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| **Community solutions to improving health equity by addressing systemic barriers to children’s fruit and vegetable consumption** |
| **Background/Objectives**Half of New Zealand’s children do not meet the dietary recommendation of two serves of fruit and three serves of vegetables daily. Adherence is even lower among Pacific, Asian and low-income communities. This project aimed to identify: current systemic barriers to meeting the fruit and vegetable (F+V) guideline among 2-14 year old children; andacceptable and sustainable options for systemic interventions which would improve children’s nutrition by increasing F+V intake.**Methods**Systems science methods of cognitive mapping interviews (CMI) and group model building (GMB) were used. CMI were held in April-May 2018 with 22 stakeholders across the national food system (growers, produce industry, distributors, supermarket retailers and health promoters). Three GMB community workshops were held in Sept-Oct 2018 with students, parents, teachers, community leaders, local retailers and health promoters from an ethnically-diverse, low-income community in New Zealand. Interview transcripts and individual cognitive maps were coded using thematic analysis to identify key barriers to children eating F+V according to national stakeholders. A systems map was created collaboratively by GMB participants and used to identify and prioritise systemic interventions by considering causal pathways, feedback and reinforcing loops in the food system. **Results**Common themes in the CMI were poverty, high food prices, low skills and knowledge, unhealthy food environments, climate change and urbanisation. These themes were corroborated in the GMB workshops and turned into a more detailed systems map (causal loop diagram) which became the basis for discussion with workshop participants about how to intervene at a systemic level to reduce inequity. Potential systemic interventions which had widespread community support were identified.**Discussion**Health promotion strategies to improve fruit and vegetable intake in children have been ineffectual to date due to multiple systemic barriers. Systems science methods successfully engaged key stakeholders from across the food system in New Zealand to address this issue. Local community members identified several solutions to support equitable F+V consumption in children, which can inform the work of health promoters and policy makers. **Keywords**Nutrition, children, vegetable, fruit, community, systems science |