Whanau Pakari evolved out of a need to address the public health crisis of child and adolescent obesity in the Taranaki region. In real terms, there are estimated to be more than 2,500 children identified as obese in Taranaki, many with a range of complicated health issues, both physical and psychological, with expected progression into adulthood unless addressed.

In 2008, the need for a service to support children and adolescents with weight issues in Taranaki was highlighted. As part of that review, an audit of Sport Taranaki’s Green Prescription (GRx) Active Families programme in 2009 showed that whilst excellent work was being done to assist families in making healthy lifestyle changes, it was not reaching those most in need, especially Māori within the community who are over-represented in statistics regarding childhood obesity.

Through the vision shown by the Planning and Funding Unit at Taranaki District Health Board (TDHB) and Sport Taranaki, a collaboration was formed and Whanau Pakari, a multi-disciplinary intervention service was created. Whanau Pakari means “healthy self-assured whānau that are fully active”. It has built on the GRx Active Families model and incorporates medical and wider assessment in its framework.

Its unique aspects are that:

• it is community/whānau-based across the region, with assessments being undertaken in the home, therefore “de-medicalising” weight issues.

• it targets Māori, although is open to all.

• it assesses a whānau and individual’s “readiness” to make healthy lifestyle change, ensuring the best utilisation of resource.

• in order to ensure that future health funding is spent wisely, it incorporates a clinical trial to ascertain whether the intervention leads to persistent healthy lifestyle change. The service itself is funded by TDHB and Sport Taranaki currently, but the trial aspect is funded through research grants.

Whanau Pakari provides a 12-month programme with weekly activity sessions during term time. These involve psychology sessions, nutrition sessions and physical activity sessions and are whānau-focused. Currently we are also undertaking a further 12-months of follow-up to ascertain whether the healthy lifestyle changes are persistent.

Since its launch in 2012, Whanau Pakari has:

• received over 350 referrals to date for children and adolescents (it is important to note that TDHB were previously unaware of many of these individuals).

• undertaken over 240 baseline assessments for children and adolescents and continued to see the majority 6-monthly. Many of these children have significant obesity-related health complications, such as high blood pressure, type 2 diabetes, obstructive sleep apnoea, raised lipids, fatty liver and psychological concerns.

• led to a change in clinical practice for many health professionals in the region, who are now more aware of child and adolescent obesity and have a service to refer to.

• maintained a consistently high participation rate for Māori of 45%, compared with the prior GRx Active Families model (39%).

• included 200 participants into the randomised clinical trial embedded within the service.

• independently secured $365,000 to date in grant funding for the research.

Whanau Pakari has already had clear impacts in Taranaki. It has raised the public awareness of child and adolescent obesity. One example is that the “B4 Schools check” referrals of children 4-5 years of age across Taranaki for those identified as “extremely obese” has risen from 33% (Jan-July 2012) to 67% (Jan - July 2013). We have linked extensively across the community and continue to do so.

Overall, it is hoped that this service and the associated research will assist in reducing inequalities in access to services for childhood obesity not only in Taranaki, but throughout Aotearoa. Whanau Pakari will assist in determining the direction of future obesity intervention services by answering whether multi-disciplinary intervention programmes lead to long-term sustainable healthy lifestyle changes in the New Zealand population.

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