



# LET'S BEAT DIABETES UPDATE

www.letsbeatdiabetes.org.nz

September Issue, 2009

## Overview 08-09

It has been a year of change with the economic recession, significant changes in political ideology, the restructuring of the District Health Board and the refocussing and restructuring of the Let's Beat Diabetes governance group. During this year of change the LBD programme has made considerable progress in building communities and establishing sustainable programmes to prevent, delay or better manage Type 2 Diabetes and improve the quality of life for people with this condition.

### ACTIVITIES FOR 08/09

#### Community Action Fund

8 Grants totally \$55,000 distributed:

Edmund Hillary School  
Franklin Integration Project  
Tamaki Ki Raro Trust  
Anand Isher Educational and Community Trust  
ISSO Swaminarayan Hindu Temple  
Hindu Elders Foundation and AROGYA (Divisions of the Hindu Council of New Zealand)  
Mangere Refugee Resettlement Centre  
Monte Cecilia Housing Trust

LBD also supported other organisations' applications for Feeding Our Futures Grants

#### Maaori

\$800,000 of Community Action Projects under negotiation  
10 Nutrition Scholarships awarded  
Train the trainer nutrition education provided to Marae Kaiwhakahaere  
Waitangi Day participation and sponsorship with Manukau City Council  
Maaori Womens Welfare League Cookbook produced

#### Pacific

Kai Lelei workshops provided to 1100 people  
Moui Ola workshops completed  
Support to the first Lotu Moui Games  
Funding for Kids in Action programme  
Supported 25 Lotu Moui members to attend 2 day Pacific Heartbeat Nutrition Course  
Supported 10 Lotu Moui members in Community Coach training

#### South Asian

Community Action Plan completed  
Community Leadership Course development underway  
3 community gardens supported  
Diabetes Education DVD under development  
Working with Pan-Auckland HEHA to support a regional awareness raising campaign and healthy food guide.

#### Workplace

32 workplaces supported by HeartBeat Challenge  
9 new workplaces  
2 new HeartBeat Challenge Awards  
3 renewals of HeartBeat Challenge Awards

#### Social Marketing

LBD Swap2win campaign successfully modified  
Exceptional results identified from first quarterly monitor (Phase 1 Awareness Stage)

Exceptional results identified from second monitor (Phase 2 Healthy Lifestyle Changes)

Attracted \$150,000 of additional funding

Presence at most of the larger cultural events

LBD Benchmark Tracking Survey in interview stage

#### Urban Design

Health Impact Assessment (HIA) training provided to employees

Participation in Auckland Regional Land Transport Strategy (HIA) Manukau Built Form and Spatial Structure Plan HIA

#### Food Industry

Fruit and vegetable demonstration series with community groups in 3 Pak 'n' Save stores

Participation in National Food Industry Pilot Project

Research into milk consumption in Counties Manukau

Agreement of 4 major companies to launch a milk campaign in late 2009

Ongoing discussions with fizzy drinks manufacturers/distributors

#### Health Promotion

Funding sources generated to help support community gardens and number of gardens on track to exceed target

CMActive launched and on track against KPIs

Food Policy introduced to ASB Polyfest

Healthy Kai support sourced

Community Health Workers – career pathways

Green Prescription Model for Auckland region developed and participation in national changes

#### Well Child

New Well Child resources printed

Middlemore Hospital actively working towards Baby Friendly Hospital Accreditation

Breast Feeding Advocacy included for Kaiwhakahaere in Franklin

#### Supporting Education Settings

Delivery of \$189,000 of Nutrition Grants to 29 Schools and 43 ECEs:

17 Primary, 4 Intermediate, 8 Secondary, 9 Kohanga Reo, 6 Pacific Language Nests, 22 Kindergartens, 6 private Day Care ECEs

Breakfast Club Guidelines Implementation Package developed

Get Wise2Health funded through Pan Auckland HEHA and rolled out across the region

#### Primary Care

More than 750 patients enrolled in Self Management Education

Ongoing training of Stanford Self Management Education Facilitators

14806 Get Checked Annual Reviews

#### Vulnerable Families

Everyday Meals and Snack Ideas cookbook expanded

Diabetes Projects Trust contracted through PAN Auckland funding for 'Healthy Cooking on a Budget' training

#### Service Integration

Point prevalence study of inpatients with diabetes undertaken

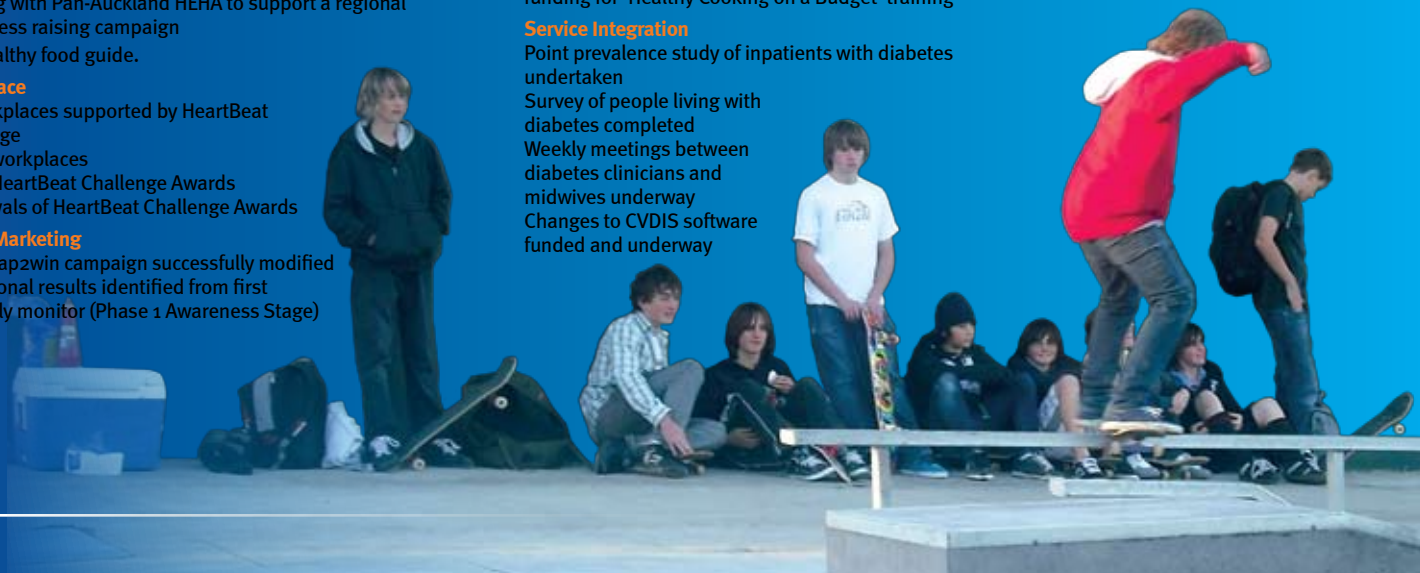
Survey of people living with diabetes completed

Weekly meetings between diabetes clinicians and midwives underway

Changes to CVDIS software funded and underway

## Kids Doing It For Themselves

Counties Manukau teenage Nick Barry set about making changes in his environment for himself and his peers. After doing a school speech on obesity and diabetes two years ago the Howick College student realised the importance of physical activity for long term health. He wanted to start by creating a community skateboard park in the area so he gathered 300 signatures, met with the Manukau City Council and submitted his proposal for consideration at the local Community Board. A year later his plan was approved and he met with the Council to provide some practical skateboarding advice on the development. Today the skateboard ramps in Howick Domain are testimony to one young man's desire create a youth-focused healthy environment.



# What do Our Patients Think? Living with Diabetes in Counties Manukau

The first large-scale survey investigating the experiences of people living with diabetes in our local context has been undertaken through the Let's Beat Diabetes Programme.

The survey has gathered information on the knowledge and beliefs of people with diabetes living in Counties Manukau, and documents their quality of life, impressions of health services and barriers to quality of care.

It is hoped that this information will lead to improved health promotion strategies, preventive health measures and improved services implementation.

## Preliminary results

Preliminary results show that the majority of people surveyed with diabetes in Counties Manukau felt their quality of life was very good or good.

Most had been diagnosed after presenting with other health problems, diabetes symptoms or pregnancy. Only one in four people were diagnosed as part of a regular health check up, and 20% knew they were at risk of diabetes before being diagnosed, this was most commonly because an awareness of a family history of diabetes. The risk associated with obesity was poorly recognised.

The availability of GPs and nurses when needed was overall reported as very good (well-over 90%). However Maaori and Pacific people reported significantly lower rates of access to Primary Care than other ethnicities.

The majority of people (90%) had been weighed by a doctor or nurse in the previous 12 months, but surprisingly fewer than one in ten considered themselves to be obese.

## Population Growth and Diabetes

The number of people being admitted to Middlemore with diabetes outstrips population growth despite increased efforts in the health sector to diagnose Type 2 Diabetes as early as possible and having increased resources to manage the condition.

Complications such as endstage renal failure are happening at higher rates than the already increasing population growth rates.

To put this in context for Counties Manukau, the region is expected to grow by 150,000 people within the next 20 years, an increase in population akin to the entire population of Hamilton shifting northward! And the annual growth rate in Counties Manukau is twice that of the rest of the country.

The increase of population, increase of hospital admissions greater than population growth rate, and increase in very serious complications pose significant challenges to how future health care can be provided.

Present funding for health care is distributed under population-based formulae. According to Let's Beat Diabetes Clinical Director, Brandon Orr Walker the Counties Manukau population-based model has allowed funding to match the faster rates of population growth locally, but creates real challenges in terms of the even more rapid growth rates of medical problems such as complications from diabetes. "Along with workforce and workplace capacity, overall affordability is a real challenge if we are not able to significantly curb the development of chronic medical conditions" says Dr Orr Walker.

Most people with diabetes surveyed had visited their GP practice recently for usual issues such as check ups and prescriptions. Additionally, one in four had been admitted to hospital within the previous year and over a quarter of these people had been hospitalised for what they considered to be diabetes-related health problems. Maaori were significantly more likely to be admitted to hospital for diabetes-related problems than any other group.

The majority of people (90%) had been weighed by a doctor or nurse in the previous 12 months, but surprisingly fewer than one in ten considered themselves to be obese. Whether people considered themselves obese varied markedly between ethnic groups and the low self-awareness of obesity contradicts with the known high obesity prevalence rates in our region. This shows that there is a serious underestimation of body weight, its associated health risks and its effect in the management of Type 2 Diabetes.

Information was gathered on cigarette smoking. One in six surveyed were cigarette smokers. This rate was higher, one in three, for Maaori with diabetes. This may reflect ethnic differences in smoking habits across the general population, or may point to a lack of knowledge around the additional risks of smoking for some people with diabetes.

The report also gathered information around the self management of diabetes. Over 80% felt they knew enough to manage their disease but fewer than half of Maaori and Pacific people felt that their diabetes was well controlled.

The survey also gathered information around patients' understanding about the many tests required for the good management of diabetes, and the regularity of these: such as blood tests, blood pressure, eye tests, foot examinations and weight.

Further analysis of the report is still being carried out. Results will be very important to inform service delivery to people with diabetes, and to inform and guide work in health practices, hospitals and other areas working with primary and secondary prevention.

# CMDHB Point Prevalence Study

Guidelines for the clinical care of people with Type 2 Diabetes are well-established in New Zealand. However, how well these guidelines are implemented at patient-levels have not been thoroughly assessed. Aggregated data about the clinical care for people in the community with diabetes is collected and published as part of the Get Checked Programme. However up until now there has been little detailed data about people with diabetes and their experiences in hospital in Counties Manukau or even within New Zealand.

To provide some insight a Point Prevalence study was undertaken at Middlemore Hospital earlier this year. The Whitiara Diabetes Service at Counties Manukau District Health Board surveyed all general medical and surgical wards on the Middlemore site over two days and identified patients with diabetes. They noted diabetes history and management of each patient, the reasons for their admission, an assessment of heart disease and a foot examination was performed. The study included analysing each patient's discharge from Middlemore to assess the length of stay, discharge planning and communication.

## The aim of the study is to examine:

- the characteristics of patients with diabetes who were admitted to Middlemore Hospital
- the care received by these patients, before, during and after their admission
- and the burden of foot disease, and cardiovascular risk of the patients.

The study found that a quarter of people admitted to Middlemore, in both medical and surgical wards, had diabetes.

Inpatients with diabetes were more likely to be Maaori or Pacific than other ethnicities in the hospital at the time. Those same ethnic groups were admitted at younger ages than Europeans, suggesting a premature burden of complications or other medical conditions. Foot disease and established cardiac disease were particularly common. In many the management of glucose control, and cardiovascular risk was suboptimal.

The study found that only a minority of people hospitalised were referred to the specialist diabetes service for review. Accurate documentation about diabetes medications was incomplete in many.

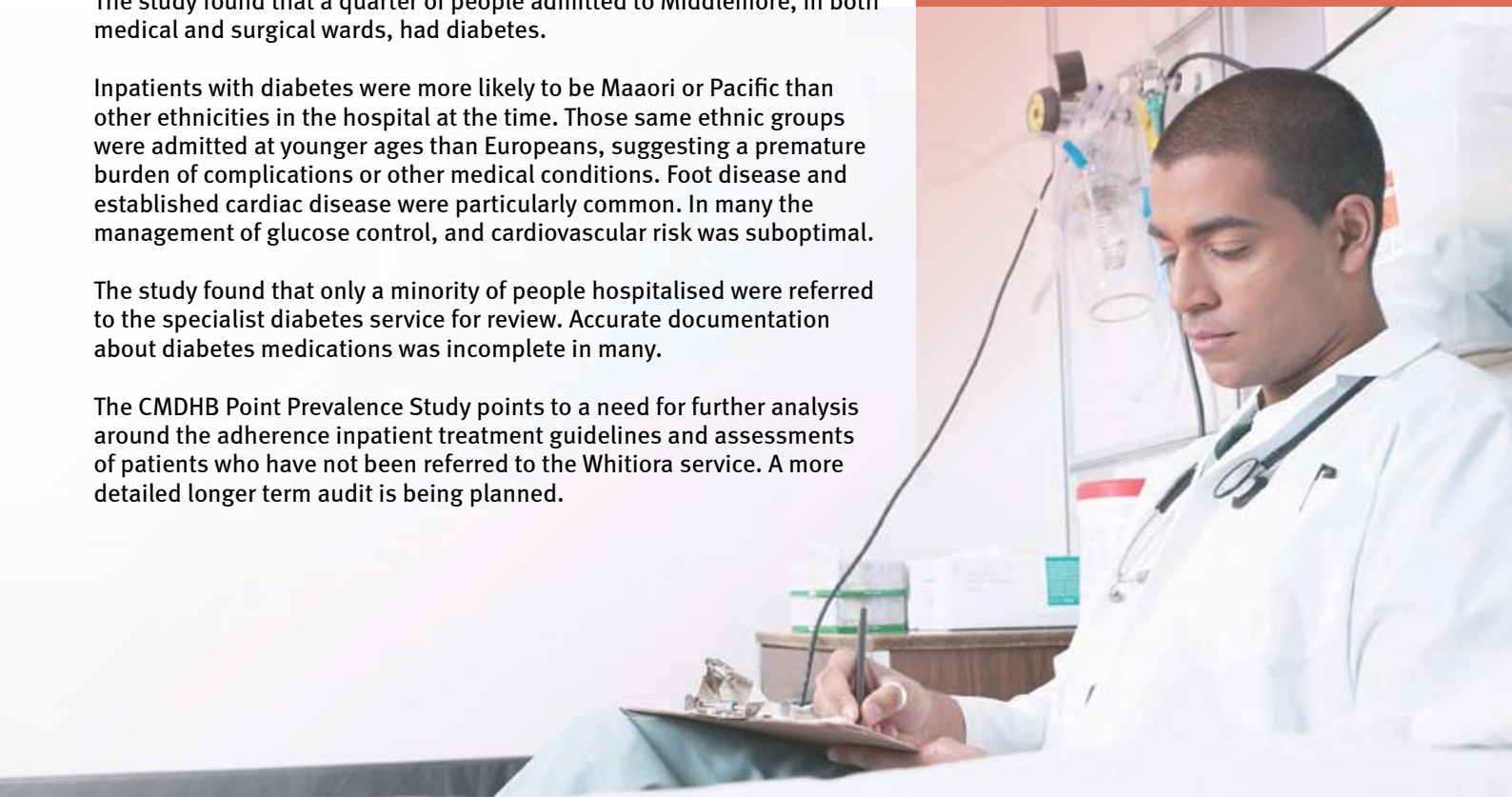
The CMDHB Point Prevalence Study points to a need for further analysis around the adherence inpatient treatment guidelines and assessments of patients who have not been referred to the Whitiara service. A more detailed longer term audit is being planned.

# Tracking Survey 2009

The 2009 round of surveying Counties Manukau residents began this June. This is the second application of the Let's Beat Diabetes Benchmark Survey undertaken in 2006/7.

Comparative reporting from the surveys will be used to prioritise funding and projects informing the direction of current 09/10 programmes on the ground and informing the 2010 January District Annual Plan.

The comparative data will also be used to see progress on Let's Beat Diabetes key performance indicators.



## WINTER WORKSHOPS MANAGE DIABETES

Day and evening winter workshops have been running throughout South Auckland to help people cope with long-term conditions including some sessions tailored specifically around Diabetes.

If people find out early that they have a long-term condition and make some positive changes, complications can usually be prevented.

Long-term conditions are any health problems lasting 6 months or more. This includes common conditions such as diabetes, heart disease, depression, gout and lung disease, which if not managed properly can cause ill health or even premature death.

The 'My Health: our L.I.F.E (Living Improvements for Everyone)' workshops running across the Counties Manukau region can help people learn to manage their conditions better and slow the progression of their disease.

A number of organisations run specific modules for people with diabetes. They kick off by letting people know what diabetes actually is and how it affects the daily life of the person with diabetes. Experts are available to answer questions, such as what can I eat? and why should I take my tablets? The supermarket tours are available and very popular. They are great for helping with the food shopping and also including budget tips.

The workshops allow people to meet others with similar health issues and share solutions to everyday problems as well as an opportunity to learn techniques to help them be more confident and manage their health condition more effectively. 'We've been running these workshops for 12 months now and the feedback has been so positive. Participants love it and find the sessions really worthwhile. They even want to keep coming back when it has finished. Some have made lasting friendships and others have noted improvements in their relationships, confidence as well as health. It is great to see such a turn around in people's lives' says Sarah Buzink, one of the facilitators.

Workshops are free and open to anyone with a long-term condition, including friends and family. Sessions are currently being held in Mangere Central, Mangere East, Papatoetoe, Manurewa, Pukekohe, East Tamaki and Botany. Standard workshops are held once a week for 6 weeks. There are also workshops tailored to specific groups such as Pacific, Maaori, South Asian and Men's groups. Facilitators can even come to your work, community group, marae or community centre if you can identify 10-15 people interested in doing one of these courses.

# DIABETES CAMPAIGN & COMMUNITY ENGAGEMENT

Counties Manukau audiences have engaged with the LBD campaign at a rate rarely seen nationally. The hard-hitting advertising reached a recall rate between 80 to 90% for all of the target audiences.

The campaign targeted groups most at risk of developing Type 2 Diabetes. Groups included the Maaori, Pacific, and South Asian community, people in high levels of deprivation and those already overweight or obese.

Outstanding results from the Let's Beat Diabetes Campaign are down to the community picking up the messages says Tracey Barron, Group Manager: Healthy Lifestyles.

"Maaori, Pacific and people living in high deprivation areas are often the most difficult to reach of all our population," says Ms Barron "and we are thrilled to have to find out that they are picking up our messages and talking about them. It is a tremendous success."

The campaign's strategy was to empower the community, create conversations and nudge them into actions which would help to prevent the epidemic of Type 2 Diabetes within the community. "The results show a community with real desire to make positive changes. The potential for change is exciting," says Ms Barron.

### Overall Results

- 81% now feel more motivated to eat healthily
- 79% now more concerned about the issue of diabetes
- 79% now feel more motivated to be active
- 79% feel more motivated to eat a healthy breakfast
- 77% now more concerned about obesity
- 76% now feel more motivated to eat more fruit
- 75% now feel more motivated to eat more vegetables
- 73% now feel more motivated to drink water instead of fizzy drink
- 72% now more likely to get someone in their family to have a health check or test for diabetes
- 68% now more likely to have a health check up or test for diabetes
- 68% now felt more motivated to eat less fried foods or takeaways
- 62% now felt more motivated to reduce the amount they eat.

The campaign has complemented other national campaigns around healthy eating and physical activity.

The difference in the LBD campaign compared to other healthy eating campaigns is that LBD messages have been put in a context of why change is necessary. That context is the prevention, delay or management of Type 2 Diabetes, a long term, incurable but often preventable condition that is at epidemic levels within Counties Manukau.

Press advertising and editorial has extended this purpose for healthier eating and physical activities to include reducing the risk of cancer and stroke.

The campaign strategy was also deeply rooted in the analysis of psychographic modelling, looking at how communities were clustered according to values. Visual and verbal messages were crafted to reflect these values.



## Governance Restructured

In 2008 it was agreed that the LBD governance and steering group arrangements needed adjustment following the Partnership Steering Group's (PSG) evolution over three years of operation.

Two groups, the Strategic Advisory Group and the Community Partnership Group will soon be in place to better guide the Let's Beat Diabetes Programme and support community commitment.

The original terms of reference of the Partnership Steering Group noted objectives of information sharing, guidance, leadership and/or collaboration. As the LBD programme grew and many diverse initiatives developed the amount and complexity of information to share significantly increased.

The Partnership Steering Group structure evolved in order to strengthen and balance programme governance and leadership, and address differing needs around community ownership and engagement. This will continue in the form of the Strategic Advisory Group. Community and organisational collaboration and information-sharing to ensure collective action on obesity and diabetes will be the continued focus of the Community Partnership Group.

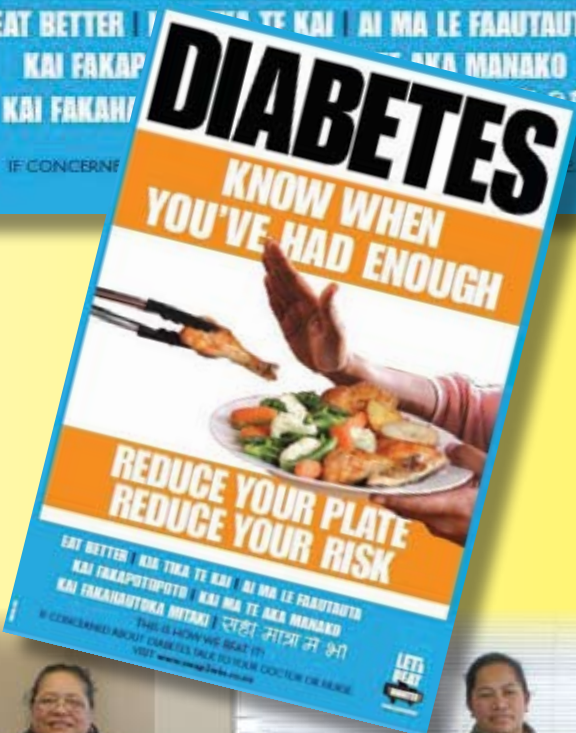
### Strategic Advisory Group

The vision of this group is to strengthen LBD and influence direction toward a healthier Counties Manukau through committed civic and community leadership.

The Group will strengthen understanding and commitment of top level management and leadership of partner organisations to the collective LBD approach, and will broaden commitment and resourcing for the wider LBD Programme from appropriate entities beyond the District Health Board and across the Counties Manukau communities.

### Community Partnership Group

The Community Partnership Group (CPG) will cultivate programme networking and facilitate collaboration between all of the LBD partners. This group will have an operational role in guiding the implementation of initiatives and will provide a forum for discussion of grass-root plans, concepts and implementation of strategies at a practical level within the communities.





## Challenges, Choices, Confidence and Celebration

Activity around vegetable gardening has given Manurewa South students “challenges, choices, confidence and celebration” - the four values of the South Auckland Primary School.

According to Carol Wildermoth, Project Manager at Let's Beat Diabetes, the school put forward one of the best applications to the Nutrition Fund and also produced outstanding results.

The nutrition grant led to the development of vegetable gardens lining the classrooms at Manurewa South School and a green house to help build sustainability through onsite propagation and longer growing seasons. The children are now learning the whole growth cycle from collecting seeds to making compost.

Each class has been part of the project, with a garden outside every classroom. The gardens have been a catalyst for bringing the school community together.

“Parents gather outside the classrooms everyday to pick up the children, they can see what the children have done and how the gardens are progressing. They are a great talking point for families, and give the staff and students a wonderful sense of achievement,” says Clyde Holder, Room 7 Teacher at Manurewa South.

The gardens have sparked interest and enthusiasm in the parents too with a whaanau garden for the whole school community starting up at the school.

Children can help themselves to the vegetables as they grow, many children had never tasted tomatoes and now they pluck them off the plants for lunch. Parents are also welcome to use the produce and the school regularly sends bundles of vegetables home.

Raised gardens were put into the school years before. These were cleaned out and planted with potatoes. The crop was so good there was sufficient food to sell at the school gala so the children scrubbed and bagged the new potatoes and they sold like a treat! This was not only a great earner for the school but it also gave children an experience of the world of commerce – a first for many from the low decile area.

Clyde Holder and Principal, Nola Hambleton, look forward to expanding the gardens in the coming year to help build more community ownership of the school and play a part in the improved long term health of the whole community.

## HEHA CHANGES

HEHA is the Ministry of Health's strategic approach to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders. The health problems from poor nutrition, lack of physical activity and obesity include chronic diseases such as diabetes, cardiovascular disease and some cancers.

Within CMDHB all HEHA funding is used to support the LBD Programme as the objectives of HEHA are a direct fit with some key LBD focus areas in terms of what can help to prevent or delay onset of diabetes or improve outcomes for people with diabetes.

There have been a number of changes in HEHA over the last few months and these are outlined below:

### 1. DHB Funding

The funding for the Nutrition Fund and District Co-ordinator position for each DHB has been discontinued. In addition, funding for communications and the contestable DHB evaluation fund have been reduced.

### 2. Mission On

The new Government has released a physical activity initiative for school aged children as per their election promise.

Some of the initiatives included in Mission On such as the Government Walk the Talk Programme, Health Impact Assessments and expansion of the Green Prescription Programme have been transferred to the Ministry of Health.

### 3. Feeding Our Futures

Feeding Our Futures funding will be discontinued.

### 4. Primary Care Guidelines on Obesity Prevention

The Guidelines will be coming out for consultation this month. The full Guideline and Implementation Plan will be published in 2009.

### 5. Changes to “Health Targets” and Indicators of DHB Performance

Health Target 8 which related to improving nutrition, increasing physical activity and reducing obesity has been amended such that it now only has a focus on improving breastfeeding rates. The remainder of measures have now been included as an indicators of DHB Performance.



## IMPLICATIONS TO LETS BEAT DIABETES

LBD will continue to utilise the remaining Nutrition Fund money to support Schools and Early Childhood Education Services. Unfortunately the position of District Co-ordinator will no longer exist within the new LBD structure.

LBD and many partners have made good use of the Feeding Our Futures resources. We have stockpiled as many of these resources as we were able to order and will continue to make these available.

At this time LBD does not have sufficient understanding of the planned implementation of the Primary Care Guidelines for Obesity to fully comment but expects to help support their utilisation.

# MANUKAU FAMILY LITERACY PROGRAMME

Budget cookbooks have become a successful teaching resource for the Manukau Family Literacy Programme.

By working with parents with literacy difficulties and their children at the same time the Programme aims at breaking the low-literacy cycle.

The Manukau Family Literacy Programme has been delivered by AUT in partnership with the City of Manukau Education Trust at six schools across Manukau City. It focuses on the adult, in their roles as a future employee, as parent and family decision-maker, and as a community member to make learning relevant to their everyday world.

In the Mangere, Otara, Papatoetoe and Manurewa there are nearly 40 thousand adults without any qualifications, and over 15 thousand with only fifth form School Certificate, or Level 1 NCEA equivalent qualification.

Last year the Family Literacy Programme, which works with approximately 70 - 80 adult learners each year, was provided with Everyday Meal and Snack Ideas cookbooks which have now been integrated into its adult learning curriculum. The MFLP students took part in the evaluation of the

first edition of the cookbook, trialling recipes with their children in class and at home. They also critically analysed the format and layout of the book, and gave feedback on its appeal to both adults and children.

According to Suzanne Thom, COMET Coordinator, the classes use the book as a reading and comprehension resource and also trial some of the recipes during session time. After class the students are encouraged to take the cookbooks home and try other recipes in their own kitchens.

The sessions developed around the cookbooks have had a number of benefits. It allows adult students to improve their reading and comprehension skills in simple and realistic everyday settings. And it has been a great way to get health and nutrition information to local the community reaching into parts of the community most at need. Also everyone benefits from better literacy, practical cooking skills and some good home cooked meals!

Originally written for struggling families as a helpful addition in food parcels the books have been written in simple language.

“The Everyday Meals and Snack Ideas cookbooks are about getting right back to basics. They focus on health and easy-to-make meals and snacks made from basic ingredients and supports healthy choices that will not impact on the overall family budget,” says contributing author and Dietitian, Sarah Buzink.

The cookbooks were designed as a joint effort by the Let’s Beat Diabetes Programme, the Family and Community Services and the Salvation Army.

A new edition of Everyday Meals and Snack Ideas is now available to organisations who want to run basic and healthy cooking sessions in Counties Manukau.



# Vege Garden Feeds Minds and Bodies

It was a chilly morning in Papakura when Takutai, Year 8 and her classmates were cooking up a treat at Mansell Senior School.

Takutai, part of the GATE (Gifted and Talented) group, along with students from Mansell Senior School and classes from four other local schools regularly learn cooking skills and nutrition education at the Papakura intermediate.

The class is quite excited this morning. Today’s meal is “Zucchini Corn Chowder” and even for those in the room who aren’t so keen on soup, this is a little bit different.

That’s because many of the ingredients have been grown by the students on the school grounds. It’s a source of pride and success which is enough to encourage the budding chefs in the room to take an extra few spoonfuls of the fare they’ve grown and prepared themselves.

The establishment of the vegetable gardens in 2008 were supported through the Nutrition Fund administered by the Let’s Beat Diabetes Programme following a request generated by the Mansell Student Council. Four large raised beds were built with each box shared by two classrooms. The classes have planted bokchoy, silverbeet, peas, celery, and many more seasonal vegetables.

The school also has four large compost bins to support its work as a zero-waste school.

According to the Mansell Senior School Principal, Pat Conrad, the vegetable garden success has been attributed to the energy and enthusiasm of the staff and students of the school. She admits that there has been as much learning for the staff from the venture as there has been for the students and is hoping to extend the gardens and the learning in future years with fruit trees and herb gardens.



## Diabetes Tool for Media and Church Communities

A dvd tool using local and Pacific leaders has been developed by the Let's Beat Diabetes Programme and AUT University to help encourage Pacific media directors, programmers and reporters, Church health councils and communications people, and local drivers to understand the seriousness of Type 2 Diabetes for the Pacific community and to see how their roles in Pacific society can help create change.

The DVD entitled "Beating Type 2 Diabetes in Counties Manukau" interviews Losa Haiosi, a Niuean mum and renal dialysis patient, about losing her own mother when she was a young girl and what it means to grow up with that loss.

One quarter of all the Pacific adults in Counties Manukau have Type 2 Diabetes. Pacific people know about the condition because it has become a common part of their family. However, Type 2 Diabetes is often preventable and the real outcome for many Pacific families is losing loved ones far too soon.

The Pacific community have an important part to play in preventing and delaying the onset of Type 2 Diabetes. Prevention begins with eating healthily and getting plenty of regular physical activity.

Soana Muimuiheata, Pacific Dietitian from Procure Manukau talks about improving basic understanding about what and how Pacific people eat, and challenges people to think about giving the best quality food rather than the most food.

Rev Setaita Kinahoi-Veikune talks about the Gospel of St John which tells us to take care of our physical health as well as spiritual health and she speaks of how exercise and eating properly are the "right" thing to do.

Finally Tom Etuata from the Pacific Radio Network talks about how media can help educate and motivate audiences and provides the opportunity to get difficult topics into Pacific homes.

Two hundred DVDs have been distributed to Pacific print, radio and television media, Pacific Churches and through Counties Manukau Public Libraries.



## COMMITMENT TO LIVE BRINGS BIG CHANGE



Ten years ago Turi was in Middlemore Hospital, close to death. We weighed in at 261 kilograms.

His weight was killing him.

After three steps Turi was out of breath. He needed to drive to his letterbox to collect the mail.

"I lost my job because I was too big... It was a hard lesson," he said, "a lesson that I had to take this seriously."

Even with the huge odds against him Turi was determined to have a better life.

During his time at Middlemore Turi lost 73 kilograms and spent a year recovering from the health issues caused by obesity. "I didn't want to go back to hospital again, but I went home and ate what I had always eaten."

His friends had noticed as Turi got bigger and bigger and bigger. He noticed too, but he denied it. What he didn't know was that he was killing himself day by day with what he was putting in his mouth.

"I was a taxi driver," says Turi. "I would take children with disabilities to and from school and every day. Then I would stop at the dairy and pick up a couple of litres of fizzy drink and some pies. I would stop for lunch, maybe eat a roast chicken in the park and have some more fizzy drink. I didn't know that it was the food that was making me sick."

After two more stays in Middlemore Hospital for life-threatening weight-related problems Turi met an old friend and a health promotion worker. She had also known him decades before as a much slimmer man in his youth.

Vaine taught Turi about what he should be eating and how much he should be eating. She helps by telling him about healthy foods, and what he needs to cut out.

He cut out fizzy completely. "At first I thought water was sour but that was just because I was used to drinking so much sweet stuff. Now I fill up my big water bottles from the water filter at Church and carry them home. I eat salad and tuna every day and I cook some simple meals myself like curries but without the coconut milk."

"Sometimes he'll text me from a family function," says Vaine, "when he needs support to keep away from food that will make him ill or I'll encourage him to just have a little bit."

"Turi is one of the weight loss champions at our Church. And out of all the people I help Turi is the most committed and motivated to losing weight. I think it is because he has been so close to death."

Turi's weight loss and Vaine's support has been a long journey. It has required commitment to Turi's health every day for the last eighteen months, "and the virtue of discipline," says Vaine. And according to Turi, Vaine's support has been "Magic!"

Turi now walks every day and he swims with the Church group every Sunday. "I tell the other big men not to be shy about getting active, I used to be as big as you."

Now Turi weighs 137 kilograms. He has lost 124 kilograms, almost half his body weight.

Turi is a quiet man, but his smile is very broad. "I am happy now. I would like to be 75kg like I was in my youth. But my goal is to be 100 kilograms. Then I will be very happy!" says Turi. "And I will be able to go back to work."

LotuMoui is the name given to the partnership between the Counties Manukau District Health Board and local Pacific churches. Health information, resources and programmes aimed at supporting healthier lifestyle choices for congregations are delivered through the programme.

For information about Type 2 Diabetes and the Let's Beat Diabetes Programme contact:  
Megan Fowle, Communications Manager, Let's Beat Diabetes Programme  
(09) 262 9563 or go to [www.letsbeatdiabetes.org.nz](http://www.letsbeatdiabetes.org.nz)