



Auckland UniServices Limited



## **A Progress Update Report for the Focused Evaluation of the Maori Initiative**

**Dr Janet Clinton, Dr Rob McNeill, Dr Pod Perkins, Dr Paul Brown,  
Sarah Appleton and Faith Mahony**

**Prepared by Esther Willing**

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## Table of Contents

<b>1. INTRODUCTION.....</b>	<b>4</b>
<b>2. AIM.....</b>	<b>4</b>
<b>3. SUMMARY OF THE PREVIOUS EVALUATION REPORT .....</b>	<b>4</b>
<b>4. STRATEGIC DIRECTION WITHIN THE MAORI INITIATIVE AND LBD .....</b>	<b>5</b>
<b>5. ACTIVITY FOR 2006/2007 .....</b>	<b>6</b>
SUPPORTING MARAE TO DEVELOP HEALTH CHARTERS OUTLINING THEIR COMMITMENT TO HEALTHY ACTIVE LIFESTYLES (1.2).....	6
KAUMATUA LEADERSHIP (1.3) .....	7
KUIA LEADERSHIP (1.4).....	7
STRENGTHENING THE PHYSICAL ACTIVITY AND NUTRITION IWI COLLECTIVE (PANIC) IN COUNTIES MANUKAU (1.5) .....	8
MAORI DIABETES TRAINING (1.6).....	9
<b>6. FUTURE DIRECTION FOR EVALUATION.....</b>	<b>10</b>
SUMMARY AND FUTURE DIRECTIONS.....	11
<b>7. REFERENCES.....</b>	<b>12</b>

## **1. Introduction**

Counties Manukau District Health Board (CMDHB) has developed Let's Beat Diabetes (LBD) as a strategic plan to address the diabetes epidemic affecting people within its region. LBD involves ten distinct but inter-related Action Areas which focus on the prevention and management of diabetes. Within the Action Area for supporting community leadership and action, Maori have been identified as a key work stream (Let's Beat Diabetes, 2005).

## **2. Aim**

As part of the overall LBD evaluation, a number of focus studies on particular initiatives will be undertaken each year. The Maori initiative was been identified as a key area within LBD and a two year process evaluation was planned for the 2005/2006 and 2006/2007 period.

The first year of the evaluation focused on documenting and describing the process of developing the Maori initiative. It is intended that the second year of the process evaluation would build on this work and begin to evaluate and assess the effectiveness and sustainability of programmes and networks within the Maori initiative.

## **3. Summary of the Previous Evaluation Report**

As part of the evaluation report for Year One of LBD, the evaluation team included a report outlining the process evaluation for the Maori initiative (Willing, Mahony & Clinton, 2006). This report covered a number of key areas, including:

- Describing the methodology for the process evaluation;
- Explaining the role of the Maori Community Advisor within the Maori initiative and the wider LBD programme;
- Outlining the development of the Maori Strategy;
- Outlining the cultural framework of information that was developed by the Maori Community Advisor;
- Describing the progress of initiatives;

- Identifying accomplishments within the Maori initiative; and
- Discussing emerging issues

#### **4. Strategic Direction within the Maori Initiative and LBD**

By June 2006, a detailed strategy was developed to address the need for sustainability within the Maori initiative (Let's Beat Diabetes, 2006). It was intended that this strategy would be implemented during the 2006/2007, however a lack of workforce capacity impinged on the Maori Community Advisors ability to initiate the initiatives within the strategy.

A number of recommendations were made within the last focused evaluation report for the Maori Initiative. These focused on the need to develop workforce capacity within the initiative in order to implement the initiatives as well as the need for a higher level of management and strategic advice from Maori within LBD.

Contract negotiations between LBD and the Maori Community Advisor went on for longer than expected and as a consequence the programme appeared to stall. By November 2006, a new full time Maori Community Advisor was appointed while the previous Community Advisor moved into a new LBD Maori Strategic Advisor role. The purpose of this new role is to mentor the incoming Maori Community Advisor and provide strategic advice concerning Maori for the entire LBD programme. During this time, a Self Management Educator for Diabetes was also appointed to work with the Maori Initiative. This focus on developing Maori workforce capacity both within the Maori Initiative and within the LBD programme would provide the capacity to begin implementation of the LBD Maori Strategy.

## **5. Activity for 2006/2007**

### **Supporting Marae to develop Health Charters outlining their commitment to healthy active lifestyles (1.2)**

A series of Wananga are planned for 2007. The two key foci of these Wananga are to firstly, prevent diabetes by disseminating Diabetes information to Maori whanau and secondly to support individuals that have Diabetes through SME. The Wananga aim to involve the whole Whanau.

The main objective of the Wananga is to provide knowledge, advice, resources and motivation that supports whanau of people who have diabetes and individuals who have diabetes. Wananga will involve:

- A maximum of 50 people per Wananga;
- A minimum of 20 Self Management Education participants;
- Developing a navigational tool that is offered to participants which identifies people/group/activities in their local area to support their goals; and
- Appointing coordinators associated with each Marae in order to establish & maintain ongoing communications with Maori LBD.

The six Wananga have been planned to be held over one and a half days. Each will include sessions that cover healthy eating, physical activity and diabetes awareness. Wananga will be facilitated by CMDHB's Self Management Educator for Diabetes, the Maori Community Advisor and the Strategic Maori Manager for LBD. Sessions will include basic information on healthy lifestyles as well as suggested changes that can be easily made. The end goal of the Wananga is to decrease avoidable risk factors for diabetes, such as obesity.

The Wananga are spaced six weeks apart. This timeframe was chosen to allow time for the evaluation of Wananga, to collect resources and to advertise the Wananga. The first Wananga will be held in Mangere in February. The second Wananga held in Papakura in April, the third held in Pukekohe in June, the fourth held in Port Waikato in August, the fifth held in Waiuku in October and the sixth Wananga held in Kaiaua in December. Set dates are still to be confirmed.

By February 2007, work on the navigational tool was in progress. The first part of the tool was being collated and identified the clinicians, specialists, educators, counsellors and other relevant diabetes experts within the locality of the Marae. The second part identified current initiatives such as sports clubs, gyms, Maori specific activities, events etc in the local area. As the facilitators' of the Wananga we will ask Wananga participants to help us develop this part of the navigational tool and also amongst our own networks find out what is available in the areas. Coordinators will be appointed after every Wananga in order to establish & maintain ongoing communications with Maori LBD.

### **Kaumatua leadership (1.3)**

LBD originally planned to seek endorsement by Maori kaumatua to become advocates for diabetes prevention and management by using their influence on the marae within hui. However, it was acknowledged that it was important to understand that the opportunities to speak about diabetes specifically were few and far between. It was proposed to involve kaumatua in the testimonials and photo opportunities of the Social Marketing Plan. Kaumatua will also be involved in the Wananga planned for 2007. Tribal boundaries have also been an issue in terms of Kaumatua working outside their tribal rohe. This makes sense to those who continue to practice within a traditional paradigm.

### **Kuia leadership (1.4)**

LBD intended to seek the support of respected Maori women to advocate for the prevention and management of diabetes in Maori communities. The Maori Women's Welfare League (MWWL) is a national organisation that has a large membership. With these large networks and potential for advocacy at a national level the importance of diabetes and obesity can be filtered through the entire organisation. CMDHB proposed to work with MWWL to develop 'Champion Leagues'. A formal training component will at the very least influence individual behaviours and workplace advocacy.

The Manurewa branch of the Maori Women's Welfare League (MWWL) received a LBD community action fund grant to hold eight education workshops. These were completed by February 2007. A training session was facilitated with their young pregnant mothers group. Continued training sessions are to be planned for 2007, however it should be noted that structural changes within the branch are currently underway.

Initially it was envisioned that Maori women within the League could deliver the proposed training sessions that were developed, however this has not been the case once age, information retention, interest and generally the skills needed to transfer information to other audiences in a professional and skilled manner were taken into account.

By February 2007, the Maori Strategic Advisor for LBD was negotiating with Te Hotu Manawa Maori and a group of Maori Women who were qualified educators, to deliver these diabetes training sessions to specific groups in the Maori community.

### **Strengthening the Physical Activity and Nutrition Iwi Collective (PANIC) in Counties Manukau (1.5)**

PANIC is a coalition of Maori organisations working in the areas of physical activity and nutrition who oversee activities within the Counties Manukau District that impact on Maori communities. The key roles of PANIC include: coordinating services, pooling resources, developing specific and effective resources and identifying gaps and successes.

The roopu essentially developed out of the community in July 2005 as there was a need to coordinate services and provide consistent coverage throughout Counties Manukau. They have developed into an advocacy body who oversees coordination and collaboration between providers and services in the district.

Intended initiatives for the group include examining resources already used within the district on physical activity, nutrition and diabetes to ensure that these resources are

effectively coordinated. The roopu will also be involved in developing appropriate resources for the diabetes education workshops, including resources in Te Reo Maori for Kohanga reo and Kura kaupapa.

A number of key milestones have been achieved within this initiative, including:

- Terms of Reference being developed;
- Goals and objectives being discussed in terms of management;
- Assessing the usefulness of diabetes resources and in particular pamphlets for a Maori audience; and
- A first meeting for 2007 was planned for the 16 of February.

It should be noted that some issues have emerged within this initiative. There was some feeling that the objectives set by the PANIC committee were unrealistic. This was primarily due to resource availability or lack of it and the fact that the current members needed to justify their continued involvement in the roopu to their managers.

### **Maori Diabetes Training (1.6)**

At the request of the LBD CMDHB Maori Advisor, Te Hotu Manawa Maori developed in 2006 a training module for diabetes for Maori community educators. The training module is made up of three components (i.e. nutrition, physical activity, diabetes). A self management education component will now be added for those individuals with diabetes. Each lesson within the learning module is reinforced with activities that make complex information more practical and easier to understand. The first diabetes training session was provided by Te Hotu Manawa Maori in February 2006 with 30 participants taking part in the three day course. These participants are still active within their own organisations but are not part of the new mentoring programme.

The strategy for recruitment employed was threefold:

1. Identify 20 suitable Maori trainees for each course;

2. Identify availability of trainees to deliver Diabetes training sessions to Maori audiences upon completion;
3. Upon completion trainees can apply the knowledge learnt and have access to mentoring support.

In 2007, two more training courses with Te Hotu Manawa Maori will be held. The first course is for MWWL educators and the current Maori health workforce who will target the MWWL branches, Kohanga reo, Kura Kaupapa and Bilingual Units and the Maori community generally. They may also support the various Marae initiatives being instigated through CMDHB and other organisations, such as Procure.

The second is a Maori tailored course specifically for kaiako. Some key changes have been made to the initial plan and have now been taken into account:

- The timeframe of actual delivery at the receiving end;
- The realistic gains that can be made within these settings;
- The resources that need to be developed; and
- Ways to achieve optimum outcomes through resource development, message medication and messengers.

This second training acknowledges the Maori language, beliefs, values and rituals as being critical to transferring knowledge about Diabetes to Maori audiences in Maori settings. The emphasis here is on effectiveness of messages and messengers.

A tailored version of the Maori diabetes training course will be delivered with two-hour education workshops to provide information on physical activity, nutrition and diabetes.

## **6. Future Direction for Evaluation**

The first year of the evaluation focused on documenting and describing the process of developing the LBD Maori Strategy. It was intended that the second year of the process evaluation would build on this work and begin to evaluate and assess the effectiveness and sustainability of programmes and networks within the Maori initiative.

Although implementation of the Maori Strategy stalled during the first six months of the 2006/2007 year, considerable progress has been made over the past three months within the initiatives. The evaluation team intends to monitor and evaluate the initiatives within the Maori Initiative and feed back evaluation findings to inform the continued development of the initiatives.

### **Summary and Future Directions**

- System developed to provide a framework for the Maori work stream.
- Programme development stalled.
- Currently no intervention for Maori work stream.
- Securing and developing relationships is critical to progress.
- Being clear about Maori protocol.
- Internal monitoring of progress and specific implementation.
- Need to focus on appropriate KPIs.
- Activities that are set up must have realistic goals.
- Need to set up outcomes hierarchy.
- Collaboration of action is critical.

## 7. References

Let's Beat Diabetes. (2005b). *Operational Plan 2005/2006*. Auckland: Counties Manukau District Health Board.

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Willing, E., Mahony, F., & Clinton, J. (2006b). Evaluation of the Maori Initiative in *Year One Evaluation – Let's Beat Diabetes Report*. Auckland: University of Auckland.