surveys or interviews in any way that would identify you. You do not have to talk about anything that you do not want to, or answer any questions you don't want to. Before any research can begin, we need you to sign a consent form.

What this study involves: We are requesting access to your health data (e.g. height, weight, blood pressure), as well as information about your lifestyle habits (e.g. diet, exercise), and subjective well-being held by Total Healthcare (your Primary Health Organization) and BBM. You also might be asked to participate in an interview over the next 12-14 weeks. It will explore issues in more detail, and focus on what is helpful in helping you to stay the course of healthy lifestyle change, and what some important barriers might be. The interview will take 30-60 minutes and will take place at BBM before or after one of your regular sessions. Each interview will be audio-recorded and transcribed into written text, with identifying information removed.

Eligibility: You can participate in this study if you:

- Are over the age of 18 years
- Reside in Auckland
- Are beginning BBM's From the Couch programme
- Are a client of Total Healthcare

Confidentiality and privacy: Information you provide will be kept anonymous in any reports or publications from this research. All information will be transferred into electronic data files that will be backed up and stored on a secure University computer. All physical copies of interview transcripts or surveys will be stored in a locked cabinet in Professor Liu's office in the School of Psychology, Massey University.

Risks and Benefits: Participation in this research carries few direct risks to you. Participating in this research will help us to educate policy makers about the effectiveness of the BBM From the Couch programme in helping people lose weight and adopt a healthier lifestyle. Insights from the research in general may be used to inform public discussions regarding the challenges of weight loss and adopting healthier lifestyle choices.

If you wish to participate: Please sign the attached consent form and return it to the staff member with whom you are discussing this form.

If you would like to keep a copy of this information, please keep this in a safe place.

We thank you for the time you have taken to read and consider this invitation. If you have any questions, please do not hesitate to contact:

Professor James H. Liu

School of Psychology, Massey University, Auckland

Email: j.h.liu@massey.ac.nz

Associate Professor Siautu Alefaio

School of Psychology, Massey University Auckland

Email: s.alefaio@massey.ac.nz

For any concerns regarding ethical issues you may contact

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21/73. If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email humanethicsnorth@massey.ac.nz.

Ngā mihinui! Thank you in advance for your time and consideration of this project

Appendix B

From the Couch Evaluation Participant Consent Form

School of Psychology
Massey University
Level 3, North Shore Library Building
229 Dairy Flat Highway
Albany
Auckland 0632

PARTICIPANT CONSENT FORM

From the Couch Evaluation

Lead Researchers: Professor James Liu, A/Professor Siautu Alefaio

As you start BBM's From the Couch programme, we ask for your permission to document your journey. We ask for your permission to allow BBM to share the information they have on file for you regarding your physical health, lifestyle habits, and subjective well-being so we can evaluate your progress over the course of the programme. The information we are requesting will be fully anonymized. We will not be able to connect this information to your name. Your privacy is assured. We will be asking everyone referred to BBM by Total Healthcare for information about their height, weight, blood pressure, resting heart rate, diet, exercise habits, and state of health at the beginning and end of their From the Couch journey. Through these measures, we can evaluate how effective the programme has been for the whole group. We will not be able to connect this information back to any individual. Your contribution to this research will remain completely anonymous and confidential.

We also might contact you for an interview during your journey through the From the Couch programme, to *Talanoa/Kōrero* about your experiences of being in the programme. This will explore issues in more detail, and focus on what is vital in helping you to stay the course of healthy lifestyle change, and what the barriers might be. Talanoa/Kōrero will take place at BBM before or after one of your regular sessions. Your interview will be recorded and transcribed. No details about your personal identity will appear in any of the reports generated from these interviews. Rather, we are looking at the process of changing lifestyles and eating habits for all the participants in the From the Couch programme.

To take part in this research, we ask you to sign this consent form.

- I have been informed about this research and understand my participation in it.
- I understand that the research will examine changes in the health and lifestyles of people participating in BBM's From the Couch programme, who have been referred by Total Healthcare, and will involve anonymized access to your health and lifestyle data.
- I understand that my participation in the interviews is confidential, and no identifying information will be linked to my responses.

- I understand that my participation in this research is voluntary, and I can opt out at any stage of the interview process.
- I am aware the information I provide will be used in reports, policy briefs and publications.
- I understand that I can choose not to answer any particular questions.
- I understand that I can request the audio recorder to be turned off at any time during an interview and any information I have provided to that point can be withdrawn from the research.

I confirm that:

- I agree to take part in this research.
- I understand that anonymised data will be used in published research outputs.
- I understand that information will be stored securely for the duration of this research project, then anonymized for future reference.

We encourage you to consider your participation in this study and raise any concern about the study with BBM. Please get in touch with the researchers listed at the bottom of this page if you have any further questions.

Name:_____
Signature:_____

Date: _____

Professor James Liu

School of Psychology, Massey University, Auckland

Email: j.h.liu@massey.ac.nz

Associate Professor Siautu Alefaio

School of Psychology, Massey University Auckland

Email: s.alefaio@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 21-73. If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800, x 43347, email humanethicsnorth@massey.ac.nz.

Ngā mihinui! Thank you in advance for your time and consideration of this project

Appendix C

Talanoa Outline

1. What made you come to BBM?
2. Have you heard of Dave or BBM before?
3. What did you like about BBM?
4. What prevented you from coming to BBM sessions?
5. What would make you come/more often to BBM?
6. Green prescription? Have you heard of it?
7. How's the transition from Zoom to FTF?
8. How are you finding the workouts?
9. In regards to BBM being a no judgement zone, some of you have told us what that looks like, can you tell us more about this?
10. In contrast to non-judgement, what does judgement look like or feel like?
11. How are you finding the nutrition sessions?
12. How do you find the meal planning and sessions?
13. How helpful have you found the theory?
14. How do you find the health coaches check-ins?
15. Have you felt any improvements in other parts of your life? Social? Mental?
16. Has anything changed in your family or households since starting the programme?
17. How much of their changes are impacted by their family?
18. What are some of your biggest challenges so far and how can BBM help with this?
19. Was anyone cold-called via THC? How often do you visit your GP?
20. When did you last see your GP? What was your experience like?