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A Process Evaluation of the Let's Beat Diabetes Maori Work Stream

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1. Executive Summary

The 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. Within the Action Area for supporting Community Leadership and Action, Maori have been identified as a key Work Stream (Let's Beat Diabetes, 2005). The Maori Work Stream has therefore been identified as a priority by the LBD Management team and the Action Area leader in 2006 for a two-year process evaluation. The first year of the evaluation focussed on documenting and describing the process of developing the Maori initiative, while the second year was intended to build on this work and begin to evaluate and assess the effectiveness and sustainability of programmes and networks within the Maori initiative. This executive summary provides a brief overview of the key findings from the third year of the process evaluation. It identifies key achievements, enablers and challenges for the Maori Work Stream, in addition to recommendations for future direction.

The methodology for this process evaluation involved a number of different modes of data collection, including in-depth interviews, documentary analyses and observations. Interviews were analysed to identify emerging themes in accordance with evaluation aims. These were then categorised under three major headings: key achievements, key enablers or supports and key challenges. Documents were analysed and coded in a similar manner. Descriptive summaries of key findings from observing wananga were produced, to facilitate feedback to the Action Area leader.

Key achievements included well-organised marae-based Wananga, evident output of Maori workforce development, and the influential impact of the social marketing campaign as a result of successful collaboration between the Maori initiative and the Social Marketing Action Area. Key enablers included the Maori Work Stream's ability to adapt and respond to the needs of Maori communities by providing appropriate settings, resources and collaboration; and the appointment of a LBD Director who is Maori, to further facilitate Maori advocacy. Various key challenges were acknowledged. The impact of workforce capacity in particular was emphasized as a major issue. This was in terms of sustainability, finite human resources influencing limitations in the capacity to deliver, and finding people with appropriate

skills, such as the ability to speak Te Reo Maori. Lack of clarity around reporting and management structures was highlighted as a challenge, particularly in terms of distinguishing roles of responsibility. Access to funding was another key challenge, especially in facilitating funding processes. Reaching critical mass was acknowledged as a difficulty, mainly in relation to marae-based Wananga, where majority of the Maori population were not targeted. Implementing change through policy was not perceived to be effective and the Action Area suggested that an internal desire for change was required by Maori families and communities.

Recommendations for future direction were identified as follows:

- To increase workforce capacity in terms of Te Reo Maori and appropriate skills;
- To build on key achievements of the year, such as supporting capacity building through ongoing workforce development and considering the future of wananga along with other means of reaching Maori audiences;
- To continue collaboration and support the identification/ initialisation of appropriate resources for supporting Maori engagement;
- To increase the reach of initiatives beyond marae, in order to reach the critical mass of the Maori population;
- To provide clarity around roles, responsibilities and organisational development of the Maori Action Area, including linkages with other LBD Action Areas and CMDHB Maori Health;
- To review the current funding status and process.

2. 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). It is useful to consider that while LBD Action Areas are designed to be inter-related and collaborative, the Maori Work Stream aims to integrate itself with any LBD initiative that targets Maori.

The purpose of this report is to present a process evaluation of the Maori initiative for the financial year 2007/08. This report is divided into eight key sections. This section outlines the background and purpose of the document in the form of an introduction, while Section 3 aims to present the strategic direction within the Maori initiative in relation to LBD and Healthy Eating – Healthy Action (HEHA) alignment. Section 4 identifies the aims of this evaluation, with a summary of the Year Two report outlined in Section 5. The subsequent section describes the methodology of the evaluation. Section 7 presents the results from documentary analyses and interviews and Section 8 provides a discussion interpreting these results. The final section offers recommendations for future progress of the Maori Work Stream.

3. Strategic Direction within the Maori Initiative: LBD and HEHA

The Maori initiative aims to support marae, Kohanga Reo and Kura Kaupapa in developing and implementing initiatives that support improved nutrition and physical activity within their communities. Furthermore, the initiative seeks to increase knowledge of diabetes and healthy lifestyle behaviours for Maori communities, as well as increase involvement of Maori cultural institutions.

During the first two years of LBD, activity within the Maori initiative focussed on the development of the Maori strategy. This strategy was intended to provide a framework to achieve Key Performance Indicators (KPIs) within the Maori initiative. A Maori Community Advisor was contracted to implement the strategy and was supported in this role by the LBD Maori Strategic Advisor. A Self-Management Educator was also appointed to work within the Maori initiative, providing support through the marae-based Wananga at both an individual patient level and community level.

However workforce capacity remained an issue. The Maori Community Advisor was involved in implementing initiatives within the Action Area, collaborating with the Social Marketing Action Area during the development of the 'Swap2Win' campaign and providing cultural support to other Action Areas within the LBD programme. This additional work across the LBD programme impacted on the time that the Maori Community Advisor was able to spend on implementing the strategy. In September 2007, the Maori Community Advisor resigned and the process of appointing an appropriate person to fulfil this role took several months.

Despite these workforce capacity issues, the Maori initiative had many accomplishments over the past year. Strategic direction within the initiative has been strengthened through implementation and refinement of the initiatives. Networks with other organisations such as local Marae, Physical Activity and Nutrition Iwi Collective (PANIC), the Maori Women's Welfare League (MWWL) and Kohanga Reo have also been strengthened, and collaboration within these networks has

continued. These relationships are crucial to the success of the Maori initiative, as these organisations represent the settings for many initiative-related activities.

3.1 Alignment with HEHA

The Maori Work Stream activity for 2007/08 includes six initiatives/interventions. Furthermore, the planned activities outlined for this Work Stream overlap considerably with several of the stated outcomes and actions under the HEHA framework. Improved Maori health and reduced health inequalities were a shared focus for HEHA and LBD.

The initiative of developing Marae as key settings for diabetes awareness and prevention among Maaori communities (KPI 1.2) attempts to engage CMDHB in collaboration with Marae leaders and Marae kaiwhakahaere to implement various activities. The HEHA action 12.3 of supporting communities and whanau to develop nutrition and physical activity programmes in key settings of significance to Maori was seen to correspond with this LBD initiative (MOH, 2004). It also corresponds with diabetes prevention and management.

Kaumatua leadership (KPI 1.3) seeks to support Maaori kaumatua in becoming advocates for diabetes prevention by ensuring involvement in Diabetes Wananga primarily on Marae and in other Maaori settings as negotiated and if available. This aligns with HEHA action 12.2 which supports community action by resourcing key community people to promote healthy food and physical activity, and prioritising high need communities (MOH, 2004).

Kuia leadership (KPI 1.4) focuses on CMDHB providing diabetes workshops to members of the Maaori Women's Welfare League Branches in the Counties Manukau region and providing information on where to seek further help and support in their localities. The HEHA action 1.3 supports this initiative, as it documents the stakeholder groups that could have an influence on nutrition and physical activity for Maori (MOH, 2004).

Strengthening Maori leadership in nutrition and physical activity (KPI 1.5) is related to efforts by CMDHB and Auckland Regional Public Health Service (ARPHS) to

further strengthen the Physical Activity and Nutrition Iwi Collective (PANIC) by collaborating with the Franklin roopu Te Pou Manawa, who oversee the Franklin region. This initiative is supported by HEHA actions 12.1 and 13.2. Action 12.1 seeks to expand community action programmes for high-need groups. Action 13.2 attempts to expand existing access, and develop new community-based education programmes aimed at increasing knowledge and skills of community members about nutrition and physical activities (MOH, 2004).

The Maori diabetes ‘train the trainer’ education initiative (KPI 1.6) aims to identify and contract an appropriate Maori education provider to develop and deliver the training programme. Additionally, it aims to develop resources for the training programme, align the proposed mentoring programme with training, formally register 25 Maori participants for training, commence training and find additional sponsor funding for trainees. This aligns with HEHA action 13.1, which seeks to stocktake existing community-based education opportunities for Maori and Pacific peoples (MOH, 2004). It is also aligns with the HEHA action 13.2 described previously.

4. Aims of Evaluation

The Maori Work Stream was identified as a priority for a two-year process evaluation by the LBD Management team and the Action Area leader in 2006. The first year of the evaluation focussed on documenting and describing the process of developing the Maori initiative (Clinton, Mahony, & Willing, 2006). 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.

This evaluation hopes to accomplish these aims by identifying key achievements, challenges and enablers for the Maori Work Stream initiative. Furthermore, recommendations for future direction are proposed in order to support the sustainability and ongoing effectiveness of this Work Stream.

5. Summary of the Year Two Evaluation Report

The Year Two evaluation report aimed to establish a framework of information regarding Maori Work Stream activity (Clinton et al, 2007). It covered the following key areas:

- Describing strategic direction within the Maori initiative and LBD;
- Describing activity and progress of 2006/07 initiatives/interventions for the Maori Work Stream;
- Describing networks formed with partner organisations;
- Identifying milestones achieved by initiatives/interventions;
- Identifying future direction for evaluation.

The function of the Year Two evaluation report was to describe development of the Maori initiative in terms of activity, collaboration and progress. Consequently, a foundation has been set for this report to present findings regarding the current effectiveness and sustainability of the Maori initiative, and suggest improvements for future direction.

6. Methods

The role of the evaluator has been to record and describe the process and development of the Maori initiative for LBD. The methodology for this process evaluation involved a number of different modes of data collection, including in-depth interviews, documentary analyses and observations.

6.1 In-depth interviews

A number of in-depth interviews were held with the LBD Maori Strategic Advisor to gain an understanding of the overall strategic direction within the Maori initiative throughout the year. Regular interviews were also held with the Maori Community Advisor to document and describe progress within the Maori initiative and to gain an understanding of the initiative from their perspective.

Interviews were analysed to identify emerging themes in accordance with evaluation aims. These were then categorised under three major headings: key achievements, key enablers or supports, and key challenges.

6.2 Documentary Analysis

An analysis of all available documents pertaining to the Maori initiative was conducted. These included the 2006/2007 and 2007/2008 LBD Operational Plans, LBD Progress Reports, Power Point presentations given by the LBD Maori Strategic Advisor, as well as an overall programme report compiled by the LBD Maori Strategic Advisor.

Documents were analysed and coded in a similar manner to the interviews, in order for progress to be identified as key achievements, key enablers or supports, and key challenges.

6.3 Observing Wananga

The evaluator also conducted four site observations during the marae-based diabetes Wananga. These observations included recording the activities within each Wananga on paper and documenting the key issues and questions raised by participants throughout the Wananga (see Appendix A). This information was then fed back to the

Maori Community Advisor to highlight areas of success, and to improve the content and organisation of the Wananga.

Descriptive summaries of key findings from observing Wananga were produced to facilitate feedback to the Action Area leader.

7. Results

This section presents key findings based on the triangulation of the three data sources identified in the methodology section.

7.1 Key Achievements

Marae-based Wananga

The development of marae-based Wananga for diabetes awareness, which generated interest from other District Health Board (DHB) and providers, was effective in terms of organisation and degree of implementation. These Wananga were considered a key achievement by stakeholders:

“...I do think the Wananga are awesome, I think they were well organised.”

However, challenges were encountered. Engagement of Maori participation was proving difficult, and targeting the critical mass of the Maori population did not occur, as attendance was observed to be low.

Maori workforce development

The development of the Maori workforce was seen as a key achievement, specifically the development of a course in Te Reo Maori, to build awareness and knowledge of diabetes amongst Maori communities. Workforce development was supported with Kura Kaupapa and Kohanga Reo/Kohanga Oranga:

“Workforce development [is the most obvious output of the Maori Action Area].”

Social Marketing

The impact of the Swap2Win campaign was identified by the Action Area as being effective in facilitating minor health promoting changes. The amount of time spent by the Maori Community Advisor in developing this campaign and collaborating between Action Areas to implement more appropriate and effective messages should be recognized:

“From all the feedback I’ve been getting out in the community, the message is out there and they really like the Swap2Win stuff, making little changes to have big impacts. It’s been a real hit.”

7.2 Key Enablers or Supports

Adaptation and Response

The ability of the Maori Work Stream to adapt and respond to the needs of Maori communities by providing appropriate settings for activities to take place was perceived to be effective:

“The hands on stuff could be understood from very different people, from kids to kaumatua. Making it feel more relaxed in a Maori setting.”

Developing appropriate resources to provide for Maori needs by enabling them to effectively relate to physical activity messages was a key factor for support:

“We have developed a DVD with 5 minute blocks, which has a nutrition message and then it will have a song at the end, with action, to have physical activity in that way. That’s what LBD is developing for the kohanga and piloting this month.”

Collaboration with key organisations also supported resource development:

“The lady at Counties Manukau Sport, she has made a kit for kohanga, it had poi, titi torea, baskets, rope, to create a resource so kids are more physically active. So this kit can supplement our resource in the kohanga. There are also the event days that we have; we can link in with LBD on those.”

Maori LBD Director

Chad Paraone was appointed to the position of LBD Director. Being of Maori descent, he was identified as a significant support in advocating for Maori:

“...appointment of a Maori manager or actually a project manager who [is] Maori... I think [he] bought on as a very good advocate and tries real hard to make sure we’ve got the things that we need to make it work. So he’s the one that ends up interfacing, working for the top management and ministry in other lines. So he’s good.”

7.3 Key Challenges

Workforce Capacity

Workforce capacity was an issue in terms of finite human resources. For example, administrative duties were particularly time consuming as human resources were limited. Administration was also seen to detract from capacity to deliver:

“I am finding it hard, [Action Area leader] is only 0.5 and she’s helping me out with the strategic planning, but for myself I think we need an extra person on our team, like an admin person. I find myself doing more and more admin stuff than actually being out in the community. It’s actually become quite a big problem, having that support there...”

Increasing alignment with Maori in DHB was identified as a potential solution to capacity issues:

“I think that’s um they need efficient use of workers and time in my view so Maori health and whatever else we should be aligning at that level as well with the project so we don’t overload.”

Workforce capacity in terms of locating people with appropriate skills was an additional issue. It was especially important to employ people who spoke Te Reo, as Kohanga Reo and Kura Kaupapa settings required this skill:

“Its having the right people with the right skills. I need to send somebody who’s Maori who speaks Maori to kohanga reo.”

Threats to the sustainability of the Maori Work Stream due to lack of appropriate workforce capacity was highlighted:

“...there will not be sustainability if we don't get the right people with the right skills in.”

Lack of clarity

Lack of clarity around responsibility in terms of reporting and management structure for the Maori Work Stream was also identified as problematic. Issues with organisational development made it difficult for the Action Area to coordinate initiatives, especially as the extent of individual responsibilities was unclear:

“To be honest who's in charge and under who they meet and how that all works and who's responsible [are obstacles faced this year]...”

The role of Maori Action Area engagement across LBD was also unclear, and thus posed challenges:

“I would have liked to have thought that at the beginning everybody kind of had, you know, you must include Maori and you know there must be sort of considerations around that but nobody really sort of said how that works.”

In particular, alignment between the Maori LBD team and the CMDHB's Maori team was unclear:

“I think that the difficulty that we are having at the moment is aligning it with the bigger organisations aims and goals because some of the work we are doing duplicates [within the DHB itself].”

Funding Process

Access to funding was acknowledged as a challenge by the Action Area:

“...the biggest barrier would not be Te Reo speaking. But also internal barriers, like not getting access to funding.”

Interestingly, organisational structures also played a role here, as there were no clear systems or arrangements in place to facilitate the funding of koha and specific initiatives:

“[We] have had to spend out of our own pocket when you go to the marae and you need to give koha and you can’t get a receipt for that. I’ve asked about this but it’s been brushed off. Nobody has taken us through the processes about how I do this.”

Reaching critical mass

Although appropriate settings such as marae-based Wananga are being established specifically to target Maori, these are less effective in targeting critical masses. This is in comparison to settings such as workplaces, which are the focus of other LBD Action Areas:

“...we realised that the way we are going is not working. Every other part of LBD focuses on populations, like workplaces, but for Maori, it is based on settings like Marae, Kura and Kohanga and it’s not reaching a critical mass. It’s hard to reach Maori through those areas, especially being female and our Te Reo being limited, it’s been rough really.”

Implementing change

Implementing change solely through written policy was perceived a challenge in terms of inducing health promoting behaviour among Maori families and communities. The Action Area suggested that internal desire to change should also exist:

“We are not going to make a difference solely by writing policies or changing or, you know, compelling laws or whatever else, at the end of the day there still has to be internal change in the families.”

8. Summary and Discussion

In summary, key achievements of the Maori Work Stream for the financial year 2007/08 included well-organised marae-based Wananga, evident output of Maori workforce development, and the influential impact of the social marketing campaign as a result of successful collaboration between the Maori initiative and the Social Marketing Action Area.

Key enablers recognised were the Maori Work Stream's ability to adapt and respond to the needs of Maori communities by providing appropriate settings, resources and collaboration. The appointment of a LBD Director who is Maori, to further facilitate Maori advocacy, was an additional source of support.

Various key challenges were also acknowledged. The impact of workforce capacity was particularly emphasized as a major issue. This was in terms of sustainability, finite human resources influencing limitations in the capacity to deliver, and finding appropriate people with appropriate skills, such as the ability to speak Te Reo. Lack of clarity around reporting and management structures was highlighted as a challenge, particularly in terms of distinguishing roles of responsibility. Access to funding was another key challenge, especially in facilitating funding processes. Reaching critical mass was acknowledged as a difficulty, mainly in relation to marae-based Wananga, where the majority of the Maori population were not targeted. Implementing change through policy was not perceived to be effective and the Action Area suggested that an internal desire for change was required by Maori families and communities.

The identified achievements, enablers and challenges provide an insight into the current degree of effectiveness and sustainability of this Maori initiative, in addition to networks being formed. Therefore, future recommendations can be made regarding aspects of this initiative which can be improved, and aspects which need to be sustained in terms of maintaining key achievements and enablers. It is also possible to form appropriate recommendations to address key challenges previously described.

9. Recommendations

Based on the results observed and the discussion presented, the recommendations are as follows:

- To increase workforce capacity in terms of Te Reo Maori and appropriate skills;
- To build on key achievements of the year, such as supporting capacity building through ongoing workforce development and considering the future of wananga along with other means of reaching Maori audiences;
- To continue collaboration and support the identification/ initialisation of appropriate resources for supporting Maori engagement;
- To increase the reach of initiatives beyond marae, in order to reach the critical mass of the Maori population;
- To provide clarity around roles, responsibilities and organisational development of the Maori Action Area; including linkages with other LBD Action Areas and CMDHB Maori Health;
- To review the current funding status and process.

To continue to achieve their goals, this initiative can make use of the recommendations from this evaluation to inform and refine their goals and procedures. Any change made to a programme should involve the feedback of all stakeholders involved, and be driven by those stakeholders.

References

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Appendix A: Key questions from Wananga

Medication and insulin:

- Why do diabetics have to go to the doctor more often?
- What do the medications do?
- What happens if you don't take your medication?
- Why aren't you told what causes the changes in your medications?
- Why do you need to take insulin?
- Can insulin be administered any other way than through self injection?
- How do you know if your body is resistant to insulin?

Effects of diabetes:

- Is it true that your bodily functions fail such as heart, kidney, eyes, the longer you have diabetes? In other words, the longer you live the worse the complications?
- Can you reverse your kidney damage if you control your blood and sugar level well from the effects of diabetes?
- What happens to the excess glucose in your blood?
- High blood pressure and high cholesterol levels, does this go with diabetes?
- Why the scratching?
- Why the phlegm?
- Why the vertigo?
- Feet and Eyes?
- Why do your feet swell?
- What is foot pressure?
- Why are calluses dangerous?

Eating, drinking and exercise:

- Why can't you eat lots of fruit?
- Why are diabetics encouraged to drink diet fizzy drinks?
- What makes you sweat when you're eating food, such as an apple?
- Is there a fast way to stop eating the wrong food?
- How important is exercise and how much and where and when and the type of exercise?

Education:

- The need for people with diabetes is an understanding of this illness and how to cope with it on a daily basis, 24 hours a day, tell us how to do that personally?
- Is there an educational course that is available to Maori that can be educated in diabetes be it a one day or two day seminar held on a Marae for all the whanau not just the person who has diabetes?
- Are there any good signs in the future any advancement of benefits to diabetics?
- Have you ever come across a perfect role model mentor diabetic female or male? What is their success and how are they successful?

General:

- Maori do not do well in the statistical area regarding diabetes, do you know why?
- What is the worst case scenario a diabetic person can be in?
- Is diabetes hereditary?