



LET'S BEAT DIABETES OPERATIONAL PLAN 2007/2008

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Executive Summary

Counties Manukau is experiencing a growing epidemic of Type 2 Diabetes (*“diabetes”*). Currently, there are estimates of between 14,000 to 25,000 people diagnosed with diabetes and an additional significant number undiagnosed within Counties Manukau. It is estimated that the number of people with diabetes will more than double over the next 20 years, given population growth, the ethnic, youthful and generally low socio-economic make up of our population.

In February 2005, the Board of Counties Manukau District Health Board (CMDHB) endorsed the draft Let's Beat Diabetes (LBD): A Five Year Plan to Prevent and Manage Type 2 Diabetes in Counties Manukau, and a funding envelope of \$10 million over five years to support its implementation. This funding provides the base funding for LBD but importantly the Programme is supported by funding and resources from partner organisations.

LBD is now in year three of a five year, district wide strategy aimed at long-term, sustainable change to prevent or delay the onset of diabetes, slow disease progression and increase the quality of life for people with diabetes in Counties Manukau. There is a significant amount of activity that exists to prevent and manage diabetes. The role of LBD is to create a long term vision to align existing activity and provide a context for new investment, based on evidence and best practice. Fundamental to the plan is the principle adopted by LBD to utilise the “whole society, whole life course-whole family/whanau” approach to preventing and managing diabetes. Annual operational plans outline the interventions/initiatives that will be implemented by CMDHB and the partner organisations in order to achieve the long-term outcomes identified in LBD: A Five Year Plan.

The LBD Operational Plan 2006/07 built on the work done in 2005/2006 and this approach is endorsed through the 2007/08 Operational Plan. Key components include:

- Review of, and enhancement of the comprehensive “Swap2Win” social marketing campaign to encourage positive behaviour change in our community
- Implementing a physical activity module within the Lotu Moui churches via Moui Ola
- Strengthening action through Maaori institutions
- Implementing the Counties Manukau (HEHA) nutrition fund in schools and early childhood education settings
- Further work with the food industry to improve nutrition
- Development of a plan of action to improve breastfeeding outcomes.

LBD appears to have now reached the stage where gaining funding from the LBD partners is not the priority that it initially was. The real issue that LBD now faces is ensuring that there is sufficient capacity through the LBD partners and community organisations to take the opportunities presented and to progress all the initiatives. The tight labour market, the subsequent shortage of some key drivers for implementation such as trainers and the heavy workloads of many within the health sector means that a key issue for the Programme implementation is human resource capacity.

In 2006/07, CMDHB's LBD funding pool had an internal under spend of \$480k and \$617k of external funding (provided for services in 06/07 and 07/08). CMDHB's Management Board has agreed this underspend can be carried forward into the 2007/08 year, making CMDHB's contribution to LBD for 2007/08 \$3,106,500 million. This is in addition to the \$756.7k of funding provided by the Ministry of Health for “Healthy Eating – Healthy Action: Oranga Kai- Oranga Pumau” (HEHA). Lets Beat Diabetes provides the means by which Counties Manukau will deliver to HEHA.

Lets Beat Diabetes

1 Background

Counties Manukau is experiencing a growing epidemic of Type 2 Diabetes (*"diabetes"*). Currently, there are estimates of between 14,000 to 25,000 people diagnosed with diabetes and an additional significant number undiagnosed within Counties Manukau. It is estimated that the number of people with diabetes will more than double over the next 20 years, given population growth, the ethnic, youthful and generally low socio-economic make up of our population. A major change to the health sector and our broader society is required to stop the diabetes epidemic.

In February 2005, the Board of Counties Manukau District Health Board (CMDHB) endorsed the draft Let's Beat Diabetes (LBD): A Five Year Plan to Prevent and Manage Type 2 Diabetes in Counties Manukau, and a funding envelope of \$10 million over five years to support its implementation. The plan is a five-year district wide strategy aimed at long-term, sustainable change to prevent or delay the onset of diabetes, slow disease progression and increase the quality of life for people with diabetes in Counties Manukau. It is recognised that there is a significant amount of activity that already exists to prevent and manage diabetes. LBD creates a long term vision to align existing activity and provides a context for new investment, based on evidence and best practice. Fundamental to the plan is the principle adopted by LBD to utilise the "whole society, whole life course-whole family/whanau" approach to preventing and managing diabetes. Annual operational plans outline the interventions/initiatives that will be implemented by CMDHB and the partner organisations in order to achieve the long-term outcomes identified in LBD: A Five Year Plan.

The LBD plan and its activity is organised around 10 distinct but interrelated action areas. These are:

1. Supporting **Community Leadership and Action**
2. Promoting Behaviour Change Through **Social Marketing**
3. Changing **Urban Design** to Support Health, Active Lifestyles
4. Supporting a Healthy Environment Through a **Food Industry Accord**
5. Strengthening **Health Promotion** Co-ordination and Activity
6. Enhancing **Well Child Services** to Reduce Childhood Obesity
7. Supporting **Schools** to Ensure Children are 'Active, Healthy and Ready to Learn'
8. Supporting **Primary Care-Based Prevention** and Early Intervention
9. Enabling **Vulnerable Families** to Make Healthy Choices
10. Improving **Service Integration and Care** for Advanced Disease

The Plan aligns with Government policy direction and international best practice. In particular some of the 2007/08 activities are also the contribution by CMDHB to the implementation of Healthy Eating Healthy Action (HEHA). Strategies that focus on improved Maori and Pacific outcomes are woven through all 10 action areas.

The LBD strategic and operational plans, including the interventions/initiatives for 2007/08, are the result of extensive consultation and development processes since the programme's inception.

The funding package approved by the Board of CMDHB is to support the implementation of the operational plan and the identified interventions/initiatives. It is not to buy increased volumes of health sector activity for which there are already established funding streams, or for activity where other funders have an explicit responsibility.

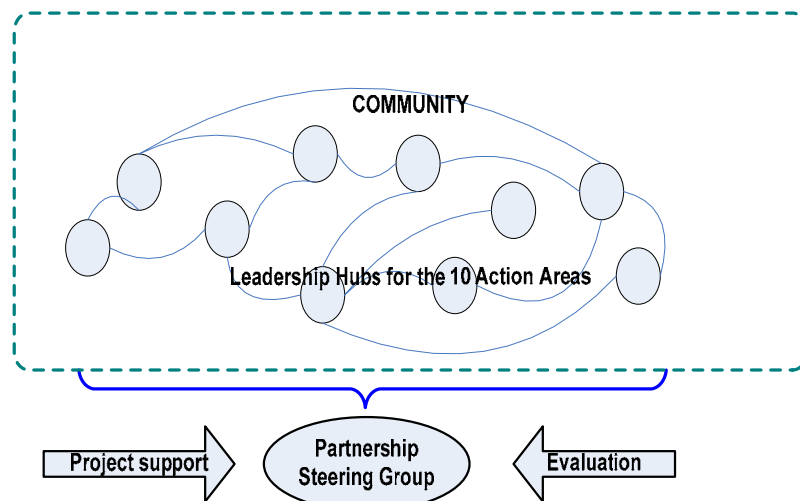
It is envisaged that LBD will support these activities until they are sustainable and/or have been incorporated into core business activity with the established funding streams.

2 Context for Implementation

2.1 Community Ownership and governance

Broad community ownership of, and input into, the LBD vision and ongoing operational decisions is seen as vital to its success

The following community governance and management structure was consolidated in 2005/06 to support community ownership and ideas at multiple levels, and ensure tight accountability and a clear, well supported, decision-making forum in the Partnership Steering Group (PSG).



Leadership Hubs

A leadership hub has been developed for each of the ten action areas. While many Leadership hubs continue to function well and have progressed activity within their respective action areas others will be modified and strengthened during 2007/08.

Partnership Steering Group (PSG)

The PSG established in April 2005, is and will remain the key information-sharing and decision-making body for LBD. Its objective is to support the implementation of LBD by:

- Providing leadership for implementation of the operational plan(s)
- Ensuring co-ordination and collaboration across LBD's 10 action areas and their specific interventions/initiatives, and
- Fostering collaboration across the sector and intersectorally where/as appropriate.

Comprised of leaders nominated by the action area leadership hubs and representatives from CMDHB, Maaori and Pacific communities, the LBD programme management group (referred to as the LBD team) and partner organisations, the PSG has grown in strength and maturity. This operational plan and the success of LBD to date is a reflection of this and a genuine desire of organisations and groups to work together to 'beat' diabetes in Counties Manukau. Listed below are PSG members and organisations that are integral to LBD's governance design and implementation.

Action Area	Initiative/Intervention Area	PSG member	Organisation
1. Community Leadership and Action	Maaori	Riripeti Haretuku Bernard Te Paa	CMDHB CMDHB
	Pacific	Manu Sione	CMDHB
	Workplace	Cheryl Hamilton	Auckland Regional Public Health Service
2. Social Marketing		Gerardene Waldron	CMDHB
3. Urban Design	Population Health	Jennifer Lamm	Auckland Regional Public Health Service

4. Food Industry Accord		Amanda Dunlop Vicki Hamilton	CMDHB Food Industry Group
5. Health Promotion	Primary Care	Pam Williams (PHO representative) Karen Pickering (Community Organisations for Diabetes Action –CODA rep)	Mangere Community Health Trust Diabetes Projects Trust
	Physical Activity	Russell Preston	Counties Manukau Regional Sports Trust
6. Well Child Services		Annette King	Plunket
7. Schools	Primary Care	Elizabeth Farrell	KidzFirst Public Health Nursing
	Secondary	John Heyes	Mangere College, AIMHI Forum
	Ministry of Education	Denise Atkins	Ministry of Education
8. Primary Care		Michael Wilson (Chair Diabetes and Cardiovascular Advisory Group) Shirley Miller	Mangere Family Doctors CMDHB
9. Vulnerable Families		Robyn Rusher	Family and Community Services, Ministry of Social Development
10. Service Integration		Brandon Orr Walker	CMDHB
LBD Enablers			
Independent Chair Person		Colin Dale	
Funding (sponsor)		Chris Mules	CMDHB
Evaluation		Janet Clinton Sarah Appleton	University of Auckland, School of Population Health
CMDHB Board CMDHB Board (Maaori) CMDHB Board (Pacific People)		William Mudgway Miria Andrews Arthur Anae	CMDHB Board Member Pou member Pacific Health Advisory Member
Council		Sam Noon Leora Hirsh Diane Pentz	Manukau City Council Papakura District Council Franklin District Council
Ministry of Health	HEHA (Healthy Eating Healthy Action)	Barbara Lusk	Ministry of Health
CMDHB LBD Programme Management Team			
Programme Director		Chad Paraone	LBD Programme Director, CMDHB
Programme Manager		Tracey Barron	LBD Programme Manager, CMDHB
Public Health		Tom Robinson	CMDHB
Youth Health (supporting schools)		Gilli Sinclair	CMDHB
Communications		Nikki Pye	CMDHB
Programme Support		Kathy Casey	CMDHB

2.2 Outcomes focused management

The need to ensure the interventions/initiatives are well designed effectively implemented and tightly focused on outcomes that help prevent and manage diabetes.

The Programme has developed Key Performance Indicators (KPI's) for LBD and has designed a measurement framework that allows for monitoring of Programme outputs and ensures that

initiatives/interventions are focused on delivering outputs that are clearly linked to the key objectives of the Programme.

2.3 Whole system co-ordination

The need for whole system co-ordination across the plan's 10 action areas to ensure integration and alignment

LBD is a very complex programme and ongoing effort is required to co-ordinate and balance activities in the network of individuals and organisations within the partnership.

2.4 Whole system learning

The need to create a learning environment in which multiple individuals and organisations can learn off each other, and from successes and challenges, to continuously improve quality.

The evaluation of LBD is inherently complex and technically demanding because of the Programme's complexity. In 2007/08 the evaluators will concentrate on progressing activity in the following areas:

- Maori action area
- Urban Park
- Diabetes Self Management Education / Wananga support
- Pacific ECE's
- Diabetes in Pregnancy
- Healthy Kai

And commencing new work :

- Fruit and Veges (Food Industry Accord initiative)
- Schools Accord
- Social Marketing evaluation

2.5 Explicit accountability and performance

The need to ensure that there is clear accountability for LBD action areas and that there are good processes for performance reporting; and that CMDHB LBD funds are being used wisely and prudently invested.

CMDHB has an internal programme management team with accountability and a monitoring/support role across the leaders and leadership areas aligned to the 10 action areas. During 2007/08 reporting requirements for all action areas will be more closely aligned to performance against the KPIs identified within this plan and the District Annual Plan reporting requirements of CMDHB. In addition, all expenditure will be monitored and reported monthly to project managers to enable closer monitoring of LBD funds and initiative progress.

OTHER RELATED PROGRAMMES

- Health Promoting Schools
Health Promoting Schools is a national initiative delivered locally to primary schools, managed by a local co-ordinator and 3 Health Promoting Schools facilitators. Schools opt in to a process which focuses on a whole school approach to health promotion planning which is inclusive of both parents and students.
- Fruit In Schools
Fruit in Schools is a national initiative, funded through the Cancer Control strategy, which provides quality fruit to children in low decile schools (1-3). In Counties Manukau, the Fruit in Schools co-ordination process has been merged with the Health Promoting Schools co-ordination processes.

Fresh fruit is delivered weekly to the target schools, providing a variety of fruit to encourage children to adopt healthy snacks.

3. Key Performance Indicators

3.1 Key performance indicators (KPIs)

The performance framework for LBD recognises the needs of multiple stakeholders, and is cognisant of the need for performance indicators to fulfil a number of functions for LBD, for example, short-term outputs, medium-term outcomes and long-term outcomes.

3.1.1 Audiences

There are three key audiences for LBD, with each audience having their own specific needs and requirements. Responsive key performance indicators (KPIs) have been developed for each of these audiences:

- **Community:** Provide a clear easily communicated set of long- and medium-term outcomes that are motivational and meaningful for the broader community.
- **Health services and health professionals:** Provide a direction and set of measures that are meaningful and motivational for health services and health professionals.
- **Management and governance:** Provide short-term management indicators that incorporate the balanced scorecard approach used by CMDHB.

3.1.2 Characteristics of the LBD KPIs

The LBD KPIs are:

- driven by the core LBD approach (life course/risk progression model)
- provide a focus and shape to the programme over the long term by maintaining attention on key performance areas
- align long-term (20-year) and medium-term (five-year) and short-term (one-year) performance
- are linked to things we can actually measure (and intend to measure)
- manage the expectations of the community and health services
- are rational, logical, and evidential and fit with the intended evaluation framework, and
- reflect the focus LBD and the issue of inequalities.

3.1.3 Reporting requirements

Performance is formally reported to the following groups:

- the Community Public Health Advisory Committee (CPHAC), the Board of CMDHB, Pou (the representative Maori governing body in CMDHB) and the Pacific Health Advisory Committee (PHAC)
- CMDHB Executive Management Team (EMT)
- LBD Partnership Steering Group (PSG)
- various community and health service meetings, as requested.

The *Let's Beat Diabetes* (LBD) programme has agreed on an overarching KPI framework and approach for guiding and monitoring performance and success of LBD as a whole and its specific interventions/initiatives. The following table outlines an executive KPI set, aimed at providing a high-level overview of LBD. A much greater set of detailed indicators are also part of the monitoring and evaluation programme.

	1 yr Qualitative Assessment of programme	2-5 yr Uptake (as consequence of /dependent on 1yr)	5+ yr Intermediate (as consequence of/dependent on 2yr & 1yr)	20yr Long term
At risk population	Achievement of actions in LBD annual plan	<ul style="list-style-type: none"> ↑ Knowledge and Attitudes ↑ Participation in LBD ↑ Screening for Diabetes 	<ul style="list-style-type: none"> ↑ Physical Activity ↓ Obesity (Childhood) ↑ Nutrition ↑ Screening for Diabetes 	<ul style="list-style-type: none"> ↓ Obesity (Adult) ↓ Other CV risk factors ↓ CVD mortality ↓ New case of Diabetes
People with diagnosed Diabetes	Achievement of actions in LBD annual plan	<ul style="list-style-type: none"> ↑ Participation in organised management programmes ↑ Screening for Complications ↑ Knowledge, attitudes and behaviours ↑ Medication per guidelines ↑ Intermediate outcomes 	<ul style="list-style-type: none"> ↑ Intermediate outcomes ↓ Complications of diabetes ↓ Diabetes Related Mortality 	<ul style="list-style-type: none"> ↓ New case of Diabetes ↓ Diabetes Related Mortality

These KPIs are structured in two parts, with 17 indicator headings. There are 10 indicators relating to the At Risk population followed by a further 8 indicators relating to people with Diabetes. Reporting will provide monitoring information for all of these headings except for number 13, on knowledge, attitudes and behaviours (this indicator is dependent upon information being available from a survey of people with diabetes. This has not been undertaken at this stage, however, if planned to occur during 2007/08).

Annual Key Performance Indicators

Within the KPI framework, the first component relates to monitoring performance and achievement of annual action plans. The following table summarises the action area KPIs for the 2007/2008 year. These relate to the 'community and activity' components of the scorecard.

Balanced Scorecard	Indicator KPIs
Clinical	<ul style="list-style-type: none"> Under development. (Will be included once completed (September 2007))
Activity	
1 Community Leadership and Action	
i. Community Action Fund	<ul style="list-style-type: none"> 100% of funds allocated to sustainable community 'grassroots' initiatives. Review/audit demonstrates that funds have been used in an appropriate manner
ii. Maaori	<ul style="list-style-type: none"> Review current approach and objectives for Maaori action area and implement any changes. Support the ongoing appointment of marae kaiwhakahaere in the Manukau region. Complete the series of planned Wananga. Six Maaori Women's Welfare League (MWWL) workshops on diabetes are completed. Establishment of an intersectoral network of key Maaori personnel involved in physical activity and nutrition initiatives in the Counties Manukau region.
iii. Pacific	<ul style="list-style-type: none"> Provide Maaori train the trainer education Nutrition training module delivered to LotuMoui churches; target of 250 people to attend and 30 receiving specialised training. Physical activity training module delivered to LotuMoui churches; target of 250 people to attend and 30 receiving specialised training. Implement a SME programme to improve uptake of best practice post diagnosis education for Pacific communities in church-based settings . Deliver ethnic-specific bilingual forums on obesity and diabetes.
iv Asian	<ul style="list-style-type: none"> Two diabetes related initiatives for Asian peoples will have been investigated, implemented and or supported.
v. Workplace	<ul style="list-style-type: none"> Engage large LBD partners in the Heartbeat Challenge (HBC) workplace programme. Uptake of workplace programme in at least five more companies/employers, including food industry. Develop 2 relevant case studies for promoting the HBC to counties Manukau employers. Develop tool for 'blue collar' workplaces to evaluate their own wellness programmes. Undertake a scoping exercise to identify possible value, approaches and options for targeting the small to medium enterprise sector with a wellness programme.
2 Social Marketing	<ul style="list-style-type: none"> Complete implementation of Phase One of Swap2win campaign, including evaluation. Develop and implement Phase Two of the Swap2Win campaign. Baseline survey results shared with key stakeholders and community networks.
3 Urban Design	<ul style="list-style-type: none"> Development of a leadership hub for urban design Conduct a Health Impact Assessment for the McLennan Housing Development (ex Military Camp) in Papakura/Takanini. Complete Templeton/Volta Park (Clendon) upgrade, evaluation and production of case study booklet. Investigate the implementation and evaluation of the Mangere town centre development Maintain high quality advocacy for health and health-promoting transport systems in urban design An exemplar model for a health promoting transport system will be identified and scoped.
4 Food Industry Accord	<ul style="list-style-type: none"> Implement the agreed joint work programme, including specific initiatives with food industry members targeting soft drinks, white milk, dairy products, fruit & vegetable and breakfast at home. Provide expert support to the schools healthy tuckshop model, healthy food parcels project, social marketing programme, healthy workplaces initiative and healthy kai project.

Balanced Scorecard	Indicator KPIs
5 Health Promotion	<ul style="list-style-type: none"> • Deliver two strategy, coordination and planning workshops for organisations involved in health promotion and health education in Counties Manukau. • Develop and implement a Performance Management Tool across at least three providers, based on the completed health competency workbook. • Deliver four Continuing Professional Development sessions for health promotion and education personnel on diabetes prevention and management. • Develop, implement and evaluate a peer support, mentoring and continuing education project for Maaori graduates of health promotion/education Train-the-trainer programmes. • Enhance common resource kit to include new resources in Maaori, Samoan, Tongan and at least three Asian languages. • Implement the Counties Manukau Active Communities project, including development and delivery of the physical activity workforce capacity training programme and activity opportunities. • Work to develop and enhance the Green Prescription Community Programme throughout Counties Manukau.
6 Well Child Services	<ul style="list-style-type: none"> • Develop and implement a new age-specific information resource on nutrition and physical activity for well child providers. • Examine obesity pathways for 0–5 years children from the Pacific Island Family research study and identify potential interventions. • Conduct a review of current breastfeeding policies, guidelines targets, activity and results. • Develop an agreed plan of action to improve breastfeeding outcomes in Counties Manukau.
7 Schools	<ul style="list-style-type: none"> • Develop and test a nutrition tool kit and package for kohanga reo and kura kaupapa. • Deliver nutrition education and support to 33 licensed Pacific early childhood centres (ECEs). • Implement a physical activity toolkit and training module in Pacific ECEs. • Deliver the health component of training workshops for Counties Manukau schools/ECEs on the new nutrition guidelines and Food & Beverage classification system. • Establish the local Nutrition Fund policy, guidelines, criteria and processes. • Review the Healthy Tuckshop model and ensure alignment with the new food & beverage classification system and MoE National Administration guidelines for schools. • Extend the Healthy Tuckshop model to interested secondary schools (as resources allow) • Provide breakfast club guidelines and implementation package to all interested schools.
8 Primary Care	<ul style="list-style-type: none"> • Implement improvements in the use of SME, building on the findings of the evaluation of the Community Nutrition Programme. • Increase enrolment of diabetes self management education to 250 patients • Secure funding for the implementation of a CVD annual review for high risk patients • Improved Maaori participation in the Diabetes Get Checked programme. • Develop a long-term sustainable strategy for ongoing diabetes education of primary care clinicians.
9 Vulnerable Families	<ul style="list-style-type: none"> • Provide training for PHOs on Family and Community Services/ MSD services • Provide advice to Budget Advice services on purchasing healthy food on a low income. • Deliver workshops for Strengthening Families co-ordinators and MSD-contracted community organisations on obesity/diabetes and nutrition/physical activity. • Revise Foodbank cookbook, print and distribute. • Improve nutrition of food parcels supplied through foodbanks by liaising with food industry regarding quality of donated food. • Early Years Hub – build in practical workshops on nutrition and healthy cooking • Negotiate targets for Family Start providers regarding referrals to health organisations for obesity/diabetes-related issues
10 Service integration	<ul style="list-style-type: none"> • Develop and circulate entry and exit criteria for referrals from primary care – integrated care. • Develop business case for inpatient foot beds. • Review the use of CVD risk assessment tool 'Acute Predict' in secondary care. • Scope project to develop IS application to support sharing of consultation data across primary and secondary services. • Pilot the CVDIS clinical database in Manukau superclinic and rollout to other sites by June 2008. • Implement recommendations from the diabetes in pregnancy 2006 review. • Conduct a survey of those with type 2 diabetes living in Counties Manukau.

Balanced Scorecard	Indicator KPIs
Community	<ul style="list-style-type: none"> • Partnership Steering Group (PSG) remains functional and effective. • Memorandum Of Understanding in place with key LBD partners. • The annual plan is signed off by all key partners. • Regular participation by all partners at PSG. • Regular dissemination of information by PSG members within their partner organisations. • Quarterly progress reports to PSG.
Financial	<ul style="list-style-type: none"> • LBD does not exceed budget and provides accurate monthly financial reports. • LBD maintains financial investment in LBD interventions/initiatives from sources outside of CMDHB.

4. Overview of Operational Plan 2007/08

The *Lets Beat Diabetes* (LBD) *Operational Plan 2007/08* builds on the work done in 2006/07 and 2005/06 as part of the process to meeting the long-term outcomes identified in *LBD: A Five Year Plan*.

During 2006/07, the focus was primarily on:

- Building human and organisational capital through interventions/initiatives that delivered education and training
- The gathering of information, building self evaluation capability across multiple organisations and the provision of feedback to inform programme design
- Communications to support the Social Marketing Campaign and the LBD messages, and
- Development of resources.

The focus for 20-07/08 remains on operational delivery, although some programme components are still in developmental mode. Some of those initiatives/interventions under development in 2006/07 will be implemented further in 2007/08. Some of these are outlined below.

The “Swap2Win” social marketing campaign will be evaluated and enhancements made based on findings of the evaluation and further opportunities identified to disseminate the key messages. At this early stage in the campaign the first evaluation will be used to identify if people within the Counties Manukau area are able to recall the advertising component and what messages they remember. Behaviour change will take longer to occur. The second part of the evaluation to occur during 2007/08 is a process evaluation which will enable improvements in the way in which the campaign is further developed with stakeholders.

Communications remains a area of activity in 2007/08. This will build on the work undertaken in 2006/07 and will enable a comprehensive review of messages and co-ordinated proactive future approach to ensure that key messages from the Programme are refreshed and remain in the public arena.

The Lotu Moui Church Programme will be implementing a physical activity module “Moui Ola” in the Lotu Moui Churches. This work will complement the nutrition module “Kai Lelei” which has already been successfully developed and implemented.

Within traditional Maori institutions LBD will be working to strengthen relationships and commitment to improving nutrition, levels of physical activity and awareness of obesity and the links to diabetes. This work will occur through Marae and within the Maori Womens Welfare League. Additional work will be undertaken in kohanga reo and kura kaupapa.

Further focus will be provided to the Food Industry Accord during 2007/08. This will result in implementation of an agreed work programme targeting soft drinks, white milk, dairy products and fruit and vegetables.

With the additional requirements of HEHA the health component of training workshops for the new nutrition guidelines and Food and Beverage classification will be supported through LBD. In addition, the CMDHB (HEHA) nutrition fund for schools and early childhood education centres will be implemented.

During the 2007/08 year, additional funding has been signalled from the Ministry of Health for HEHA initiatives. Whilst LBD already has a significant amount of work planned for 2007/08 the Programme will need to be cognisant of the need to both develop new initiatives to take up additional HEHA funding opportunities and to deliver on the work programme identified within this plan.

LBD appears to have now reached the stage where gaining funding from the LBD partners is not the priority that it initially was. The real issue that LBD now faces is ensuring that there is sufficient capacity through the LBD partners and community organisations to take the opportunities presented and to progress all the initiatives. The tight labour market, the subsequent shortage of some key drivers for implementation such as trainers and the heavy workloads of many within the health sector means that a key issue for the Programme implementation is human resource capacity.

5 Budget 2007/2008

In 2007/2008, Counties Manukau District Health Board (CMDHB) will contribute \$3.107 million to support the implementation of the *Let's Beat Diabetes (LBD) Operational Plan 2007/2008*. This includes \$2 million new monies and \$1.107 million allocated to LBD by CMDHB to reflect underspend of internal and external funding in 2006/07.

The table below outlines how CMDHB will apply its contribution. It also outlines other sources of funding that have been confirmed for specific activities.

Particular mention should be made of significant funding contributions from the Ministry of Health through the Healthy Eating, Healthy Action (HEHA) programme. Negotiations are also underway on a joint 'Active Communities' project aimed at increasing physical activity and recreation in Counties Manukau. This may result in a significant funding contribution by SPARC, alongside funding and support from several local LBD partners including councils (Manukau, Papakura, Franklin), PHOs (ProCare Network Manukau, Total HealthCare Otara), Counties Manukau Sport and CMDHB.

It should be noted that:

- LBD's Partnership Steering Group (PSG) and leadership hubs helped determine the allocation of CMDHB's funding
- The 'Other funding sources' identified are as at 1 July 2007. Further sources of funding or resources in kind will continue to be sought by LBD.

Action areas	Description of 2007/2008 activity	\$ CMDHB LBD 2007/08	Other funding sources 2007/08
1 Community Leadership and Action	<ul style="list-style-type: none"> • Community Action Fund. • Maori specific programmes (marae, kaumatua and kuia leadership, diabetes training, iwi collective development). • Pacific specific programmes (Pacific churches, leaders) • Asian specific initiatives (engagement, leadership) • Workplace initiatives. 	480,000	<p>Auckland Regional Public Health Service (ARPHS) supporting workplace initiatives.</p> <p>MOH (HEHA) and PHO support for Kids in Action and Lotu Moui Church Aerobics Programme</p>
2 Social Marketing	<ul style="list-style-type: none"> • Complete implementation and evaluation of Phase 1 campaign • Maximise value from results of the Baseline Survey • Develop and implement Phase 2 campaign • Supporting primary care plans for Diabetes screening 	600,000	Other potential "Swap2Win" sponsors anticipated
3 Urban Design	<ul style="list-style-type: none"> • Consolidating LBD leadership hub. • Complete the Templeton prototype neighbourhood 'activity park' and capture learnings to guide upgrading of other parks. • Undertake health impact assessments of major planning initiatives, including McLennan Housing Development in Papakura. • Providing advice on local policy and planning issues. • Advocacy and advice. • Input into development of transport infrastructure. 	50,000	ARPHS supporting assessments, policy and advocacy.
4 Food Industry Accord	<ul style="list-style-type: none"> • Maintaining a governance structure between the food industry and health. • Co-funding of an advocacy position to continue driving the agreed health/industry agenda. • Implementation of agreed joint workplan, including initiatives for soft drinks, white milk, dairy, fruit & vegetables, healthy food parcels, breakfast at home, Swap2Win campaign 	95,000	Food Industry Group (FIG) supporting co-funded position (\$25,000) and advocacy; contributions from interested food sector companies.

Action areas	Description of 2007/2008 activity	\$ CMDHB LBD 2007/08	Other funding sources 2007/08
5 Health Promotion	<ul style="list-style-type: none"> Consolidating LBD leadership hub. Improving health promotion and health education workforce development. Supporting recent graduates from train-the-trainers programmes. Extending the collated nutrition and physical activity compendium. Expanding physical activity workforce and developing 'activity hubs' in targeted areas (CM Active Communities). Supporting development of sustainable Green Prescription community programme throughout Counties Manukau 	243,500	<p>MOH supporting train-the-trainer mentoring. PHOs and ARPHS supporting.</p> <p>MOH (HEHA) and PHO support for Healthy Kai</p> <p>MOH (HEHA) SPARC, CMDHB, Manukau City Council, Papakura District Council, Franklin District Council, CM Sport, ProCare Network Manukau, Otara Health jointly funding & supporting Active Communities project (estimated \$1.5m over 3 yrs)</p>
6 Well Child Services	<ul style="list-style-type: none"> Developing new nutrition and diabetes resources to support well child providers. Scoping, developing and commence implementation of an agreed Counties Manukau action plan to improve breastfeeding outcomes. Examine obesity pathways for 0-5 years children in the Pacific Island Family long-term research study to identify potential interventions 	125,000	
7 Schools	<ul style="list-style-type: none"> Strengthening the LBD leadership hub Supporting kohanga reo and kura kaupapa to become healthy, active environments. Supporting Pacific early childhood centres to become healthy, active environments. Enhancing and supporting the NEW/AIMHI programme 'GetWize2Health' in selected secondary schools. Supporting youth participation in developing and driving nutrition and physical activity initiatives Rolling out the Healthy Tuckshop model and planning for its wider implementation. Implementing the new Nutrition Fund (HEHA) for schools and early childhood education centres (ECEs) in Counties Manukau. Rolling out training for schools and ECEs on the new Food & Nutrition guidelines and Food & Beverage classification system (HEHA) 	382,000	MoH providing HEHA Nutrition Fund and teacher release/training funding (\$536,000), ARPHS supporting training for ECEs on guidelines and classification system
8 Primary Care	<ul style="list-style-type: none"> Supporting the DCAG leadership hub. Reviewing and improving training framework for primary care on diabetes and cardiovascular disease. Improving post diagnosis self management education (SME) training in primary care and increase patient enrolments. Implementing improvements in family/whanau/group support SME based on learnings from 06/07 Community Nutrition pilot. Supporting increased cardiovascular disease/diabetes risk screening. Improving Get Checked programme and uptake, especially for Maaori. 	190,000	PHOs supporting.

Action areas	Description of 2007/2008 activity	\$ CMDHB LBD 2007/08	Other funding sources 2007/08
9 Vulnerable Families	<ul style="list-style-type: none"> Strengthening the LBD leadership hub Working with social service agencies to improve reach to families on improving in-home nutrition. Improving referral to and co-ordination between, health services and support agencies. Improving food parcels from foodbanks. 	50,000	MSD supporting.
10 Service Integration	<ul style="list-style-type: none"> Consolidating leadership hub. Developing Whitiara Diabetes Service as a clinical centre of excellence & supporter of system-wide capacity development.. Ensuring diabetes management activity across primary and secondary care is implemented in consistent manner. Improving clinical data and ethnicity coding/reporting. Developing integration for comprehensive care for diabetes in pregnancy. Supporting diabetics eye disease. Enhancing linkages between diabetes and mental health. Survey of people with diagnosed diabetes 	263,000	Provider arm supporting.
Enablers			
Programme management	<ul style="list-style-type: none"> Supporting programme management, Maori and Pacific co-ordination, medical leadership, service integration project support, social marketing, communications activity and support, schools and health promotion project support, general programme support. 	403,000	MoH providing HEHA funding (\$220,700),
Governance	<ul style="list-style-type: none"> Supporting governance processes and improving consumer involvement in decision-making. 	5,000	
Evaluation	<ul style="list-style-type: none"> Evaluating the whole programme and each of the 10 action areas. Supporting learning processes and progress reporting. Supporting workforce capacity development for evaluation. 	220,000	Additional LBD evaluation proposals will be submitted to the 2007/08 HEHA Evaluation Fund
Total		3,106,500	
	Ministry of Health HEHA funding contributions (already noted above in Other Funding Sources 2007/08 column) for leadership & coordination, communication, teacher release payments and Nutrition Fund.	756,700	
Total including HEHA		3,863,200	

It should be noted that the \$3.863m identified above does not reflect the full funding and support for LBD and related initiatives in the Counties Manukau region. There is significant investment in facilities, resources and activity by the many LBD partner organisations (and others) that is not itemised here.

6 Detailed Operational Plan

Let's Beat Diabetes (LBD) and its activity is organised around 10 distinct but interrelated action areas. They are:

1. Supporting **Community Leadership and Action**
2. Promoting Behaviour Change through **Social Marketing**
3. Changing **Urban Design** to Support Healthy, Active Lifestyles
4. Supporting a Healthy Environment through a **Food Industry Accord**
5. Strengthening **Health Promotion** Co-ordination and Activity
6. Enhancing **Well Child Services** to Reduce Childhood Obesity
7. Supporting **Schools** to Ensure Children are 'Fit, Healthy, and Ready To Learn'
8. Supporting **Primary Care-based Prevention** and Early Intervention
9. Enabling **Vulnerable Families** to Make Healthy Choices
10. Improving **Service Integration and Care** for Advanced Disease.

This section outlines the interventions/initiatives that will be implemented over the 2007/2008 year; the key performance indicators (KPIs) or milestones that will be applied to measure their achievement; the process and outcome measures; and the resources that will be applied to support their implementation.

It should be noted and understood that:

- the key partners identified are those who have confirmed their support and resources (actual or in kind) to the implementation of a specific intervention/initiative, as at 1 June 2007. During 2007/2008, the Let's Beat Diabetes (LBD) programme management team within Counties Manukau District Health Board (CMDHB) will continue to establish relationships with other key partner organisations whose core responsibilities are or closely aligned to LBD's agenda to get their buy-in and support to the programme
- the monetary figures given in the 'resources' section is the funding CMDHB is contributing as part of its LBD funding package (\$3.1 million for 2007/2008).
- LBD's Partnership Steering Group (PSG) have approved this plan
- In many cases, CMDHB's LBD funding is supporting other CMDHB activities for which there are established funding streams. Where this occurs, the other funders and their contributions are noted and acknowledged.

Action Area 1 – Supporting Community Leadership and Action

Whole population

During the extensive community consultation phase of *Let's Beat Diabetes* (LBD), many community organisations and groups acknowledged the important role they could play in encouraging and bringing about healthy, active 'communities' by developing and implementing initiatives that support improved nutrition and physical activity, and support for people with diabetes. But resources and support were seen as barriers. In response to this, Counties Manukau District Health Board (CMDHB) established the Community Action Fund (CAF) which provides small grants (up to \$5000) to support community 'grassroots' initiatives that encourage local participation in health promoting activities.

In 2007/2008, a further \$100,000 is available under the Community Action Fund. All initiatives will be monitored, reviewed and evaluated to ensure the funds are used appropriately, and the initiatives have contributed to improved health outcomes.

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>1.1 Community Action Fund (CAF)</p> <p>Community organisations and groups are supported to develop and implement 'grassroots' initiatives that encourage local participation in activities that reduce diabetes risk, slow disease progression and/or improve the quality of life for people with diabetes.</p> <p>CMDHB and LBD key partners will:</p> <ul style="list-style-type: none"> Actively promote the CAF throughout their community networks Encourage community organisations that target Maaori, Pacific and high deprivation areas to apply for funding. The Pacific Health Team through its x2 Community Development Officers, will continue to support Pacific community groups to apply for funding. <p>CMDHB will also:</p> <ul style="list-style-type: none"> assess the CAF proposals allocate CAF grants monitor CAF-funded initiatives. 	<ul style="list-style-type: none"> By June 2008 ,100% of funds allocated During 2007/08 review/audit demonstrates that funds have been used in appropriate manner During 2007/08, all initiatives approved will be aligned to the LBD social marketing campaign 	<p>Process Outcomes</p> <ul style="list-style-type: none"> Community organisations and groups are able to put their ideas into action. Grass roots organisations and groups take on a health promotion role within their communities. Localised community action. <p>Extrapolated Health outcomes</p> <ul style="list-style-type: none"> Improved nutrition in the community. Improved physical activity in the community. Increased awareness about diabetes 	<p>CMDHB (LBD)</p> <p>\$100,000</p> <p>Project management; contract management; networks; promotion</p> <p>Key partners</p> <p>Networks; promotion</p>

Maaori

***Whakakorengia te mate huka i waenganui whanau na te mohio me te marama.
To prevent diabetes through knowledge, understanding and action.***

Extensive consultations with Maaori to ascertain their needs, aspirations, priorities and appropriate approaches to meeting these, were undertaken via marae-based hui, working groups and community consultations. Community representatives and providers consistently supported Maaori cultural and leadership institutions as being the starting point for Let's Beat Diabetes (LBD). To this end, the key focus for LBD will continue to support marae, kohanga reo and kura kaupapa to develop and implement initiatives that support improved nutrition and physical activity within their communities. Underlying all of these interventions/initiatives is a process of increasing the knowledge of Maaori communities about obesity and diabetes, and supporting Maaori cultural institutions to become agents for change.

During 2007/08 a review of the current approach and objectives for the Maaori action area will be undertaken and changes implemented.

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>1.2 Developing Marae as key settings for diabetes awareness and prevention among Maaori communities</p> <p>Counties Manukau District Health Board (CMDHB) will, in partnership with Marae leaders and appointed Marae kaiwhakahaere, facilitate a discussion on Marae with whanau and health workers about diabetes and obesity. Maaori and non-Maaori professionals will support these discussions to ensure a broad range of information, relevant to the audience, is offered.</p> <p>CMDHB will, in partnership with Marae leaders and Marae kaiwhakahaere:</p> <ul style="list-style-type: none"> • Collate and provide an updated visual location map of all Marae, Kohanga Reo and Kura Kaupapa, Maaori Womens Welfare League Branches in the Manukau Counties region • Liaise and schedule Diabetes Wananga with Marae in Counties Manukau • Actively recruit participants and co-ordinate appropriate health professionals for Wananga • Write an account of the process and develop a list of FAQs in collaboration with the School of Population Health, Auckland University • Provide a service directory of Nutrition and Physical Activity initiatives for local Maaori communities to ensure awareness of these services in their locality is known. • Provide a service directory of relevant Clinical services for local Maaori communities to ensure awareness of these services in their locality is known. • Support the Maaori SME programme by inviting Maaori with Diabetes to attend local wananga • Ensure Wananga participants are offered access to and referred to relevant programmes available through the 'Lets Beat Diabetes' programme • Identify at least two potential kaiwhakahaere from marae, who are interested in ongoing training in the area of diabetes and obesity. 	<ul style="list-style-type: none"> • By August 2007, complete the Clinical Service Directory • By September 2007, the Location Map of Marae, Kohanga Reo, Kura Kaupapa and Maaori Womens Welfare League is available on the web. • By December 2007, the series of 6 Wananga previously planned are completed. • During 2007/08, liaise and schedule another 6 Diabetes Wananga for the 2008 year • By January 2008, complete list of FAQs • By January 2008, complete the Nutrition and Physical Activity Service Directory • By April 2008, compile a basic toolkit for Marae which will initially include a food policy draft • During 2007/08, support the ongoing appointment of Marae kaiwhakahaere in the Manukau region and aim for at least four new appointments by June 2008 • By February 2008, Auckland 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Consultation with all key stakeholders to ensure that the needs of the Maaori community are supported long-term. • Marae become healthy, active environments/health promoting environments. • Improved knowledge by Maaori community regards diabetes and obesity. • Enabling tools developed for long term use by Marae <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improve marae participants' health by providing healthy food, physical activity options and opportunities. 	<p>CMDHB (LBD)</p> <p>\$40,000</p> <p>Additional funding from Maaori Health; project management; contract management; leadership, networks; health knowledge expertise and diabetes expertise. This includes resource development and existing resource equipment costs.</p> <p>Partner marae</p> <p>Participation; leadership; networks and exemplar marae Identified.</p> <p>PNM</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>Partner Marae will include the following in 2007/2008:</p> <ul style="list-style-type: none"> • Pukaki Marae (Mangere) • Te Puea Marae (Mangere) • Makaurau Marae (Mangere) • Papakura Marae (Papakura) • Manurewa Marae (Manurewa) • Nga Hau e Wha (Pukekohe) <p>The six (6) Partner Marae for the 2008-year are yet to be scheduled but will be prioritised on the basis of Diabetes prevalence in the area and concentration of Maaori population.</p> <p>In the first instance the role of each Marae leader/ kaiwhakahaere is to organise the Powhiri, panui whanau and encourage participation. Potential changes to Marae settings such as 'Swap2Win' ideas will also be encouraged. Long term they will be required to liaise with the marae about initiatives/developments and long-term health plans after consultation and endorsement from the marae komiti.</p> <p>Links with 5.4 Enhancing Maaori training programming and responsiveness Links with:8.4 Self Management Education</p>	<p>University will have completed the Marae Series evaluation.</p> <ul style="list-style-type: none"> • Other KPIs to be developed in February 2008 in partnership and consultation with Marae 		
<p>1.3 Kaumatua leadership</p> <p>To support Maaori kaumatua to become advocates for diabetes prevention by ensuring their involvement in Diabetes Wananga primarily on the Marae and in other Maaori settings as negotiated and if available.</p> <p>Engagement with kaumatua will occur on the following Partner Marae:</p> <ul style="list-style-type: none"> • Pukaki Marae (Mangere) • Te Puea Marae (Mangere) • Makaurau Marae (Mangere) • Manurewa Marae (Manurewa) • Papakura Marae (Papakura) • Nga Hau e wha (Pukekohe) <p>CMDHB will also in partnership with local Kaumatua:</p> <ul style="list-style-type: none"> • Visit Marae committees to present the intention of the "Lets Beat Diabetes' program • Identify and invite kaumatua to speak about Diabetes prevention at Wananga • Create opportunities for kaumatua to be involved in Diabetes prevention <p>Key partners: CMDHB, Kaumatua, Marae Committees, Marae leaders and Marae kaiwhakahaere</p>	<ul style="list-style-type: none"> • By September 2007, two kaumatua will be identified and formally engaged to talk with Partner Marae Committees about LBD's intention and support for Marae setting changes such as 'swap to win' ideas and food policy endorsement on the marae. • By July 2008, six visits will be completed to Marae committees. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Advocacy for change in a Marae setting • Advocacy for change by Wananga participants • Kaumatua gain a better understanding of Diabetes • Kaumatua support Maaori community in uptake of new ideas through Maaori language, rituals and protocols • Provide a culturally safe process for all participants in a Marae setting <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved management and prevention of diabetes. • Improved nutrition and physical activity for at risk population. • Slowing of disease progression. 	<p>CMDHB (LBD) \$10,000 Additional funding from Maaori Health; project management; contract management; leadership; networks; health knowledge and Diabetes expertise.</p> <p>Partner marae Participation; leadership; networks and cultural safety</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>1.4 Kuia leadership</p> <p>The Maaori Women's Welfare League (MWWL) is a national organisation that has a large membership. This large network has the potential to influence many Maaori women and whanau throughout the country; it is therefore critical that the importance of diabetes and obesity is highlighted throughout the entire organisation. This advocacy will commence in the Counties Manukau region.</p> <p>CMDHB will provide Diabetes workshops to members of the Maaori Womens Welfare League Branches in the Counties Manukau region and provide information on where to seek further help and support in their localities.</p> <p>CMDHB will:</p> <ul style="list-style-type: none"> Consult and offer workshops to MWWL branches in the Counties Manukau region. Identify Maaori women from the MWWL who wish to deliver these workshops to other league branches. <p>Key partners: CMDHB, Nga Wahine Atawhai o Matukutureia (Manurewa branch), MWWL Branches in the Counties Manukau region</p>	<ul style="list-style-type: none"> By September 2007, partner MWWL branch support gained. By October 2007, a MWWL Diabetes workshop programme is negotiated and completed By November 2007 resources for workshops are assembled and developed for workshops By December 2007 a Maaori educator is appointed to negotiate with at least six MWWL branches to deliver workshops By January 2008 the pilot workshop is completed By June 2008, delivery of at least six MWWL workshops is completed 	<p>Process outcomes</p> <ul style="list-style-type: none"> Development of an effective tool for diabetes prevention for the MWWL Kuia gain diabetes knowledge and are supported to work with and bring about change in the Maori community. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> Improved nutrition and physical activity for at risk population. Slowing of disease progression. Improved management of complications. 	<p>CMDHB (LBD) \$30,000 Project management; contract management; leadership; networks; health knowledge and diabetes expertise.</p> <p>MWWL Participation; Maaori leadership; networks; effective facilitation of workshops, cultural safety</p>
<p>1.5 Strengthening Maori leadership in nutrition and physical activity</p> <p>In 2005/2006, CMDHB and Auckland Regional Public Health Service (ARPHS) oversaw the establishment of a coalition of key Maaori personnel working in the areas of physical activity and nutrition in Manukau (PANIC). The key roles of the roopu were initially to co-ordinate, collaborate, pool resources and identify gaps and needs in the region.</p> <p>In 2007/2008, CMDHB and ARPHS will further strengthen PANIC by collaborating with the Franklin roopu Te Pou Manawa who oversee the Franklin region.</p> <p>Key partners: CMDHB, Sport and Recreation New Zealand (SPARC), CM Sport, ARPHS, Raukura Hauora, Papakura Marae, Franklin Te Pou Manawa, ProCare, Manukau City Council (MCC), Franklin Waka Ama (outrigger canoes), Te Hotu Manawa Maaori (THMM), Diabetes Projects Trust.</p>	<ul style="list-style-type: none"> By July 2007 establish an intersectoral network of key Maaori personnel involved in physical activity and nutrition activities and initiatives in the Counties Manukau region. By August 2007 sign off Terms of Reference with members of the collective By December 2007 complete Work Plan for PANIC collective By February 2008 secure organisational support of membership 	<p>Process outcomes</p> <ul style="list-style-type: none"> Efficiency and effectiveness of service provision to Maaori through co-ordination and collaboration. Advocacy of 'By Maaori for Maaori' nutrition and physical activity services and initiatives <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> Reduction of diabetes in Maaori communities. 	<p>CMDHB (LBD) \$10,000 Additional funding from Maaori Health; project management; contract management; leadership; co-ordination; networks.</p> <p>ARPHS Funding; co-ordination.</p> <p>Raukura Hauora, Papakura Marae, ProCare Education; activities; training.</p> <p>Franklin PANIC Collaboration.</p> <p>SPARC</p> <p>MCC Administration, advocacy.</p> <p>Franklin Waka Ama Education, waka ama.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>1.6 Maaori diabetes 'train the trainer' education</p> <p>In 2005/2006, Te Hotu Manawa Maaori specifically developed learning modules for Maaori community health workers, educators in diabetes, nutrition and physical activity.</p> <p>Key steps included:</p> <ul style="list-style-type: none"> Contract appropriate trainers to develop the training package and resources Recruiting participants Training costs: food, training, location and mentoring Developing learning module and resources Providing mentoring for trainees. <p>Key partners: CMDHB, Te Hotu Manawa Maaori, Maaori providers,</p> <p>In the 2005/6 year 30 Maaori attended a three-day workshop developed by Te Hotu Manawa Maaori on diabetes, nutrition and physical activity however these trainees were not confident to teach other groups on the basis of three days training. In 2006 a mentoring component was mooted and funding support gained.</p> <p>The training programme has been reviewed and it is evident that a far more comprehensive and staged training needs to be offered to ensure trainees are confident to offer these workshops to Maaori communities in their region.</p> <p>It has also been identified that the capacity for appropriate trainers is scarce.</p> <p>Also due to the specific Maaori settings, which are, being targeted the development of additional resources and Maaori specific tools for learning is required. Insufficient capacity and capability is currently available within the CMDHB Maaori diabetes and obesity workforce</p> <p>Links with 5.4 Enhancing Maaori training programming and responsiveness</p>	<ul style="list-style-type: none"> By August 2007 identify appropriate Maaori education provider to develop and deliver Maaori diabetes and obesity training programme in the Counties Manukau region By September 2007 formally contract appropriate Maaori education provider to further develop comprehensive, staged training programme By October 2007, resources for the training programme are developed By October 2007, the proposed mentoring programme will align with training By December 2007, twenty five Maaori participants for training are formally registered By March 2008, training will commence. During 2007/08 find additional sponsor funding for trainees 	<p>Process outcomes</p> <ul style="list-style-type: none"> A significant pool of trained Maaori workers working effectively throughout Counties Manukau. Maaori specific resources The development and delivery of Maaori health education in Maaori settings Positive relationships with CMDHB and Maaori working in Maaori specific settings <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> Improved nutrition and physical activity for at risk population. Slowing of disease progression. Improved management of complications. 	<p>CMDHB (LBD)</p> <p>\$50,000</p> <p>Additional funding from Maaori Health; project management; contract management; leadership; networks.</p> <p>Trainers</p> <p>Maaori Educators</p> <p>Nutritionists</p> <p>Physical Activity Trainers</p> <p>Participants</p> <p>Maaori health workers</p> <p>Kaiako</p> <p>Pouako</p> <p>Marae kaiwhakahaere</p> <p>Maori leaders</p>
<p>1.7 Supporting kohanga reo, kura kaupapa and whare kura to include nutrition and physical activity within their curriculum/teaching programmes.</p> <p>See 7.7.</p> <p>Also linked to 7.5</p>	<ul style="list-style-type: none"> Ensure there are at least 15 places available for staff from these Maaori settings in the training programme 	<p>Process outcomes</p> <ul style="list-style-type: none"> A significant pool of trained Maaori workers working effectively throughout Counties Manukau. Maaori specific resources The development and delivery of Maaori health education in Maaori settings Positive relationships with CMDHB and Maaori working in Maaori specific settings <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> Improved nutrition and physical activity for at risk population. Slowing of disease progression. Improved management of complications. 	<p>CMDHB (LBD)</p> <p>\$10,000</p> <p>Trainers</p> <p>Maaori Educators</p> <p>Nutritionists</p> <p>Physical Activity Trainers</p> <p>Participants</p> <p>Maaori health workers</p> <p>Kaiako</p> <p>Pouako</p> <p>Marae kaiwhakahaere</p> <p>Maori leaders</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>1.8 Develop an LBD Maori Leadership Hub</p> <p>The leadership hub will have two key priorities:</p> <ol style="list-style-type: none"> 1) To oversee the development, implementation and monitoring of the agreed initiatives in the Maori action area, and 2) To ensure that all the LBD action areas are contributing effectively to reducing the disparities in diabetes and obesity in Maaori communities. This will be done by providing advice and support to each of the action areas with a focus on making healthy eating and physical activity normal, fun and achievable for Maaori in Counties Manukau. <p>The delivery of consistent and effective messages through various mediums, initiatives and activities that are tailored to encourage positive behaviour change in Maori communities will be achieved through the support of partner groups and LBD action areas.</p> <p>Some action areas have been prioritised because of their focus and ability to influence the wider Maori community, such as social marketing.</p> <p>It is anticipated that the Maaori leadership hub will include representation from the CMDHB LBD team, CMDHB Maori Health team, PANIC, Te Pou Manawa and other key LBD stakeholders who are well-placed to make a positive and effective contribution to this Maaori leadership.</p>	<ul style="list-style-type: none"> • By August 2007 establish and confirm a Maaori leadership hub to support LBD. • By August 2007, terms of reference for the Maaori leadership hub have been developed and approved. • During 2007/08 the Maaori leadership hub will provide Maaori leadership across the LBD action areas to ensure cultural appropriateness and targeting of initiatives/interventions. • During 2007/08, priority areas will be: <ul style="list-style-type: none"> ○ Social Marketing: Influence the wider Maori community ○ Health Promotion: Support the development of a capable Maori workforce ○ Schools accord: Support the development of Maaori education e.g. kohanga reo, kura kaupapa and whare kura. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Raise the profile of positive Maori role models and organisations • Raised awareness of diabetes and obesity • Increased utilisation of current services available and the development of new services • Increase skills and long term support of Maori workforce in health and education • Improved cultural appropriateness and targeting of initiatives to Maaori 	<p>CMDHB (LBD) \$65,000 Project management, contract management, strategic advice & support, liaison & facilitation</p> <p>Participants Media Communications Social Marketing Health Promotion Maori educators Schools accord</p>

Pacific peoples

Samoan: Suamalie i le gutu a'e oona i le manava – fa'alalo le ma'i suka.

Tongan: A Tongan-led diabetes workforce, resourced to work together with the Counties Manukau community to serve our families.

Our aims: (1) Ke haofaki'i hotau ngaahi famili mei he suka and (2) Ke leva'i lelei e suka 'i he famili.

Cook Islands: Tamate i te toto vene.

Niuean: Omai ke kau fakalataha ke tuku hifo e gagao suka ki lalo.

Extensive consultations with Pacific peoples to ascertain their needs, aspirations, priorities and appropriate approaches to meeting these, were undertaken via fono, working groups and community consultations. Community representatives and providers consistently supported Pacific churches and language nests as being the starting point for Let's Beat Diabetes (LBD). To this end, the focus for LBD in 2007/2008 is on supporting Pacific churches and language nests (7.6) to develop and implement nutrition and physical activity initiatives within their communities; equipping Pacific leaders and their congregations with information about Self Management Education of Type 2 diabetes and its risk factors so they can become agents of change; and improving nutrition and physical activity for people who are obese and at risk of getting diabetes has been identified for priority action. Underlying all of the interventions/initiatives is a community development process of increasing community knowledge and capacity to support Pacific community groups to become leadership hubs for change.

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>1.9 Empowering self-identified and community identified leaders and organisations to become agents for change within their families and communities.</p> <p>Languaging complex health issues in a cultural context can be complex where there are limited words to translate anatomy, body functions and the physiological impact of disease processes. The development of a language with oral traditions requires a critical mass of Pacific community leaders, language and health professional experts to discuss and debate those issues among themselves as a process for gathering consensus on how important health issues such as diabetes will be described consistently.</p> <p>The Forums will be created for language and cultural experts to debate and dialogue around cultural practices and language in relation to diabetes.</p>	<ul style="list-style-type: none"> During 2007/08, the Pacific Health team will hold have held seven ethnic specific bilingual forums on obesity. These forums will be created for language and cultural experts to debate and dialogue around cultural practices and language in relation diabetes. By June 2008 the bilingual discussions on obesity will have assisted in further informing the implementation of the social marketing campaign for Pacific populations. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> Provision of a forum for dialogue to occur around the language and terminology used to discuss obesity as well as the cultural practices which impact on obesity Delivery and evaluation of a healthier lifestyle module to LotuMoui Ministers Church leaders leading their congregations by example <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Improved nutrition and physical activity levels leading to a reduction in obesity 	<p>CMDHB (LBD) \$30,000</p> <p>Partner Organisation Activities</p> <p>Community Leaders, Pacific Health Professionals and Language Experts</p> <p>Participate in planned activities</p> <p>Provider specialist advice and expertise from ethnic-specific perspectives around cultural practices and language relating to diabetes</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>1.10 Pacific churches to develop and implement nutrition and physical activity initiatives</p> <p>Pacific Health will continue with the implementation of the Pasefika LotuMoui Operations Plan that sees 50 Pacific churches implementing healthy lifestyle activities in Counties Manukau.</p> <p>Links to 8.4 Self Management Education</p>	<p>Nutrition Education Module</p> <ul style="list-style-type: none"> • During 2007/08, deliver nutrition education module to LotuMoui churches which will support the development of nutrition policies and healthier nutritional practices in church settings. • By June 2008, 7 “Kai Lelei” workshops will have been delivered to 250 participants • By June 2008, 30 LotuMoui participants will have received specialised training in nutrition • During 2007/08 all Kai Lelei workshops will incorporate key Social Marketing messages where appropriate. <p>Physical Activity Module</p> <ul style="list-style-type: none"> • During 2007/08, implement a physical activity module appropriate for delivery with Pacific communities in church based settings. • By June 2008, 7 “Moui Ola” workshops will have been delivered to 250 participants • By June 2008, 30 participants will have received specialised training in physical activity • By June 2008, launch of a “LotuMoui Games”. • During 2007/08 all Moui Ola workshops and LotuMoui Games will incorporate key messages from the LBD Social Marketing campaign. <p>Self Management Education</p> <ul style="list-style-type: none"> • By December 2007, pilot the SME Programme within two Pacific Churches. • During 2007/08, evaluate the pilot and implement a self management education programme to improve uptake 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Pacific churches become health promoting environments, with a focus on nutrition and physical activity. • Pacific churches knowledge about healthy lifestyles is enhanced • Increased community knowledge leading to changes in behaviour towards healthy living <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Improved nutrition and physical activity levels leading to a reduction in obesity for at risk population 	<p>CMDHB (LBD) \$30,000 on Church activities</p> <p>LotuMoui Churches</p> <ul style="list-style-type: none"> - Participate in planned activities - Have graduates of nutrition course and physical activity course support the delivery of sessions <p>Pacific Health Professionals</p> <ul style="list-style-type: none"> - Support the delivery of education modules <p>Physical Activity</p> <ul style="list-style-type: none"> - Pacific Physical Activity Advisory Group supports implementation of module <p>SPARC/ MCC/CMDHB</p> <p>Self Management Education</p> <ul style="list-style-type: none"> - LotuMoui churches - Primary care team - DGAG

	of best practice post diagnosis education with Pacific communities in church based settings.		
<p>1.11 Kids in Action</p> <p>The Kids in Action Programme is a joint programme between South Seas Healthcare, TaPasefika Health Trust PHO and CMDHB. The rising level of obesity and the early indications of the onset of type-2 diabetes are rapidly increasing for Pacific children and young people in the Counties Manukau District. This intervention aim's to support Pacific children and their families to reduce and /or maintain their weight under clinical supervision.</p>	<ul style="list-style-type: none"> • By 30th June 2008, a total of 140 children aged 5 – 14 years who have been identified as at risk of diabetes would have participated in the Kids in Action Programme. • During 2007/2008, CMDHB will evaluate the Kids in Action Programme to look at ways to enhance the intervention. • The provider of the programme will make available health promotion resources and material to participants as part of the programme. This will include information on healthy weight and how participants can modify their lifestyles (ie: Swap2Win messages). 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • To reduce health inequalities for Pacific peoples as a high need community for physical activity; <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Improved nutrition and physical activity levels leading to a reduction in obesity for at risk population 	<p>CMDHB (LBD) \$25,000</p> <p>MOH (HEHA) \$50,000</p> <p>Ta Pasifeka Additional funding and project management</p>
<p>1.12 Lotu Moui Church Aerobics</p> <p>There are a number of churches in the Counties Manukau District that are currently implementing exercise programmes. However some churches may not have access to qualified physical fitness instructors which could pose potential health and safety risks to those participating in the activity. The aim of the LotuMoui aerobics initiative is to provide 'Pacific style' aerobics in a setting that appropriate and safe to participants. The programme is also open to those church groups who are not presently in the LotuMoui programme.</p>	<ul style="list-style-type: none"> • From 1 July 2007 ending 30th June 2008, Deliver a minimum of three one-hour low impact aerobics sessions per week • The provider of the programme will make available health promotion resources and material to participants as part of the aerobics sessions. This will include information on healthy weight and how participants can modify their lifestyles (ie: Swap2Win messages). 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Increase the numbers of Pacific peoples participating in, and promoting health through physical activity; • Increased inter-sectoral activity • Reorientated PHO activities to include public health approaches consistent with the HEHA and Cancer Control Strategies. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Improved nutrition and physical activity levels leading to a reduction in obesity for at risk population 	<p>CMDHB (LBD) \$10,000</p> <p>MOH (HEHA) \$20,000</p> <p>Ta Pasefika Additional funding and project management</p>

Asian peoples

Estimated Counties Manukau population figures for 2007 indicate that there are 71,000 Asian people living with Counties Manukau. This is 18% of the total Asian population within New Zealand. Many peoples of Asian descent have a higher risk factor for diabetes.

A new initiative within LBD for 2007/08 will be to work with the Asian community to identify ways in which to improve the prevention, treatment and management of Type 2 Diabetes for those at-risk groups.

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>1.13 Asian peoples leadership group</p> <p>A suitable Asian Community Group is supported or a new group formed to support, develop and assist to implement initiatives that encourage local participation in activities that reduce diabetes risk, slow disease progression and/or improve the quality of life for people with diabetes</p>	<ul style="list-style-type: none"> By December 2007 an Asian peoples group will agree to or will be set up to work with LBD. By June 2008 two initiatives will have been investigated, implemented or/and supported. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> Community organisations and groups have opportunities to put their ideas into action Smaller community organisations are supported to take on a health promoting role <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Improved nutrition and physical activity levels leading to a reduction in obesity. 	<p>CMDHB (LBD) \$25,000</p> <p>Asian community Participants, supporting organisations</p>

Workplace

Healthy, active workplaces

The workplace is identified in public health literature as being one of the key intervention areas to support improved population health. Maaori and Pacific peoples have also identified the workplace as an important setting for public health interventions.

Summary of Work to date

In 2005/2006 Auckland Regional Public Health Service (ARPHS) lead this action area on behalf of Lets Beat Diabetes. The Heartbeat Challenge (HBC) programme was offered to partner organisations Counties Manukau District Health Board (CMDHB), Housing New Zealand Corporation (HNZC), Ministry of Social Development, Ministry of Pacific Island Affairs (MPIA) and Manukau City Council (MCC) to enhance or develop and implement policies and initiatives that support healthy, active workplaces. The programme was successfully implemented by CMDHB and HNZC, with CMDHB receiving their HBC in July 2006. Within the CMDHB area the programme continued to be delivered to workplaces especially those employing Maaori and/or Pacific Island and/or lower socio-economic workers.

In 2006/2007 Targeted organisations were to be primarily factory settings linked to the food industry, with significant Maaori and Pacific workforces. This approach was intended to extend food industry participation in the LBD programme, using healthy workplace development as a springboard. CM Sport were unable to partner in this work as they had set their strategic direction and resources towards schools. Pacific Flight Catering, Danisco and Coca Cola (factory outside DHB area but employees largely from CMDHB) were notable food industry additions in 06/07, and progressing well in the programme. Nestle is an existing HBC company.

Another target for 06/07 was to develop case studies, reporting on outcomes of participation in programme, drawing on qualitative and quantitative data. This has commenced with 'Kumfs' Shoes Ltd being chosen as an ambassador involved in the LBD social marketing campaign. LBD and HBC will share the text and photos for each others purposes. Two other companies have been identified for case studies-Pacific Flight Catering and CMDHB. The case studies will be used to market the HBC programme. This will be formally noted in the Communication plan for this action area by Nikki Pye for 07/08.

Simal Patel, a NHS master's student placement for LBD undertook preliminary work on developing a tool for assessing the impact of workplace programmes particularly re absenteeism and productivity/presenteeism. This work will be taken up and developed by the SOPH as part of the evaluation of HBC which has commenced in 2007.

Key partners: ARPHS, Food Industry Group (FIG).

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
1.14 Supporting employers and employees to develop and implement policies and initiatives that support healthy active workplaces	<ul style="list-style-type: none"> During 2007/08 efforts will be made to engage large LBD partners in the Heartbeat Challenge (HBC) workplace programme. During 2007/08 continue to promote the HBC programme to Food Industry factories By June 2008 achieve an uptake of the workplace programme in at least five more 	Process outcomes <ul style="list-style-type: none"> Improved nutrition and physical activity in workplace. Change in workplace culture, catering and employer approaches to active employees. A set of exemplar workplaces that others can aspire towards. 	CMDHB (LBD) \$40,000 ARPHS Leadership; implementation. The ARPHS workplace health team. Will work with identified employers to enhance or develop and implement healthy, active workplace

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
	<p>companies/employers, including food industry members, by those that fit the HBC criteria (Maaori/Pacific/Low SES workers)</p> <ul style="list-style-type: none"> • By June 2008, approach 10 large employers of Maaori and/or Pacific Island and/or lower SES in the CMDHB area to target their participation in the HBC programme. • By September 2007, develop a Communication Plan. • By October 2007, develop 2 relevant case studies for promoting the HBC to Counties Manukau employers. • During 2007/08 support and promote the Swap2Win brand in workplaces in the CMDHB area. This might include cafeteria signposting and promotions, Nutrition and PA education, vending machines, snack boxes, websites. • By December 2007, develop tool for 'blue collar' workplaces to evaluate their own wellness programmes. • By October 2007, consult with LBD to reflect our relationship in the new HBC re-branding and website development. • During 07/08 undertake a scoping exercise to identify possible value, approaches and options for targeting the small –medium enterprise sector with a wellness programme. 	<p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved nutrition and physical activity leading to a reduction in obesity. 	<p>policies and programmes, through further implementation of the Heartbeat Challenge.</p> <p>The Auckland Regional Public Health Service will continue to resource the workplace health team to deliver the HBC programme in the CMDHB area as well as resource to provide on-going improvements and enhancements to the programme.</p>

Action Area 2 – Promoting Behaviour Change Through Social Marketing

The power of collective small steps towards achieving change

A number of key milestones were achieved in 2006/2007, namely:

- Launch of the Swap2Win campaign to encourage and support healthier eating, drinking and physical activity behaviours among Maaori, Pacific and low-income families
- Completion of a baseline study of 2400 residents in the CMDHB area. The study was the first of its kind in NZ, offering all those who took part in the telephone survey an opportunity to get tested for Type 2 diabetes (results of all tests being linked back to the survey data). The sample was split among Maaori, Pacific, Asian and NZ European/Other ethnicities. Samoan and Tongan participants were offered the choice of completing the survey in their own language.

In 2007/2008, the focus will be on management and on-going development of Swap2Win campaign, as well as further analysis and dissemination of key findings from the baseline study with LBD stakeholder and the wider community.

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>2.1 Social marketing leadership hub</p> <p>CMDHB will reconvene the social marketing leadership hub to guide the on-going development and implementation of the social marketing strategy. The hub will need to include individuals from a variety of relevant networks and skill sets and expertise.</p> <p>Key partners: CMDHB, individuals with relevant skill sets and influence from partner organisations and the community will be invited to (re)join the leadership hub.</p>	<ul style="list-style-type: none"> • By September 2007 a review of the membership will have been undertaken • During 2007/08 the group will meet at least once every two months. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • The leadership hub will continue to guide the action area providing critical thinking and a solution based approach. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved nutrition and physical activity leading to a reduction in obesity, and prevention or delay of onset of diabetes. 	<p>CMDHB (LBD)</p> <p>\$95,000</p> <p>Strategy leadership; Agency relationship management; project management; contract management; facilitation of meetings, representation on leadership group.</p> <p>Key partners</p> <p>MoH, others TBC for 07/08.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>2.2 Completion of implementation of Phase 1 of Swap2Win campaign Having launched in June 07, activity will continue through to 31 August 07.</p>	<ul style="list-style-type: none"> By August 2007 the retail sector activity supporting the campaign will have been fully implemented and resources distributed across all networks By August 2007 the media activity launched in June 2007 will have been completed. 	<p>Process outcomes</p> <ul style="list-style-type: none"> 'Household influencers' in Maaori, Pacific and low-income families aware of need to take action against obesity, know how to (i.e. aware of swap tips), and have taken initial steps supporting their family to swap to healthier lifestyles. 'Environmental influencers' aware of need to take action against obesity, know how to (i.e. aware of swap tips), and have taken steps to make it <i>easier</i> for their members/ customers/ staff etc to make the 'right' eating/drinking and physical activity swaps. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> Improved nutrition and physical activity leading to a reduction in obesity, and prevention or delay of onset of diabetes. 	<p>CMDHB (LBD) \$50,000</p> <p>Key partners</p> <p>Manukau City Council, Franklin District Council, Papakura District Council, ARPHS, PHOs, Plunket, Schools, Food Industry Group, Lotu Moui, Pacific Island Heartbeat, Te Hotu Manawa Maaori, Auckland Regional Council</p>
<p>2.3 Evaluation of Phase 1 of the Swap2Win campaign There will be an evaluation of Phase 1 of the Swap2Win campaign in order to enhance effectiveness of subsequent phases.</p> <p>The evaluation will be at two levels: - Development process of Phase 1 - Outcomes of Campaign activity for Phase 1</p> <p>(Note: longer term effectiveness of the campaign will be measured by results of the follow-up to the baseline study. This is to be repeated in 2-3 years time)</p>	<ul style="list-style-type: none"> By July 2007 the final scope of the evaluation will have been agreed By Aug 2007 the interview guides and questionnaires will have been drafted. The Process evaluation will have been started (subject to approval of ethics) By November 2007 the evaluation report and findings will have been delivered. 	<p>Process outcomes Learnings to enhance effectiveness of on-going social marketing activity.</p> <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> Improved nutrition and physical activity leading to a reduction in obesity, and prevention or delay of onset of diabetes. 	<p>CMDHB (LBD) \$35,000</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>2.4 Management and on-going development Phase 2 of the Swap2Win campaign</p> <p>The main activity for 07/08 will include:</p> <ul style="list-style-type: none"> - Using learnings from the evaluation to refine the content, placement and look+feel of the Swap2Win campaign as appropriate. Further phases of the campaign are likely to: <ul style="list-style-type: none"> a. include additional swap tips (i.e. to reflect seasonality, how tips from phase 1 received, nature of initiatives across other LBD and partner orgs etc). This will include seeking advice as appropriate from experts in nutrition (NAG), physical activity (CM Sport, SPARC) and cultural area (CMDHB Pacific and Maaori Health teams). b. new ways of reaching people (i.e. text etc to considered for further phases) - Supporting action areas as appropriate to help families reduce sugar and fat intake, have right size portions and to become more active. - On-going development of www.swap2win.co.nz and supporting resources (note: will need to contract specialist skills to support this as appropriate). - Leveraging from and influencing national campaigns seeking similar objectives (SPARC, Feeding Our Futures) through regular contact re. planning. <p>Key partners: CMDHB, organisations, groups (public and private sector, social, cultural etc), agencies, families, individuals, communities across Counties Manukau.</p>	<ul style="list-style-type: none"> • By November 2007 a workplan for the development and implementation of phase 2 will be provided for approval. • By June 2008 phase 2 of the Swap2Win campaign will have been implemented and completed. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • 'Household influencers' in Maaori, Pacific and low-income families aware of need to take action against obesity, know how to (i.e. aware of swap tips), and have taken initial steps supporting their family to swap to healthier lifestyles. (Note: focus may be extended to include some Asian ethnic groups in 07/08 – depending on overall LBD activity in relation to these groups). • 'Environmental influencers' aware of need to take action against obesity, know how to (i.e. aware of swap tips), and have taken steps to make it <i>easier</i> for their members/ customers/ staff etc to make the 'right' eating/drinking and physical activity swaps. (Specific environmental influencers for focus for 07/08 TBC) <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved nutrition and physical activity leading to a reduction in obesity, and prevention or delay of onset of diabetes. 	<p>CMDHB (LBD) \$380,000</p> <p>Project management; contract management; sourcing of additional funding.</p> <p>Other sources of funding Potential 'swap' sponsors from public and private sector in 07/08</p>
<p>2.5 Supporting behaviour change re. getting tested for Type 2 Diabetes</p> <p>When the strategic planning process was completed for the social marketing action area in 05/06, it was expected that there would be a 'find-out' phase of activity. This activity was to support the goal of greater proportions of the 'at-risk' population getting tested for Type 2 Diabetes.</p> <p>Further planning is required between the social marketing action area and primary care action area, before a specific work plan can be outlined for 07/08. For example, agreement needs to be reached about which group we want behaviour change from – those who deliver the service, the at-risk population, or both. We also need to review and consider what is already out there or what has already been tried (e.g. cardiovascular initiatives such as One Heart Many Lives; Waikato screening initiatives) and what can be learnt for LBD.</p> <p>Links with 8.6 Primary Care</p>	<ul style="list-style-type: none"> • During 2007/08 support will be provided for any requirements for screening to be implemented through the primary care workstream. • By December 2007 agree a specific plan to support the uptake of screening (subject to DHB agreement to support the screening initiative). 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Learnings to enhance effectiveness of on-going social marketing activity. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved nutrition and physical activity leading to a reduction in obesity, and prevention or delay of onset of diabetes 	<p>CMDHB (LBD) \$20,000</p> <p>Key partners: Phoenix Research, Primary Health Organisations (PHOs), SOPH</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>2.6 Maximising value from results from the Baseline Study</p> <p>If the optimal value is to be gained from the investment in the baseline study, then specific initiatives need to be put in place to ensure results are analysed and disseminated in as useful and meaningful a way to LBD action areas, partner orgs and the wider community</p> <p>At LBD and stakeholder level (incl teams within CMDHB, PHOs, GP networks), this is likely to entail running a series of workshops – tailored to meet the needs and interests of specific groups.</p> <p>At a wider community level, there is an opportunity to share results both at one-to-one level (1865 study participants indicated that they wanted a topline summary of the key results from the study) as well as more broadly (i.e. through community press and groups).</p> <p>As all study participants were asked if they would consent to being contacted about further related research for LBD, this will allow us as appropriate to potentially follow-up with more in-depth research to understand more about different groups and what we need to do to support them achieve 'healthy' behaviour goals re. reducing fat+sugar intake, right size portions and being more active. (It will also help inform 2.5 above)</p>	<ul style="list-style-type: none"> • By August 2007 baseline study documents will have been ready for dissemination to the LBD team and stakeholders. • By September 2007 circulation of the key findings will be shared with the wider community. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Learnings to enhance effectiveness of on-going social marketing activity and LBD programme development. • The sharing of results can also be used as an effective catalyst for action if communicated and supported effectively. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved nutrition and physical activity leading to a reduction in obesity, and prevention or delay of onset of diabetes. 	<p>CMDHB (LBD) \$20,000</p>

Action Area 3 – Changing Urban Design to Support Healthy, Active Lifestyles

The urban environment in Counties Manukau supports increased physical activity levels and improved social cohesion.

Urban environments impact on our lifestyle choices, and subsequently our health and risk of disease. There are a number of areas Let's Beat Diabetes (LBD) wishes to influence urban design. They include:

- park design and redevelopments
- urban planning and design
- urban developments and redevelopments
- public transport and active transport infrastructure issues, and
- enhanced access and opportunities to be physically active.

In 2005/2006 and 2006/2007, Auckland Regional Public Health Service (ARPHS) and Manukau City Council (MCC) led this activity in this action area on behalf of LBD. They will continue to do so in 2007/2008, and involve other key stakeholders including Papakura District Council (PDC), Franklin District Council and Housing New Zealand.

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>3.1 Establishing a LBD leadership hub on health and urban design in Counties Manukau</p> <p>A leadership hub will be formally established to guide work in this action area and enhance alignment and collaboration. Membership to include Counties Manukau District Health Board (CMDHB), ARPHS, Housing New Zealand Corporation (HNZC), Counties Manukau Sport (CM Sport), FDC, MCC and PDC. Members will facilitate access to internal decision-making processes, community engagement, and act as a forum for cross-organisation information sharing.</p> <p>An initial project from the leadership hub will be the development of a directory of key players in the urban design/health interface in Counties Manukau.</p>	<ul style="list-style-type: none"> • By October 2007 the health and urban design, leadership hub will have been formally established. • By November 2007 a directory of key players in health and urban design will have been completed. • By August 2007, position statements on public health issues in urban design will have been developed and presented to leadership hub for critique. • By November 2007 a presentation to the leadership hub on Urban Design Protocol commitments and development of "Health Guidelines" will have occurred. • By November 2007 a presentation to the leadership hub on Health Impact Assessment as a planning tool will have occurred. • By November 2007 support will have been investigated for training of key players in health and urban design on HIA. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Partners will raise awareness of projects, developments, contacts and opportunities as they arise. • Enhanced collaboration in projects of mutual interest and benefit. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Long-term reduction in obesogenic environment assisted by heightened collaboration across sectors. 	<p>CMDHB</p> <p>Non-budget item.</p> <p>Participation; facilitation of meetings; co-ordination</p> <p>Key partners</p> <p>Participation by ARPHS, CMDHB, MCC, HNZC, MCC, PDC, FDC, CM Sport and MSD</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>3.2 Developing exemplar models for community activity parks</p> <p>In 2005/2006, CMDHB, HNZC and MCC collaborated to develop an exemplar neighbourhood activity park (Templeton Park, Clendon) to support increased levels of family/community based physical activity.</p> <p>In 2006/2007 progress continued on Templeton Park. In 2007/08 the focus will be on:</p> <ul style="list-style-type: none"> • completing the Templeton Park development • finalising a small publication on the development of Templeton Park, including the partnership and consultation processes, designs, and evaluation finding. This will be distributed widely as a case study of park development to assist future activities. <p>Through the development of exemplar models, we anticipate heightened public demand and expectations for local park development. This in turn will influence organisational decision-making to develop these facilities, with attendant impacts on physical activity and health for local populations as such developments occur. On completion of exemplar parks, generic lessons learned from these projects will be shared between partners and disseminated widely to assist their further development.</p> <p>Key partners: CMDHB, MCC, FDC, PDC, HNZC, ARPHS, CM Sport.</p>	<ul style="list-style-type: none"> • By January 2008 installation of playground/pathway elements and slam dunk • By June 2008, the upgrade, evaluation and production of case study booklet on Templeton Park will have been completed. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Park development and process facilitates increased use by local children, families and adults, and encourage activity, games and play. • Park usage contributes to increased social cohesion. <p>Health outcomes</p> <ul style="list-style-type: none"> • Increased levels of physical activity contribute to reduced risk factors for diabetes and heart disease. 	<p>CMDHB</p> <p>Project management; contract management; co-ordination; funding of evaluation.</p> <p>HNZC</p> <p>Funding, implementation, collaboration in park design and planning, negotiation with MCC, FDC and PDC and other key stakeholders over design implementation and resourcing.</p> <p>MCC, PDC and FDC</p> <p>Funding, implementation and collaboration in park design and planning, negotiation with other stakeholders over design, consents and approvals processes.</p> <p>University of Auckland School of Population Health (SOPH)</p> <p>Evaluation.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>3.3 Health Impact assessment</p> <p>In 2005/2006, ARPMS funded a Health Impact Assessment (HIA) focusing on a component of the Mangere town centre development. In 2007/2008, ARPMS will, on LBD's behalf, project lead a further HIA in Counties Manukau, with a particular view on the impact on physical activity. This is to facilitate the incorporation of health issues in local decision-making in an appropriate manner, and to further enhance partnerships between the health sector, local government and HNZA. It is proposed that the HIA focus on the McLennan Housing Development (ex Military Camp) in Papakura/Takanini.</p>	<ul style="list-style-type: none"> By June 2008, the Health Impact Assessment on McLennan Housing Development will have been completed. By August 2007 an investigation of the implementation and evaluation of the Mangere HIA (Pershore Precinct) will have been completed. 	<p>Process outcomes</p> <ul style="list-style-type: none"> Increased uptake of health issues in urban planning and design. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> Increased levels of physical activity, through better urban design, leading to lower obesity levels. 	<p>CMDHB (LBD) \$25,000 Input into scoping and planning, feedback on draft reports, dissemination of findings to key stakeholders.</p> <p>ARPMS Leadership, project management. Review major planning initiatives in Counties Manukau and undertake health impact assessments in terms of their impact on physical activity, in collaboration with relevant stakeholders, including HNZA, PDC, FDC, MCC CM Sport, health providers.</p>
<p>3.4 Advocating for health</p> <p>ARPMS will, on behalf of LBD, continue an advocacy role on aspects of urban design, liaising with MCC, FDC, PDC and HNZA on issues of significance in local policy and planning, such as the Mangere town centre development or the forthcoming housing development on the site of the Papakura military camp (McLennan).</p> <p>ARPMS will also work with MCC, PDC and FDC to ensure opportunities for physical activity and access to services and amenities are enhanced. This includes:</p> <ul style="list-style-type: none"> free access to recreation facilities and swimming pools safe cycling paths, walkways and pedestrian crossing, particularly around schools, and safe parks. <p>CMDHB will participate in planning activities where resources permit, and will facilitate linkages on specific health sector issues relating to urban development, such as primary care development. CM Sport have a particular interest in the orientation of urban design to supporting physical activity and will be linked into this and related processes.</p>	<ul style="list-style-type: none"> During 2007/08 there will be timely and active participation in planning processes. During 2007/08 all submissions will be made within specified timeframes. 	<p>Process outcomes</p> <ul style="list-style-type: none"> Effective health input into district and regional planning and infrastructure decisions. Barriers to access and participation remain low. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> Increased levels of physical activity, through better urban design, leading to lower obesity levels. 	<p>CMDHB Non-budget item. Project management; input into programme; feedback on papers; collaboration with MCC, FDC and PDC planning processes; identification of linkages with MCC, FDC and PDC business where impacts on LBD.</p> <p>ARPMS Leadership. Involvement in planning processes from an early stage, preparation of submissions and lobbying on planning and infrastructure issues on a case by case basis.</p> <p>CM Sport Experience and expertise in physical activity.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>3.5 Building a health-promoting transport system</p> <p>CMDHB, ARPHS, CM Sport, MCC, FDC and PDC (linking with ARTA, ARTNL, On-Track and other interested organisations) will collaborate in developing health promoting public transport (including active transport, such as walking and cycling).</p> <p>CMDHB, ARPHS and CM Sport will work with MCC, PDC and FDC on issues of significance on a case by case basis. Activity will include engaging with PDC in the development of public transport provision with a view to enhancing linkages to pedestrian and cycle routes, and to local services, facilities and amenities, so as to maximise the health potential of public transport; and ensuring opportunities for physical activity are enhanced.</p> <p>It is anticipated that development of an exemplar model will create increased public demand and expectations for infrastructure development, which will in turn influence organisational decision-making to develop such facilities, with attendant impacts on physical activity and health as developments occur.</p> <p>Key partners: CMDHB, ARPHS, MCC, FDC, PDC, CM Sport, MSD.</p>	<ul style="list-style-type: none"> • During 2007/08 there will be timely and active participation in planning processes. • During 2007/08 all submissions made within specified timeframes. • During 2007/08 capacity building activities will be investigated. • By June 2008 linkages with Walking School Buses and other key players will be made. • By February 2008 an exemplar model for health promoting transport system will be identified and scoped. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Effective health input into district and regional public transport infrastructure decisions. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Increased levels of physical activity, through better urban design, leading to lower obesity levels. 	<p>CMDHB (LBD)</p> <p>\$25,000</p> <p>Project management, input into programme, feedback on papers, collaboration with MCC, FDC and PDC planning processes, identification of linkages with MCC, FDC and PDC business where impacts on LBD.</p> <p>ARPHS</p> <p>Leadership. Involvement in planning processes from an early stage, preparation of submissions and lobbying on planning and infrastructure issues on a case by case basis.</p> <p>CM Sport</p> <p>Experience and expertise in physical activity.</p> <p>PDC</p> <p>Scoping, planning and consultation on public transport provision, as precursor to infrastructural development in subsequent years.</p>

Action Area 4 – Supporting a Healthy Environment Through a Food Industry Accord

The food environment in Counties Manukau changes to increase healthy food availability and consumption, particularly for families with low incomes and at high risk of Obesity and Type 2 Diabetes.

Since May 2005, Counties Manukau District Health Board (CMDHB) and the Food Industry Group (FIG) have worked collaboratively on a number of innovative projects in Counties Manukau, in order to achieve *Let's Beat Diabetes* (LBD) and the Food Industry Accord's (FIA) joint objectives. These objectives include helping to prevent obesity and creating a healthier nation.

A number of key milestones were achieved in 2006/2007 as a result of this collaborative partnership, including:

- Adoption of the low/no sugar drinks trial (referred to as the 'Sprite Zero' trial) piloted in McDonald's restaurants in Counties Manukau as standard business practice.
- National roll-out of the low/no sugar drinks initiative across all McDonald restaurants in New Zealand in February 2007.
- Development and piloting of the "Healthy Tuckshop Business Model" for secondary schools in a decile 1 school in Counties Manukau.
- Roll-out of the "Healthy Tuckshop Business Model" to a number of decile 1 and 2 schools across Counties Manukau.
- Renewal of CMDHB's and FIG's commitment to the Joint Initiative Group (JIG), and to working collaboratively on innovative projects that meet LBD's and the FIA objectives. This included the co-funding of the health/food industry advocate position to drive and oversee JIG's work programme (4.2).

In 2007/08, the focus will continue to be on creating a supportive food environment that actively encourages and supports the purchase and consumption of healthier food options in Counties Manukau. This will be done via implementation of JIG's work programme.

LBD's and the FIA's objectives and the JIG work programme align to and support the Ministry of Health's (MoH) *Healthy Eating Healthy Action Framework* (HEHA).

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.1 Strengthening the leadership structure for the food industry: health sector joint initiative in Counties Manukau</p> <p>The health and food industry governance/leadership structure, the Joint Initiative Group (JIG) will be strengthened, and continue to function as the leadership structure for this action area.</p> <p>Key partners: CMDHB, FIG.</p>	<ul style="list-style-type: none"> • By August 2007, JIG membership reviewed and strengthened. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • A collaborative structure guides Food Industry initiatives. • Consolidation of Counties Manukau as the 'demonstration pilot' area for the FIA. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved nutrition leading to a reduction in obesity. 	<p>CMDHB \$95,000 Project management, contract management, facilitation of meetings, health leadership, guidance, advice, networks.</p> <p>FIG \$25,000 Food industry leadership, expertise, networks.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.2 Implementing JIG Work Programme 2007/08</p> <p>The JIG work programme comprises 12 initiatives/interventions. They are a mix of strategic and operational-focused initiatives/interventions. All align to, and support, other LBD interventions/initiatives key performance indicators.</p> <p>The initiatives/interventions are in the form of aims/goals. This is because the actual projects that will work towards achieving these aims/goals are being negotiated with individual food industry partners. This will be an ongoing process, and will include discussions on additional food industry resources to support project implementation - hence the 'to be confirmed' (tbc) status in the 'resources' column.</p> <p>The initiatives/interventions have been prioritised, based on health requirements and indicators, and JIG discussions. This is so resources and effort can be apportioned appropriately. 4.2.1 to 4.2.5 are high priority, 4.2.6 and 4.2.7 medium priority, and 4.2.8 to 4.2.11 lower priority. 4.12.12 are special projects that sit outside the work programme's existing interventions/initiatives, but contribute to increased health outcomes.</p> <p>The interventions/initiatives are as follows:</p> <p>4.2.1 Soft Drinks programme</p> <p>CMDHB, FIG and partners working collaboratively to achieve a reduction in the consumption of full-sugar sweetened soft drinks by creating an environment that actively encourages and supports consumers to consume less energy-dense alternatives.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • By August 2007, meetings with all relevant parties to discuss potential initiatives completed. • By August 2007, status report on initiative(s) presented to JIG. • By October 2007, status report on initiative(s) presented to JIG. • By December 2007, initiative(s) underway. • By December 2007, status report on initiative(s) presented to JIG. • By February 2008, status report on initiative(s) presented to JIG. • By April 2008, status report on initiative(s) presented to JIG. • By June 2008, status report on initiative(s) presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Reduction in sugar intake for children and wider community. • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1. Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1. Food industry leadership, expertise, guidance, advice, networks.</p> <p>FIG partners</p> <p>Additional funding tbc. Food industry leadership, expertise, guidance, advice, networks.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.2.2 White Milk programme</p> <p>CMDHB, FIG and partners working collaboratively to achieve an increase in the consumption of white milk within specific target groups by creating an environment that actively encourages and supports these groups to move from flavoured milk to white milk.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • By August 2007, meetings with all relevant parties to discuss potential initiatives completed. • By August 2007, status report on initiative(s) presented to JIG. • By October 2007, status report on initiative(s) presented to JIG. • By December 2007, status report on initiative(s) presented to JIG. • By January 2008, initiative(s) underway. • By February 2008, status report on initiative(s) presented to JIG. • By April 2008, status report on initiative(s) presented to JIG. • By June 2008, status report on initiative(s) presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Improved white milk and lower fat consumption. • Reduction in sugar intake for children. • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. • Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes. 	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>FIG partners</p> <p>Additional funding tbc</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.2.3 Dairy programme</p> <p>CMDHB, FIG and partners working collaboratively to achieve a reduction in the sugar, fat and salt content in standard dairy products and an increase in healthier options.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • By December 2007, meetings with all relevant parties to discuss potential initiatives completed. • By December 2007, status report on initiative(s) presented to JIG. • By January 2008, initiative(s) underway. • By February 2008, status report on initiative(s) presented to JIG. • By April 2008, status report on initiative(s) presented to JIG. • By June 2008, report on initiative(s) presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Reduction in sugar intake. • Reduction in fat intake. • Reduction in salt content. • Improved food options in at risk areas. • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p> <p>FIG partners</p> <p>Additional funding tbc</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>
<p>4.2.4 Fruit & Vegetable programme</p> <p>CMDHB, FIG and partners working collaboratively to achieve an increase in the consumption of fruit and vegetables by creating an environment that actively encourages and supports consumers to consume fruit and vegetables.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • By July 2007, meetings with all relevant parties to discuss potential initiatives completed. • By August 2007, status report on initiative(s) presented to JIG. • By September 2007, initiative(s) agreed to. • By end October 2007, status report on initiative(s) presented to JIG. • By December 2007, initiative(s) underway. • By December 2007, status report on initiative(s) presented to JIG. • By February 2008, status report on initiative(s) presented to JIG. • By April 2008, status report on initiative(s) presented to JIG. • By June 2008, status report on initiative(s) presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Improved fruit and vegetable consumption. • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p> <p>FIG partners</p> <p>\$50,000 for July to Dec period confirmed by one partner. Its funding support for Jan to June period tbc.</p> <p>Additional partners and funding tbc.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.2.5 Healthy Food Parcels project</p> <p>CMDHB, FIG and partners working collaboratively to ensure the food parcels for the most vulnerable in the district are well-balanced and nutritious by providing a regular supply of nutritious products to nominated food banks.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • By August 2007, status report on initiative(s) presented to JIG. • By September 2007, food industry support for food parcels gained. • By October 2007, status report on initiative(s) presented to JIG. • By December 2007, initiative underway. • By December 2007, status report on initiative(s) presented to JIG. • By February 2008, status report on initiative(s) presented to JIG. • By April 2008, status report on initiative(s) presented to JIG. • By June 2008, status report on initiative(s) presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p> <p>FIG partners</p> <p>Approximately \$100,000 worth of products for July to June period confirmed by five partners.</p> <p>Additional partners and products tbc.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>
<p>4.2.6 Breakfast project</p> <p>CMDHB, FIG and partners working collaboratively to investigate the feasibility of an initiative aimed at encouraging families to eat breakfast at home before children leave for school.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • By August 2007, meetings with all relevant parties to inform feasibility report completed. • By Aug 2007, status report on initiative(s) presented to JIG. • By December 2007, feasibility report presented to JIG for consideration and endorsement. • By February 2008, implementation of action points underway. • By February 2008, status report presented to JIG. • By April 2008, status report presented to JIG. • By June 2008, status report presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p> <p>FIG partners</p> <p>\$50,000 confirmed by one partner.</p> <p>Additional partners and products tbc.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.2.7 Healthy Tuckshop Business Model</p> <p>CMDHB, FIG and partners working collaboratively to:</p> <p>(i) Provide ongoing support to the roll-out of the Healthy Tuck-shop Business Model across the district when/as required.</p> <p>(ii) Ensure the Healthy Tuck-shop Business Model aligns to any national guidelines criteria and/or programmes.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • Ongoing when/as required, and within proposed Ministry guidelines. • By August 2007, status report on initiative(s) presented to JIG. • By October 2007, status report on initiative(s) presented to JIG. • By December 2007, status report on initiative(s) presented to JIG. • By February 2008, status report on initiative(s) presented to JIG. • By April 2008, status report on initiative(s) presented to JIG. • By June 2008, status report presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Reduction in sugar intake for children. • Reduction in fat intake. • Reduction in salt intake. • Improved food options in at risk areas. • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.2.8 Social Marketing programme</p> <p>CMDHB, FIG and partners working collaboratively to increase the scope, reach, impact and effectiveness of LBD's social marketing and communications programme by utilising food industry expertise in the development phase; and gaining individual food industry partner support for the implementation phase. This support may include resources, funding and settings for activity.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • From August 2007 meetings with all relevant parties to discuss potential support for 07/08 activity commenced. • July to September 2007 existing food industry support to LBD social marketing and communications strategy managed. • By August 2007, status report on initiative(s) presented to JIG. • By October 2007, status report on initiative(s) presented to JIG. • By December 2007, status report on initiative(s) presented to JIG. • During February to June 2008, food industry support to LBD social marketing and communications strategy managed. • By February 2008, status report on initiative(s) presented to JIG. • By end April 2008, status report on initiative(s) presented to JIG • By end June 2008, status report presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG partners</p> <p>\$45,000 worth of discounted product (coupon redemption), \$10,000 for promotional materials and space, and project management for July to Aug period confirmed by one partner.</p> <p>Project management and personnel time for meat sticker component for July to Aug period confirmed by one partner.</p> <p>Personnel cost for implementation of meat sticker component for July to Aug period confirmed by one partner.</p> <p>\$2,000 for signage, and project management and personnel time for July to Aug period confirmed by one partner.</p> <p>Support and additional funding for future campaigns tbc when/as required.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.2.9 Healthy, Active Workplaces</p> <p>CMDHB, FIG and partners working collaboratively to ensure workplaces are support environments for health and activity by encouraging food industry partner enrolment and participation in LBD's workplace programme (the HeartBeat Challenge).</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • By July 2007, meetings with all relevant parties to discuss the initiative underway. • By August 2007, status report on initiative(s) presented to JIG. • By October 2007, status report on initiative(s) presented to JIG. • By December 2007, status report on initiative(s) presented to JIG. • By February 2008, status report on initiative(s) presented to JIG. • By April 2008, status report on initiative(s) presented to JIG • By June 2008, status report presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>
<p>4.2.10 Healthy Kai project</p> <p>CMDHB, FIG and partners working collaboratively to support the Healthy Kai project - a local health and food retailers/outlets intervention/initiative. This support will be provided when/as required, and may include expertise, contacts, guidance and advice.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners, Healthy Kai project teams.</p>	<ul style="list-style-type: none"> • Ongoing support provided when/as required. • By August 2007, status report on initiative(s) presented to JIG. • By October 2007, status report on initiative(s) presented to JIG. • By December 2007, status report on initiative(s) presented to JIG. • By February 2008, status report on initiative(s) presented to JIG. • By April 2008, status report on initiative(s) presented to JIG • By June 2008, status report presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Improved food options in at risk areas. • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.2.11 Communications and Alignment</p> <p>CMDHB, FIG and partners working collaboratively to:</p> <p>(i) Increase food industry awareness, knowledge and commitment to LBD.</p> <p>(ii) Ensure all existing and future food industry's social/corporate responsibility initiatives with Counties Manukau are aligned to and support the LBD program around improved health outcomes.</p> <p>(iii) Explore ways in which Counties Manukau can be informed about and kept up to date on wider food industry initiatives that support improved health outcomes.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • Ongoing. • By August 2007, status report on initiative(s) presented to JIG. • By October 2007, status report on initiative(s) presented to JIG. • By December 2007, status report on initiative(s) presented to JIG. • By February 2008, status report on initiative(s) presented to JIG. • By April 2008, status report on initiative(s) presented to JIG. • By June 2008, status report presented to JIG. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>
<p>4.2.12 Special Projects</p> <p>CMDHB, FIG and partners working collaboratively on projects that sit outside the work programme's existing interventions/initiatives, but contribute to increased health outcomes.</p> <p>Projects will be considered by CMDHB and FIG when/as opportunities arise. If endorsed, CMDHB and FIG will then support their implementation.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> • By August 07, meetings with all relevant parties to discuss potential initiatives completed. • By August 2007, status report on initiative(s) presented to JIG. • During 2007/08 projects will be considered when/as presented. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Improved food options in at risk areas. • Localised responsiveness and action by the food industry. • Food industry makes changes that achieve health goals. <p>• Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes</p>	<p>CMDHB</p> <p>Funding as per 4.1.</p> <p>Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG</p> <p>Funding as per 4.1.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p> <p>FIG partners</p> <p>\$50,000 worth of promotional materials and space, and project management for Aug to Dec period confirmed by one partner for a project. Its funding support for Jan to June period tbc.</p> <p>Additional funders and funding tbc.</p> <p>Food industry leadership, expertise, guidance, advice, networks.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>4.3 Developing a work programme for 2007/08</p> <p>JIG's co-funded advocate will develop a detailed work programme for 2007/08, in partnership with FIG, CMDHB, and LBD partners.</p> <p>The work programme will include strategic and operational-focused initiatives/interventions, and align to and support other LBD interventions/initiatives and key performance indicators.</p> <p>Key partners: FIG, FIG partners, CMDHB, LBD partners.</p>	<ul style="list-style-type: none"> By May 2008, draft work programme presented to JIG for consideration and endorsement. 	<p>Process outcomes</p> <ul style="list-style-type: none"> Reduction in sugar intake for children. Reduction in fat intake. Reduction in salt intake. Improved food options in at risk areas. Localised responsiveness and action by the food industry. Food industry makes changes that achieve health goals. <p>Extrapolated Health Outcomes Improved nutrition leading to a reduction in obesity and diabetes.</p>	<p>CMDHB Funding as per 4.1. Project management, contract management, health leadership, guidance, advice networks.</p> <p>FIG Funding as per 4.1. Food industry leadership, expertise, guidance, advice, networks.</p>

Action Area 5 – Strengthening Health Promotion Co-ordination and Activity

A vibrant, skilled and co-operative health promotion sector that works effectively with all groups and in all settings to reduce the incidence and impact of diabetes and health inequalities.

All actions must be culturally responsive to the needs and aspirations of Maaori, Pacific peoples, Asians and other ethnic groups.

To this end, Maaori, Pacific peoples, Asians and other ethnics groups will be involved in all facets of design, development and implementation.

Strong, co-ordinated and targeted health promotion is integral to the success of Let's Beat Diabetes (LBD) and its aims of preventing diabetes, slowing the disease progression and improving the quality of life for people with diabetes. As a consequence, health promotion is undergoing a major transformation in Counties Manukau. Significant progress continues to be made in co-ordinating and aligning groups and ideas, understanding barriers to performance and identifying priorities.

During 2006/07 LBD the following work was undertaken:

- Information sharing and co-ordinated planning
Since 2005/2006, Community Organisations for Diabetes Action (CODA) has been a forum to provide guidance for the health promotion area of LBD. CODA is facilitated by the Diabetes Projects Trust (DPT), and is comprised of health promotion leaders in nutrition and physical activity, and ethnically diverse. Two planning meetings per year are also facilitated by DPT. The PHO Health Promotion Working Group (PHO HPWG) also has a significant role to play in this area.
- Improving workforce capacity
A health promotion core competencies framework for diabetes risk factors and disease management was developed in close consultation with Maaori and Pacific providers. Diabetes Projects Trust was contracted to facilitate regular ongoing professional development for people involved in diabetes prevention and management health promotion and education. Four sessions were held
- Enhancing Maaori and Pacific programming and responsiveness.
CMDHB, supported by MoH, is in the process of contracting a provider to provide support for people who have completed train the trainer programmes within CMDHB. It has been identified that many of these people do not have the confidence, skills, or support to undertake the roles envisaged when they undertook the programmes.
- Improving communications resources within health promotion and health education
Two folders have been developed that contain recommended resources for health education as part of LBD. One is aimed at the prevention of diabetes and the other at its management. They contain resources in English, Maaori, Samoan and Tongan, and have been delivered to primary care and other health educators.

During 2007/2008, LBD will work to enhance and support the sector by focusing on strengthening health promotion for community settings through a representative executive group from CODA and from PHOs, to ensure that co-ordination and planning will deliver quality programmes in community settings. The delivery of Active Families will be supported by the LBD networks and resources.

Note: Action Area 5 was not intended to provide health promotion services to the wider community – this is the function of multiple other LBD Action Areas. It was intended to support the wider health promotion and health education sector in CMDHB to be effective in the provision of services to all our communities. However, it has now been decided that some health promotion services will fall under this Action Area and in 2007, collaborative health promotion planning will be investigated and implemented to provide a comprehensive overview.

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>5.1 Leadership information sharing and planning</p> <p>In 2007/08 CODA alongside the PHO Health Promotion Working Group will act as an advisory group for Health Promotion Action area projects and a forum where issues can be raised. It will also act as a forum for sharing information and improving co-ordination. DPT will be contracted to facilitate CODA's LBD function.</p> <p>Two half day planning seminars will be held each year to facilitate strategic planning including the development of the yearly operational plan.</p> <p>An executive group will be formed to provide advice on strategic planning including the planning of the above meetings. This group will have a representative from</p> <ul style="list-style-type: none"> o NGO sector/CODA o Maaori health promotion sector - PANIC o Pacific health promotion sector - Pacific Group o PHO Health Promotion - PHO HPWG o ARPHS – HOT <p>It will be supported by an LBD Project Manager on a 0.5 FTE basis.</p>	<ul style="list-style-type: none"> • During 2007/08 CODA will hold open meetings approximately every 6 weeks. • By June 2008 two strategy, co-ordination and planning workshops for organisations involved in health promotion and health education in Counties Manukau will be delivered. • By October 2007, an executive group will be formed to advise the LBD Project Manager. This group will meet 1-2 monthly as required. 	<p>Process Outcomes</p> <ul style="list-style-type: none"> • Information sharing between health promotion organisations • Collaborative planning • Effective engagement of all stakeholders in strategic planning for the action area <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Long term reduction in obesogenic environment and harmful lifestyles through an effective health promotion sector. 	<p>CMDHB (LBD) \$53,500 Project management, contract management.</p> <p>DPT Health promotion leadership, guidance, advice, networks, facilitation of meetings.</p> <p>CODA Health promotion leadership, guidance, advice, networks.</p> <p>PHO HPWG Health promotion leadership, guidance advice, networks.</p>
<p>5.2 Improving Workforce Capacity</p> <p>Health Promotion Competencies</p> <ul style="list-style-type: none"> • Karen Holland will complete consultation with stakeholders around how these competences can best be used by both organisations and workforce • In 2007/08 these competencies will be implemented through integrating them into organisations and health promotion workers systems of performance management and career development including: <ul style="list-style-type: none"> o Develop Competency Workbook into a Performance Management Tool and introduce the tool to individual providers o Aligning competencies with NZQA standards o Exploring the development of training (with MIT) for managers and supervisors on how to manage and supervise staff knowledge and development o Develop a plan to provide a mentoring service for health promoters to assist in the development of competencies and source funding 	<ul style="list-style-type: none"> • By December 2007, a competency based Performance Management Tool will have been developed and implemented for at least three providers • By June 2008, competencies aligned with NZQA standards. • By June 2008, training for managers and supervisors scoped and proposal developed. Funded according to results • By June 2008, a proposal for a mentoring service will have been developed. Funding achieved 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Organisation's performance management and staff development processes are aligned with competencies • Achievement of competencies assist workforce to gain recognised qualifications • Health promotion workers are mentored to develop competencies • More highly educated and skilled health promotion workforce <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Long term reduction in obesogenic environment and harmful lifestyles through an effective health promotion sector. 	<p>CMDHB (LBD) \$40,000 Project management, contract management,</p> <p>Karen Holland MIT</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>5.3 Training and continuing professional development</p> <ul style="list-style-type: none"> ○ Co-ordinator will provide a resource for information on appropriate training on health education, health education, physical activity and nutrition, diabetes, Treaty of Waitangi and meeting the needs of Maaori and Pacific. Training resources need to recognise both the need for basic level training, ongoing development in specific areas, and opportunity for advanced training. Potential funding sources will also be covered. LBD website will contain a section on relevant training resources. ○ Diabetes Projects Trust will continue to facilitate regular ongoing professional development for people involved in diabetes prevention and management health promotion and education. 	<ul style="list-style-type: none"> • During 2007/08 the co-ordinator will be available to act as a resource for information on training • During 2007/08 4 CPD sessions will be provided for health promotion and education personnel on diabetes prevention and management. Maaori and Pacific groups will have had significant input into development of these sessions. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Health promotion organisations and health promoters are able to access ongoing training opportunities • More highly educated and skilled health promotion workforce <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Long term reduction in obesogenic environment and harmful lifestyles through an effective health promotion sector. 	<p>CMDHB Non budget item.</p> <p>DPT Ongoing professional development</p>
<p>5.4 Enhancing Maaori training programming and responsiveness</p> <p>A provider will be contracted to provide support for Maaori who undertake Train-the-trainer course. The project will take peer groups of people who complete a train the trainer programme and support them to become effective trainers. This will be done by:</p> <ul style="list-style-type: none"> ○ Establishing peer support groups supported by mentors ○ Individual mentoring within the workplace as required ○ Continuing educational events <p>This project will be a pilot, which will be evaluated. Its focus will be on Maaori as this is where the greatest need has been identified.</p> <p>Links with 1.6 Maaori diabetes 'train the trainer' education</p>	<ul style="list-style-type: none"> • Development of mentoring programme and alignment with training programme by March 2008 • By December 2008, 25 Maaori people will have undertaken the comprehensive and staged 'train the trainer' course with mentoring support • By February 2008 an evaluation will have been undertaken 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Maaori community educators able to provide diabetes advice and leadership in their communities • More highly educated and skilled Maaori health promotion workforce • Increased Maaori diabetes workforce and role models • A better informed and supported Maaori community <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Reduced obesity and diabetes amongst Maaori due to increased community resources to support healthy lifestyles 	<p>CMDHB (LBD) \$20,000</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>5.5 Improving communications resources within health promotion and health education</p> <p>The resource folders continue to be further developed and kept as a living resource for users</p> <ul style="list-style-type: none"> ○ Ongoing printing costs, postage etc ○ Development of resource into other languages (Pacific, Asian, Other) or provide existing resources in other language through existing folders/process ○ Development of improved resources in some areas – e.g. physical activity, diabetes in pregnancy ○ Development and distribution of resources that support the LBD social marketing campaign ○ Ensure all resources placed on LBD website ○ Further development of other resources that extend this concept ○ guidelines & background information ○ brief interventions teaching manuals ○ teaching resources ○ IT resources ○ patient resources ○ education available for health professionals 	<ul style="list-style-type: none"> • During 2007/08 ARPHS continues to act as central point for ordering resources • By June 2008 the main resources are made available in at least 3 Asian languages • By June 2008, one new resource will have been chosen after consultation and made available in English, Maaori, Samoan, and Tongan • By June 2008 a resource will have been designed and distributed to support the social marketing campaign (in conjunction with the social marketing team) • During 2007/08 all resources will be put on the LBD website 	<p>Process outcomes</p> <ul style="list-style-type: none"> • High quality educational resources are available that meet the needs of diverse communities and consistent messages are used by health educators • Health educators are assisted to provide high quality adult education and build personal skills • Social marketing campaign supported in primary care and health promotion sector <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Reduction in obesity and diabetes rates due to better informed and supported health promotion and primary care sector • Reduced rate of diabetes with complications • Slowing of disease progression 	<p>CMDHB (LBD) \$30,000</p> <p>ARPHS DPT Contractor</p>
<p>5.6 Counties Manukau Active (Active Communities)</p> <p>CM Active is aimed at increasing physical activity opportunities and participation in Counties Manukau; and building the capacity of the physical activity workforce to encourage and support sustained physical activity.</p> <p>The project is organised into two interrelated workstreams</p> <ul style="list-style-type: none"> • Community Activity Hubs – these hubs aim to increase physical activity opportunities and participation, particularly for those currently “disengaged”. • Physical Activity Workforce Development – build the physical activity workforce and facilitate sustained activity that is culturally, ability, age and language appropriate for participants. 	<p>Subject to confirmation of SPARC funding:</p> <ul style="list-style-type: none"> • During 2007/08, implement the Counties Manukau Active Communities project, including development and delivery of the physical activity workforce capacity training programme and activity opportunities. • By February 2008, establish project manager and activity coordinator positions to promote existing physical activity opportunities and to increase participation for communities with specific localities. • By April 2008, contract a REP to develop a training package to build the capacity of the physical activity workforce and volunteer sector to support community activity. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Improved opportunities for physical activity in Counties Manukau, with particular improvements in areas of high need. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved physical activity leading to reduction in obesity and diabetes in the long term. • Improved management of disease and slowing of disease progression 	<p>CMDHB (LBD) \$40,000* Over 3 years: SPARC \$1,200,000* CMDHB \$110,000* Manukau City Council \$100,000* Papakura District Council, Franklin District Council, ProCare Network Manukau, Counties Manukau Sport \$30,000* each Otara Health \$20,000*</p> <p>*All figures above represent proposed project funding and are subject to acceptance of project proposal by SPARC. <i>In-kind</i> support also provided by all local organisations.</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>5.7 Enhance Green Prescription Model</p> <p>Green Prescriptions are prescriptions for exercise funded through SPARC. Within the Auckland region a modified version of the programme is being used particularly with our Maori and Pacific people. This model is different from the traditional Green Prescription model provided under the SARC funding. In 2007/08 LDB will investigate the effectiveness of this model with an intention to enhance the ability of the programme to make a difference for the Counties Manukau population.</p>	<ul style="list-style-type: none"> During 2007/08, work to develop and enhance the Green Prescription Community Programme throughout Counties Manukau 	<p>Process Outcome</p> <ul style="list-style-type: none"> Improved participation and adherence to physical activity <p>Extrapolated Health Outcome</p> <ul style="list-style-type: none"> Reduction in obesity 	<p>CMDHB (LBD) \$10,000</p>
<p>5.8 Active Families (HEHA Innovation Fund)</p> <p>Active Families is aimed at increasing physical activity and improving nutrition for Maori, Pacific peoples and children from low socio economic backgrounds and their families in Counties Manukau. The Programme operates in Otara, Mangere and Manurewa.</p> <p>Otara Health will continue to provide sessions to families in three venues. Evaluation will be conducted by the School of Population Health.</p>	<ul style="list-style-type: none"> During 2007/08 the contracted number of sessions will be provided to families 	<p>Process Outcome</p> <ul style="list-style-type: none"> Improved participation and adherence to physical activity <p>Extrapolated Health Outcome</p> <ul style="list-style-type: none"> Reduction in obesity 	<p>CMDHB (LBD) \$25,000 Contract monitoring</p> <p>HEHA (MOH) \$50,000</p> <p>THO Financial support and programme management</p> <p>PNM Financial support and referrals</p>
<p>5.9 Healthy Kai (HEHA Innovation Fund)</p> <p>Healthy Kai is a programme that aims to extend the range of safe “ready to eat” healthy choices available at the Otara and Mangere town centres and ensure their viability by working with retailers and management, local health providers, the community and other stakeholders.</p>	<ul style="list-style-type: none"> During 2007/08 further KPIs will be developed based on the learnings of the evaluation underway. 	<p>Process outcome</p> <ul style="list-style-type: none"> Improved and safe nutrition <p>Extrapolated Health Outcome</p> <ul style="list-style-type: none"> Reduction in obesity 	<p>CMDHB (LBD) \$25,000</p> <p>HEHA (MOH) \$50,000</p> <p>PNM THO MCHT Financial support</p>

Action Area 6 – Enhancing Well Child Services to Reduce Childhood Obesity

Children begin their lives in an environment that supports life long health.

The importance of the health of our young children was echoed in hui and fono undertaken as part of the *Let's Beat Diabetes* (LBD) planning process, where Maaori and Pacific peoples gave strong guidance that LBD must focus strongly on our future generations, and place more effort on protecting children from obesity and subsequent disease. Childhood obesity can lead to early onset of diabetes and is a strong predictor of adult obesity.

There are currently a number of major changes in the services focusing on the early years, which create opportunities for review and redevelopment of approaches to improve nutrition and activity for young children. Counties Manukau District Health Board (CMDHB) is working with maternal and Well Child providers to review service provision. The Family Start programme offers opportunities for Well Child providers to be involved in broader whole-family multiple-issues approach to be taken with our most vulnerable families. There is a growing awareness at the levels of research, policy and practice that our current Well Child framework needs to place more emphasis on nutrition and activity in the early years and the long-term implications of early onset obesity. There has been mainstream adoption of the evidence that points to increasing risks of diabetes for children born from mothers who are in a pre-diabetic state. Recent changes to Well Child funding have allowed for more flexibility and intensity of service when dealing with vulnerable families.

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>6.1 Supporting the existing Well Child forum to be the leadership hub for the Well Child action area</p> <p>In 2005/2006, the Well Child provider forum agreed to be the leadership hub for the LBD Well Child action area, and oversee its work programme. It will continue to do so in 2007/2008.</p> <p>The Well Child provider forum will provide leadership and guidance on the ongoing development of Well Child framework, and maintain linkages with the LBD programme to ensure shared learnings and opportunities for improving nutrition and physical activity in young families.</p>	<ul style="list-style-type: none"> • During 2007/08 two monthly meetings will be held. • All Well Child related LBD plans and actions will be presented for review and recommendation on a case by case basis. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Providers are supported to be actively involved on a regular basis. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Provider experience will contribute to ensuring initiatives planned are practical and can be successfully implemented. • Improved nutrition and physical activity in young families leading to a reduction in obesity and diabetes in the long term. 	<p>CMDHB</p> <p>Non-budget item. Funding from Child Health. Knowledge and expertise, leadership, networks.</p> <p>Key partners: Well Child provider forum and individual Well Child providers (Plunket; Papakura Marae Tamariki Ora; Turuki Healthcare Tamariki Ora for Raukura o Tainui; South Seas Healthcare)</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>6.2 Scoping and development of appropriate nutrition and diabetes resources to support Well Child providers</p> <p>In 2005/2006, a review of the literature available to establish any identifiable risk factors for diabetes and/or childhood obesity that could be factored into the Well Child assessment tool. The assessment tool in use was established as covering all the required items, although the addition of BMI for population surveillance or future research was one recommendation adopted, and is now calculated and recorded by Well Child providers when the usual scheduled height and weight measurements are gathered.</p> <p>In 2006/2007, CMDHB and the Well Child provider forum built on this review. Resources available to Well Child providers to support young families around nutrition and physical activity needs for growing children were scoped. No gaps were identified however a new resource was agreed to be developed that provides a series of age related information on both nutrition and activity into a summary sheet</p> <p>In 2007/2008 the text content of this resource will undergo expert and focus group testing, development of graphics and design layout will be completed. Following final testing and approval it will move on publishing and distribution to WC providers for use in interaction with families.</p>	<ul style="list-style-type: none"> • By July 2007, gather and review documentation about healthy nutrition and activities for children aged from birth to 5 years. • By August 2007, prepare sets of key messages for each of the following age groups: <ul style="list-style-type: none"> • Birth to 6 weeks • 6 weeks to 4 months • 4 months to 1 year • 1-2 years • 2-5 years • By August 2007, present key messages for review by CMDHB. leadership hub • By September 2007, undertake focus group reviews of key messages with representative (Maaori, Pacific and Asian) parents/caregivers with children in this age group. • By January 2008 test translations for acceptability. • By February 2008 final review of the resource with the leadership hub • By April 2008 final resource produced and published and distribution commenced 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Improved opportunity for regular discussion by WellChild providers and engagement by cargeivers around nutrition and physical activity • Greater understanding in young families. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved understanding of nutrition and physical activity in young families, at an early stage of children's lives, leading to a reduction in obesity and diabetes in the long term. 	<p>CMDHB (LBD)</p> <p>\$55,000</p> <p>Project management, consultation, development and printing costs.</p> <p>Well Child provider forum and individual providers</p> <p>Knowledge and expertise, leadership, networks</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>6.3 Breastfeeding Increase the number of breastfed Maaori and Pacific babies.</p> <p>This is a current priority for the health sector, being one of the 10 Health Targets for MoH and DHBs and also being one of the three priority areas identified in the national HEHA (Healthy Eating, Healthy Action) programme for 2007/08.</p> <p>For Counties Manukau, the intention is to conduct a review of current breastfeeding policies, guidelines and action (national and local) and use the results to develop and gain agreement on a coordinated plan of action to improve breastfeeding outcomes in the district.</p> <p>Breast for Baby (B4Baby) is a Ministry of Health initiative (refer to the MOH Baby Friendly Hospital and WHO guidelines) which encourages breast feeding in infants up to 6 months of age.</p>	<ul style="list-style-type: none"> • By December 2007 a review of current breastfeeding policies, guidelines, targets, activity and results will have been conducted. • By December 2007, develop a Counties Manukau perspective, in consultation with the community, on how these should be implemented at a local level to complement and enhance existing services and programmes. • By June 2008 an agreed plan of action to improve breastfeeding outcomes in Counties Manukau will have been established and initiated. • By December 2007, a schedule for rollout of the B4Baby programme will have been developed • By March 2008 an evaluation of the Teen Parent Units will have been completed. • By December 2008 develop and refine breastfeeding Policy and Guidelines for Well Newborns, in hospital maternity units. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Agreed strategy and course of action to improve breastfeeding outcomes. • Support and ownership from key Counties Manukau stakeholders, including maternity and well child units to the action plan. • Increased engagement of Maaori and Pacific communities in supporting good breastfeeding practices. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved nutritional start to life for new babies. • Reduction in rates of obese and overweight children in at-risk populations. 	<p>CMDHB (LBD) \$45,000 Project management, leadership, facilitation</p> <p>Key Partners CMDHB Women's Health Division</p>

Interventions/initiatives	KPIs/milestones	Outcomes	Resources
<p>6.4 Examine obesity pathways for 0–5 years children from the Pacific Island Family long term research study and identify potential interventions.</p> <p>The Pacific Island Family study, a longitudinal research project being run in conjunction with AUT, tracks a large number of Pacific children and families from the Counties Manukau area. Starting from birth, the study has amassed a significant set of data and information on this birth cohort.</p> <p>Preliminary discussions between PIF and LBD revealed a willingness to work together to identify possible obesity pathways and interventions for children under five years, through analysis of existing data and published reports plus prospective data collection.</p>	<ul style="list-style-type: none"> • By August 2007 an agreement will be formalised with PIF to work together on a joint initiative. • By October 2007, review related PIF reports and datasets and identify areas for further analysis. • By January 2008, identify potential interventions based on results of analysis. • By April 2008, develop proposal(s) for progressing preferred intervention. • During 2007/08 work with PIF study personnel to establish additional data items to collect from 9 year olds that will benefit LBD. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Increased knowledge of likely obesity pathways for Pacific children aged 0-5 years and areas of potential intervention. <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Reduction in childhood obesity and diabetes in Pacific populations. 	<p>CMDHB (LBD) \$25,000</p> <p>Project management, coordination</p> <p>AUT Pacific Island Family Study researchers CMDHB Kidz First Hospital CMDHB Pacific Health Team</p>
<p>6.5 B4 School Check -</p> <p>A B4 school check is a proposed new check for addition to the universal Well Child schedule. It is proposed to replace the current check delivered at school entry, and is to be enhanced to include behaviour and learning screening. It will include hearing and vision screening also. The clinical nurse check has been enhanced also and will continue to include height and weight measurement. Some of the checks currently delivered at age three are planned to occur at this new check. The B4 school check is being piloted in CMDHB in the later months of 2007.</p>	<ul style="list-style-type: none"> • By September 2007 the ability of LBD to link and work with the B4 School Check will be investigated. 		<p>CMDHB LBD Non budget item.</p> <p>Partners in the pilot include CMDHB Public Health Nursing team, primary care practices, Well child providers, Hearing and Vision testers, Early Childhood Centres, Special Education providers, Maori and Pacific teams and Outreach providers.</p>

Action Area 7 - Developing a Schools Accord to Ensure Children are 'Active, Healthy and Ready to Learn'

Schools are an environment that protects against obesity.

Emerging international evidence shows that improved nutrition and physical activity levels in schools support improved behavioural and academic outcomes for schools. Let's Beat Diabetes provides a model of working collaboratively with education and health partners to support the development of innovative and constructive activities and nutritional programmes in our schools. As a collaborative, we are beginning to demonstrate excellent models of service development and health promotion that are working well towards improving both nutritional activities and physical activities. As a collective, we hope to see the activity levels in Counties Manukau Schools rise to meet national levels.

During 2006/07 the following work was undertaken:

- Development of a leadership hub, the Schools Accord group (Schools Accord), with strong representation from primary and secondary schools, health, nutrition and activity provider groups, recreation providers, and NGO groups facilitated by CMDHB and Let's Beat Diabetes.
- The Schools Accord identified critical success factors for the implementation of initiatives to support schools. These provide the context for all work.
- The Schools Accord commissioned a literature review on "The Relationship between Physical Activity, Nutrition and Academic Achievement." This was carried out by researchers from Auckland University, with the report delivered during 2006/07. The executive summary has been disseminated to interested parties. From the literature review, the Schools Accord produced two documents that have been shared with schools and collaborative partners, as part of the commitment to sharing best practice knowledge/information.
- Completion of a stocktake and needs/gaps analysis for all schools, including dissemination of this information.
- Completion of a stocktake of relevant providers and collation of provider information to establish a regional understanding of what schools receive from different providers.
- The development of a Directory of Physical Activity and Nutrition services for schools in Counties Manukau to address the coordination and service provision gaps identified for some schools.
- The development of a Record of Involvement template and implementation process to address the identified need for improved coordination and working together with schools.
- Support for the implementation of national strategies (Mission On, HEHA) and related local initiatives, including support for schools to pick up the Food and Nutrition for Healthy Confident Kids Guidelines and associated Food and Beverage Classification System.
- Support with the Let's Beat Diabetes social marketing campaign (such as supporting Takanini Primary School to be one of the ambassador groups for the high profile Swap2Win campaign).
- Representing Let's Beat Diabetes interests and initiatives at the regular Principal Cluster meetings
- The establishment of an expert working group for the development of best practice guidelines for schools interested in Breakfast clubs

In 2007/08 the key focus will be on further developing excellent models, enhancing our knowledge of what works, and supporting schools in their utilisation of knowledge and funding available for nutritional activities.

Administration of the newly established Nutrition Fund for schools and early childhood education centres will require participation of the Early Childhood Sector at a governance level. It is envisaged that this work will be undertaken in close consultation with the Schools Accord group.

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>7.1 Strengthening the Counties Manukau Healthy Schools Leadership Hub.</p> <p>The school leadership hub was re-established in 2006 with strong representation from primary and secondary schools, health, nutrition and activity provider groups, recreation providers, and NGO groups. CMDHB facilitates this group.</p> <p>The purpose of this group is to enhance and maintain existing work within the educational settings to ensure children and young people are well supported with physical activities, good nutrition and to ensure that existing initiatives are well supported and integrated into the overall framework.</p> <p>Further work will be to incorporate the nutritional guidelines roll out, enhance current initiatives such as the provider co-operative models and further enhance models of excellence.</p> <p>The introduction of leadership and LBD-level information-sharing with the early childhood education sector will be progressed during 2007/08.</p>	<ul style="list-style-type: none"> • By October 2007, the Schools Accord Leadership Hub will have overseen the health aspect of implementation of Nutritional Guidelines. • During 2007/08 the Schools Leadership Hub will continue to develop and implement policies and initiatives as they are developed. • During 2007/08 the Schools Leadership hub will develop and implement new initiatives. These are mentioned below and there will also be opportunities to work alongside developing initiatives throughout the year • During 2007/08 provide ongoing support to schools, including a minimum of eight newsletters or updates to the schools from the Schools Accord group. • During 2007/08 the Schools Accord project manager will attend Principal cluster meetings twice over the period of the year 	<p>Process outcomes:</p> <ul style="list-style-type: none"> • Aligned cross-district multi-sectoral communication and leadership • Improved information available to schools 	<p>CMDHB (LBD) \$122,000 Project management; contract management; leadership, facilitation and administration of meetings; HEHA alignment</p> <p>Counties Manukau schools Advice and input; centres for co-ordination.</p> <p>MCC Support and development.</p> <p>CMDHB Health Promoting Schools (HPS) Support for 'whole school' approaches.</p> <p>CM Sport Provision of physical activities, advice and input into schools.</p> <p>Diabetes Projects Trust (DPT) Advice and knowledge of secondary school approaches of working comprehensively to address health and nutrition and physical activities.</p> <p>ARPHS Advice and collaboration around collaborative projects.</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>7.2 Develop and implement a range of projects within the School Accord.</p> <p>Projects for 2007/08 will include: The development of Breakfast Club guidelines and an implementation package.</p> <p>The development of a youth led approach to school based programme development.</p> <p>Improving the co-ordination of physical and nutrition providers in schools</p>	<ul style="list-style-type: none"> By July 2007 establish an expert working group for Breakfast clubs in schools. By December 2007 guidelines and an implementation package for breakfast clubs in schools based on best practice will be developed By January 2008 the breakfast club guidelines & implementation package will be available for all interested schools By August 2007, the CMDHB Youth Advisory Group will be engaged to run a student led conference. By December 2007, a range of concepts and models of youth participation and development will be developed for secondary school students to implement in their schools. By December 2007 the student led conferences will be held during school holiday periods By June 2008, the School Accord will have trialled the "Record of involvement" in twenty schools and reviewed the process and impact. 	<p>Process outcomes:</p> <ul style="list-style-type: none"> All information will be shared with all relevant providers All interested schools will have active support to improve their breakfast models. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Reduction in rates of obese and overweight young people. 	<p>CMDHB (LBD) Funding as per 7.1</p> <p>Partners CMDHB Youth Advisory Group</p>
<p>7.3 Enhancing and supporting NEW / AIMHI intervention in selected secondary schools</p> <p>CMDHB will continue to support the existing Nutrition, Exercise and Weight (NEW) / AIMHI programme "GetWize2Health". This will also ensure the ongoing modular approach provided by GetWize2Health is delivered by DPT into selected high schools. The NEW programme provides modules of service, based on the needs of the students and school focusing on developing sustainable programmes for physical activities and nutrition.</p>	<ul style="list-style-type: none"> During 2007/08, the Schools Accord project manager will work co-operatively between currently funded nutrition, exercise and weight programmes to ensure sharing of best practice and information. During 2007/08 six monthly reports will be provided to the Schools Accord on progress and sharing of best practice. By September 2007, further KPIs will be developed. 	<p>Process outcomes:</p> <ul style="list-style-type: none"> Increased youth participation. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Reduction in rates of obese and overweight young people at risk 	<p>CMDHB (LBD) \$120,000 Project management; contract management;</p> <p>DPT Programme implementation; knowledge and expertise</p> <p>Counties Manukau schools, MCC, MoH Advice and input; centres for coordination; support and development.</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>7.4 Enhancing the Implementation of the Healthy Tuckshop model</p> <p>Expand the current Tuckshop model across more secondary schools and continue with the implementation across current schools. We will also ensure that this model and the recently released nutritional guidelines and classification system are congruent in their information and approach.</p>	<ul style="list-style-type: none"> By November 2007, review the Healthy Tuckshop model and ensure alignment with the new Food & Nutrition guidelines, Food & Beverage classification system and MoE National Administration guidelines for schools. By June 2008 extend the Healthy Tuckshop model to interested secondary schools as resources allow. During 2007/08 investigate a sustainable implementation model. 	<p>Process outcomes:</p> <ul style="list-style-type: none"> All information will be shared with all relevant providers Selected secondary schools will have active support to improve their Tuckshop models. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Reduction in rates of obese and overweight young people 	<p>CMDHB (LBD) \$90,000 Project management; contract management;</p> <p>DPT Programme implementation; knowledge and expertise</p> <p>Schools Accord, Counties Manukau schools Sharing of best practice and information</p>
<p>7.5 Implement the Counties Manukau (HEHA) Nutrition Fund</p> <p>CMDHB will establish the local Nutrition Fund policy, criteria, and processes for schools and early childhood education centres (ECEs), within the national guidelines. It is expected that the Schools Accord group will oversee the Fund.</p> <p>Funding will initially be used to reimburse schools/ECEs for Teacher Release Days (in order to enable two representatives from each school/ECE to attend a one-day training workshop on the new Food & Nutrition Guidelines for Schools/ECEs and the associated Food & Beverage classification system developed by the Ministry of Health.</p> <p>Subsequently, the fund will be used to support proposals from clusters of schools/ECEs for nutrition-related initiatives.</p>	<ul style="list-style-type: none"> During 2007/08 deliver health component of training workshops for schools/ECEs in Counties Manukau on the new Food & Nutrition guidelines and Food & Beverage classification system. Organise the provision of ongoing support to schools/ECEs for implementation of the guidelines and classification system. By August 2007, establish local Nutrition Fund policy, guidelines, criteria and processes. By June 2008, allocate 100% of funds to selected initiatives. By June 2008, appropriate monitoring, review and evaluation processes reveal funds used appropriately. 	<p>Process outcomes:</p> <ul style="list-style-type: none"> Aligned cross- district multi-sectoral communication and leadership Increased engagement and action by schools/ECEs targeting improved nutrition for youth <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Reduction in rates of obese and overweight young people at risk of diabetes through healthier eating patterns of young people. 	<p>MoH (HEHA) \$536,000</p> <p>Key partners CMDHB (LBD) Project management; Fund establishment/administratn; contract management</p> <p>Schools Accord Health Promoting Schools Team Solutions (Schools Support Services, Ministry of Education) ARPHS Early Childhood Education Sector organisations e.g. Te Kohanga Reo, Pacific Language Nests, Kindergarten, Playcentres</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>7.6 Supporting Pacific Language Nests to enhance or develop and implement nutrition and physical activity guidelines and programmes as part of programme delivery.</p> <p>CMDHB plans to build on the work that has already been done with the early childhood centres in nutrition and physical activity for 2008/09.</p>	<ul style="list-style-type: none"> • During 2007/08 CMDHB will continue to work with Auckland Regional Public Health Services to deliver nutrition education and support to 33 licensed Pacific ECE in Counties Manukau. • By June 2008 CMDHB will work with partner organisations to implement a physical activity toolkit and training module that is appropriate for Pacific ECEs in Counties Manukau. • During 2007/08 nutrition and physical activity education delivered in Pacific ECEs will incorporate key messages from the social marketing campaign as appropriate. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> ▪ Increased knowledge for children and early childhood education staff <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> ▪ Reduction in childhood obesity levels 	<p>CMDHB (LBD) \$30,000</p> <p>33 Pacific Language Nests (Licensed) Participate in activities</p> <p>ARPHS Support the delivery of nutrition guidelines in the 33 Pacific ECE, provide advice on development of physical activity module/resources</p> <p>Counties Manukau Sport Support and provide advice on the planning and implementation of the physical activity module for Pacific ECEs.</p> <p>Pacific Physical Activity Advisory Group Provide advice on the development of a physical activity module & resources for Pacific ECEs</p>
<p>7.7 Supporting kohanga reo and kura kaupapa in nutrition and physical activity</p> <p>CMDHB is developing a partnership relationship with Te Kohanga Reo Regional Unit. The aim is for the two partners to work together to support education and health outcomes for tamariki. To support this work, CMDHB will contract a provider(s) to:</p> <ul style="list-style-type: none"> ○ do an updated stocktake of policy and current practice, and undertake a gaps and needs analysis (Policy changes have been implemented) ○ provide support to enhance or develop and implement nutrition and physical activity policy and programmes ○ provide training for kohanga staff ○ provide resources ○ link kohanga to local health promotion providers for mentoring/ongoing support ○ provide support to kura kaupapa / bilingual / immersion units involved in health promoting schools (HPS). <p>Key organisations and groups to be involved in this process include Manukau City Council (MCC), key kohanga reo personnel, key kura kaupapa personnel, Hapai Te Hauora Tapui Ltd (Hapai), Counties Manukau Sport (CM Sport), and health promotion providers. This initiative builds on earlier activity by MCC, CMDHB and partners. It will align with 7.5 (Nutrition Fund) and wider Maori Health initiatives focussed on kohanga reo.</p>	<ul style="list-style-type: none"> • By December 2007, upgrade of the stocktake completed. • By April 2008 a training package for interested kohanga reo and kura kaupapa, will be developed. • By June 2008, initiate a pilot of the training package. • By June 2008 develop and test a nutrition tool kit and package for kohanga reo and kura kaupapa. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Sustainable changes to early childhood environment for tamariki. • Creation of relationships and platform for further interventions/ initiatives in future years. • Increased knowledge for tamariki and kohanga staff. • Increased knowledge for tamariki and school staff/community involved in Maaori language classes. <p>Extrapolated Health outcomes</p> <ul style="list-style-type: none"> • Reduction in obesity and diabetes amongst tamariki Maaori. 	<p>CMDHB (LBD) \$20,000</p> <p>Project management, contract management, leadership.</p> <p>Te Kohanga Reo Regional Unit, kohanga reo, kura kaupapa Leadership, guidance, advice, networks.</p> <p>MCC, CM Sport Advice and input into programme development, physical activity.</p> <p>Hapai, health promotion providers</p>

Action Area 8 - Supporting Primary Care Based Prevention and Early Intervention

Improving primary care based prevention and management of diabetes is a key component of the Let's Beat Diabetes (LBD) project. LBD will build on the foundations of the Chronic Care Management programme (CCM) and the LBD primary care activities commenced in 2005/06 and continued in 2006/07.

A number of key milestones were achieved in 2006/07, namely:

- developed business case and secured funding to implement a Diabetes Self Management Education (SME) programme within 5 PHOs and for Maori and Pacific communities; established PHO led SME Steering Group to oversee implementation and further develop programme
- developed a position paper including costings and recommendations to implement the NZ Guidelines for risk screening and management of CVD/Diabetes
- linked the LBD Whanau Support project to related activities in Maori/Pacific teams that focus on the impact of family support
- improved access to and performance of Get Checked programme with 2000 additional diabetes annual reviews undertaken by general practice in 2006.

The focus in 2007/08 will be to:

- work through the SME Steering Group to establish the Diabetes SME programme as a robust effective structured care programme throughout the district
- capture the learnings from the community nutrition project evaluation and the whanau support project and integrate with the SME programme
- secure funding for the implementation of CVD annual reviews and work with PHOs to establish risk screening for CVD/diabetes
- enhance opportunities for primary care clinicians to improve linkages/training with secondary care outpatient services.

In addition, primary care will link closely with other LBD activities particularly those relating to managing obesity, improving nutrition and physical activity. There will also be close linkages with the LBD communications plan and the social marketing campaign.

The seven primary care work streams and their proposed activities/KPIs for 2007/08 are outlined below.

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>8.1 Leadership Structure</p> <p>The Diabetes-CVD Advisory Group (DCAG) was established in 2005 to guide improvements of diabetes management within the primary care sector. It has a broad scope covering all the LBD primary care action areas as outlined in this section, as well as the previous Diabetes Advisory Group and the CCM advisory groups on CVD and diabetes. DCAG will require strong clinical leadership and ongoing review of its functioning to ensure the terms of reference are being met.</p>	<ul style="list-style-type: none"> • During 2007/08, DCAG continues to meet monthly • During 2007/08, provide monthly progress reports provided to GPHO • During 2007/08, provide clinical support to Chair to develop strong leadership • By November 2007, review functioning of DCAG to ensure the terms of reference are feasible and being met 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Informed debate guides implementation of LBD primary care action area • Key organisational and professional groups are aligned with approach • Comprehensive approach across CVD/diabetes and disease state reduces inefficient silo thinking 	<p>CMDHB LBD Budget \$75,000 (project management, clinical leadership/advice)</p> <p>Partner Organisation Activities</p> <p>DCAG is the key partner in all of the primary care activity areas. DCAG is a clinical advisory group representing PHOs, GPs, practice nurses, Whitiara Diabetes Services, community pharmacy, Maori and Pacific.</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>8.2 Diabetes/CVD Education</p> <p>Review the training needs of primary care in relation to diabetes and cardiovascular disease, and develop opportunities to further develop the primary care workforce skill base.</p>	<ul style="list-style-type: none"> By September 2007, undertake a stocktake of current training resources and activities in CMDHB area By December 2007, work with the Project Manager Primary Workforce to determine the ongoing education needs in primary care, eg consultation/needs analysis By May 2008, consult with PHOs to provide diabetes basic education modules (4) to PHO based clinicians on a cyclical basis with a view to develop a business case for further training By June 2008 align this activity with other relevant CMDHB Workforce projects including linkages with LBD action areas 5.2 and 10.3 By June 2008, develop a long term sustainable strategy for the ongoing diabetes education of primary care clinicians 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> Improved integration between primary and secondary care diabetes services Upskilled primary care workforce More efficient use of specialist diabetes services <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Improved management of diabetes Slowing of disease progression 	<p>CMDHB LBD Budget \$20,000</p> <p>Partner Organisations Activities</p> <p>DCAG – leadership and decisions</p> <p>GPHO – leadership and decisions</p> <p>PHOs and general practice – receive training</p> <p>Whitiora – provide advice, training and delivery of secondary care education</p> <p>Diabetes Projects Trust – provide advice</p> <p>CCM Education Team – I provide fixed CCM training re Diabetes/CVD to PHOs</p>
<p>8.3 Community Nutrition Project</p> <p>Improve the use of brief interventions for modifying obesity risk factors in a primary care setting, based on the work undertaken by the Community Nutrition Project.</p>	<ul style="list-style-type: none"> By July 2007, link with Whanau Support project and SME to test the 'expert family' model By September 2007, determine the way forward for diet and lifestyle training for obesity based on the results and learnings of the evaluation of the community nutrition project By December 2007, link with the self management education programme by upskilling SME facilitators to manage patient related weight issues in a group setting 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> Improved management of obesity risk factors in primary care setting Improved primary care capacity for managing lifestyle and weight management issues <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Patient's self efficacy is improved Reduction in obesity Slowing of disease progression 	<p>CMDHB LBD Budget \$10,000</p> <p>Partner Organisations Activities</p> <p>GPHO – PHO implementation and ensure participation in SME programme</p> <p>Total HealthCare Otago – pilot whanau model</p>
<p>8.4 Self Management Education (SME)</p> <p>Improve the uptake of best practice post diagnosis education through the ongoing</p>	<ul style="list-style-type: none"> By July 2007, develop and maintain an active risk register By October 2007, develop and 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> Improved adherence to medication and lifestyle change interventions 	<p>CMDHB LBD Budget \$20,000</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>development of the Diabetes Self Management Education (DSME) programme in primary care. Expansion of SME programme to include all chronic conditions.</p> <p>A PHO led SME Steering Group has been established to oversee the implementation and further development of this programme.</p>	<p>implement a Communication Plan</p> <ul style="list-style-type: none"> • By November 2007, develop a quality framework for SME • By December 2007, consider rollout of SME for other chronic conditions • During 2007/08, review SME training needs and develop ongoing SME training programmes as required • During 2007/08, implement improvements in the use of SME, building on the findings of the evaluation of the Community Nutrition Programme. • During 2007/08, work with School of Population Health to ensure a robust evaluation process • During 2007/08, link with LBD action area 1 regarding the establishment of SME in Wananga and Pacific churches • By June 2008, increase enrolment of DSME patients from 50 to 250 	<ul style="list-style-type: none"> • Enhanced role of person with diabetes as an educator for their own family on risk factors and lifestyle change. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Reduction in obesity • Reduction in smoking • Slowing of disease progression • Reduction in CVD risk • Improved management of all chronic conditions 	<p>CMDHB Primary Care Development funding</p> <p>PHOs via SIA funding</p> <p>Partner Organisations Activities</p> <p>DCAG, GPHO – clinical and PHO implementation advice</p> <p>SME Steering Group – oversight and leadership</p> <p>PHOs – implementation and delivery of the PHO based SME programme</p> <p>Lotu Moui programme – delivery of Pacific led SME programme</p> <p>Maaori health programme – delivery of Maaori led SME programme</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>8.5 Whanau Support</p> <p>Trial and evaluate the increased use of family/whanau/group support for obesity risk factors and diabetes management.</p>	<ul style="list-style-type: none"> By July 2007, pilot a 'family group' education model as an extension of the SME Programme within general practice By February 2008, consider innovative ways to increase Whanau/ family participation within mainstream primary care By February 2008, test the 'family group' model 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> Increased adherence to medication and lifestyle change Changed lifestyle behaviour through entire family/whanau/group Improved self management of complications <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Slowing of disease progression Reduction in obesity in at risk community (and family/whanau of person with diabetes) Reduction in harm from complications 	<p>CMDHB LBD Budget \$30,000</p> <p>Partner Organisations Activities</p> <p>DCAG – clinical advice and leadership</p> <p>GPHO – advice on implementation</p> <p>Total HealthCare Otara – pilot whanau model</p>
<p>8.6 Risk Screening</p> <p>Develop a range of options for implementing the New Zealand guidelines on the assessment and management of diabetes and cardiovascular risk in Counties Manukau.</p>	<ul style="list-style-type: none"> By August 2007, develop options for increased risk screening for CVD and diabetes via systematic opportunistic screening in primary care By September 2007, secure funding for the implementation of a CVD annual review for high risk patients By February 2008, implement a range of strategies as outlined in the CVD prevention strategy By May 2008, work with comms/social marketing to develop strategies to assist in the implementation and high uptake of these programmes 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> If appropriate, design and development of integrated screening for CVD and diabetes <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> Identification of diabetes early to provide improved opportunity for control Reduction in CVD risk 	<p>CMDHB LBD Budget \$35,000</p> <p>Partner Organisations Activities</p> <p>DCAG – clinical advice and leadership</p> <p>GPHO – to review and advise, assist with prioritisation</p> <p>PHOs – to develop SIA proposals and implement systematic screening for CVD/diabetes</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>8.7 Get Checked Programme & GP Quality Improvement Audit</p> <p>Ongoing monitoring of access to diabetes services with particular focus on Annual Diabetes Review. Improvement in all Get Checked indicators.</p>	<ul style="list-style-type: none"> • During 2007/08, work closely with the DCAG working group (LDT) to encourage PHOs to improve Maaori uptake and overall performance • During 07/08, increase Maaori participation in the Diabetes Get Checked Programme. • During 2007/08, work with individual PHOs to resolve various IT/systems issues • During 2007/08, provide quarterly reports to DCAG on PHO performance • During 2007/08, link with Action Area 10 to improve integration between Get Checked and the Diabetes Retinal Screening database • By November 2007, refocus the Diabetes Project Trust GP quality improvement audit service to maximise utilisation of that service and link with CCM, Get Checked and SME programmes • By December 2007, develop an effective Communications Plan to engage with Maaori to improve uptake of the Diabetes Get Checked programme • By February 2008, provide an Annual report to MoH on uptake of Annual Diabetes Review in CMDHB in 2007 including targets for 2008 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Improved data quality and transparency • Increased adherence to medication and lifestyle change • Improved management of complications <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Identification of diabetes early to provide improved opportunity for control • Slowing of disease progression 	<p>CMDHB LBD Budget Non budget item (funded by Primary Care Development)</p> <p>Partner Organisations Activities</p> <p>DCAG and Get Checked Working Group</p> <p>GPHO – to review and advise</p> <p>PHOs – responsible for reporting and monitoring performance of practices</p>

Action Area 9 – Enabling Vulnerable Families to make health choices

Vulnerable families are able to make healthy choices

Many families in Counties Manukau find it very difficult to live healthy lives and are vulnerable. Vulnerable families may have low incomes through unemployment or low-wage jobs, be new immigrants, have relationship difficulties, suffer from domestic violence or crime, or simply become isolated in their community. It is these vulnerable families for whom a healthy lifestyle is a low priority, how are most at risk of diabetes.

The Family and Community Services (FACS) team within the Ministry of Social Development (MSD) is working with Counties Manukau District Health Board (CMDHB) to provide leadership for the development of integrated services that focus on the situation and needs of vulnerable families to reduce the risk of obesity and diabetes and to provide better support and opportunity for those with diabetes and complications.

In 2006/07 the focus was on strengthening a multi-sector leadership hub for this action area and creating pathways for closer working relationships between health and social service providers. The focus for 2007/08 is to develop the links between health and social service providers through specific actions.

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>9.1 Strengthen the Leadership Hub for the vulnerable families action area</p> <p>In 2005/06, the Ministry of Social Development's Strengthening Families steering group agreed to be the leadership hub for the LBD Vulnerable Families action area and progress its work programme. It will continue to do so in 2007/08, including working with CMDHB to identify and activate initiatives that pursue common objectives and outcomes.</p>	<ul style="list-style-type: none"> • During 2007/08, increase communication of the LBD plan through articles in FACS newsletter – linking with success stories, LBD initiatives etc. • By June 2008, provide training for PHOs on range of FACS/MSD services – what is available, referral processes, and associated items. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Improved coordination across agencies for vulnerable families • LBD agenda taken up by other agencies focusing on risk factors for poor health and social outcomes • Improved health sector knowledge of Social Development services, leading to improved use of appropriate referrals between agencies. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Long-term reduction in diabetes risk factors (particularly obesity) 	<p>CMDHB Non-budget item. Personnel and training support.</p> <p>FACS/CMDHB/Community organisations</p> <p>FACS/PHOs/CMDHB</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>9.2 Improve nutrition of vulnerable families by targeting training and programmes through agencies that access at risk families.</p> <p>Achieve the outcomes in the Let's Beat Diabetes Plan for vulnerable families who access Family Start, Foodbanks, Budget advice, and information and advice services funded through FACS</p>	<ul style="list-style-type: none"> • By June 2008, follow up training for one Family Start provider. • By June 2008, negotiate targets with FS providers re referrals to health organisations re diabetes and obesity. • By June 2008, run workshops for Strengthening Families Co-ordinators and contracted community organisations re nutrition and physical activity. • By June 2008, run workshops for community organisations contracted to provide information and advice on nutrition, physical activity, diabetes, referral agencies. • By June 2008, Early Years Hubs – build in practical skills workshops on nutrition/healthy cooking, physical activity. • By June 2008, provide training for Budget Advice services to include nutrition in food buying and meal planning advice. • By December 2007, Recipe book and meal plans: Print book of low cost healthy recipes and meal plans. • By June 2008, Improve nutrition of food parcels supplied through foodbanks by liaising with food industry regarding quality of donated food. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Improved skills in social services sector for dealing with nutrition issues facing vulnerable families. • Improved coordination across agencies for vulnerable families • LBD agenda taken up by other agencies focusing on risk factors for poor health and social outcomes <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Improved nutrition for at risk families • Long-term reduction in diabetes risk factors (particularly obesity) 	<p>CMDHB (LBD) \$50,000</p> <p>Additional funding, leadership and project management from FACS (MSD); dietetic advice and support from CMDHB Primary Care Development Team and Mangere Community Health Trust</p> <p>Other Key Partners: Family Start, Strengthening Families, Salvation Army, Food Industry / Foodbanks</p>

Action Area 10 - Improving Service Integration and Care for Advanced Disease

Diabetes is a multi-system disorder, and consequently its complications involve many health services.

Interventions have been shown to have benefits across the spectrum of complications, but conversely interventions may be contraindicated or become complicated by complications. Close integration of health services is important to timely, optimal and safe treatment of diabetes and its complications. The *Let's Beat Diabetes* (LBD) project management team (LBD team) will work closely with the myriad of health services to identify pathways to improved service integration, where accountabilities lie in terms of operational accountability, and what role LBD will play.

A number of key milestones were achieved in 2006/07 namely:

- A visit to Royal Prince Alfred Hospital Sydney to observe service design of diabetes services focusing on leadership, service delivery. Integration of primary and secondary services, Information systems and diabetes and pregnancy service.
- Three navigational tools have been produced and presented to primary care via PHOs and they have been posted to the Healthpoint website
- Clinical and financial assistance from LBD was provided to assist with the development and launch of Predict 2 software application.
- Development of CVDIS database capabilities to enable its use to be piloted in Module 5, Manukau SuperClinic.
- Diabetes and Pregnancy Review recommendations have been communicated to all key stakeholders and a multidisciplinary working group has been established. A Vision and project plan has been established to support future development.
- Clinical support was provided to the development of National Diabetes Retinal Screening Grading System and Referral Recommendations. Continuity of grading classifications applied to CCM.
- Support provided to National Renal Project.
- Membership and clinical input into National Metabolic Guidelines working party (Mental Health).

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>10.1 Strengthening the Leadership Hub for In-Hospital Service Integration</p> <p>An established forum is required to provide guidance on in-hospital and integration issues relating to diabetes complications from involved specialties. This builds on informal arrangements developed in 2005/06 and progressed in 2006/07. The forum will operate with two distinct aims. The first area of activity will be in growing the governance arrangements, including coordination between services; leadership on management across secondary services; and input into guidelines/service development. The second activity will focus on updating and maintaining the newly developed navigational tool for consumers (which details the current provision of services across primary and secondary care, including how to access them). This will link with planned activities in the Maaori workstream of LBD (including initiatives 1.2 – 1.8) and the Primary Care workstream.</p>	<ul style="list-style-type: none"> • By October 2007, formal establishment of leadership forum with clinical leaders working with diabetes in Secondary Care. • During 2007/08 provision of an updated and maintained Navigational tool for consumers. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Increased awareness of interdisciplinary issues. • Focus on quality communication. • Impact service planning. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Improved health outcomes for people with diabetes 	<p>CMDHB (LBD) \$25,000</p> <p>Key partners:</p> <p>Division of Medicine Women's Health Division of Surgery Kidz First Whitiara Ophthalmology Community service providers</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>10.2 Developing Whitiara Diabetes Service's role as clinical centre of excellence and supporter of system-wide capacity development. Activity will be focusing on improving health outcomes for Maaori and Pacific people.</p> <p>10.2.1 Linking with 8.2 (diabetes education in primary care activities in 2007/08 will focus on:</p> <ul style="list-style-type: none"> a. Roll-out of Primary Care Support and increased funding/recognition of training role (8.6) b. Encourage internships. c. I.S development – clinical database see 10.5 d. develop entry and exit criteria for referrals from primary care – integrated clinics e. develop evaluation processes. <p>10.2.2 within the Whitiara Team:</p> <ul style="list-style-type: none"> a. assessment and redesign of Adolescent diabetes services b. Develop business case for Inpatient Foot Beds c. Ongoing development of Clinical Psychological Services d. develop future planning model to support increased demand for diabetes services – referrals / complications e. Develop career structure for future growth. f. Develop understanding of experiences of service provision in people with diabetes – linking to survey outcomes (2.3) g. Conduct therapeutic Audits see 10.10 	<ul style="list-style-type: none"> • By December 2007, stocktake report produced and published • By February 2008, strategic document for future growth and development of the Whitiara Diabetes Centre prepared • By August 2007 Audit DKA to be completed • By October 2007, a paper describing a model involving a training role in primary care will be developed. • By August 2007, CVDIS pilot will be initiated in Module 5 MSC and rules agreed. • By December 2007, CVDIS pilot will be completed. • By August 2007, entry and exit criteria for referrals from primary care will be circulated to all PHOs • By Jan 2008, an audit tool will be developed to enable assessment of integrated clinics. • By Aug 2007 engage in discussions with the provider arm and regional operational services re development of Adolescent diabetes services • By January 2008, develop business case for foot beds • By April 2008, review the number of visits to secondary diabetes services per patient.. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Increased awareness of interdisciplinary issues. • Focus on quality communication. • Impact service planning. • Develop clearer vision of future service for planning and funding • Improved secondary care and management of diabetes • Support primary care to manage patients using best practice principles that is supported by specialist expertise and consistent across primary care providers. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • With a focus on at risk populations improved management of diabetes. • Minimisation of complications. 	<p>CMDHB (LBD)</p> <p>\$30,000 Additional funding from Secondary Care.</p> <p>Key Partners:</p> <p>Whitiara Primary Care PHOs Health Alliance Module 5 staff Maaori Health Pacific Health</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>10.3 Ensuring diabetes management activities across Primary and Secondary are implemented in consistent manner in partnership with DCAG, Integrated Medicine, School of Population Health, Whitiara and other secondary services.</p> <p>Aligning with 8.6, to ensure there is consistency in implementation of NZ guidelines on the assessment and management of diabetes and cardiovascular risk in primary and secondary care.</p> <p>Systemise clinical decision support in secondary care with view to integration with primary care providers and other secondary care providers. Activity in this area will focus on ensuring processes support good health outcomes for Maaori and Pacific people. This will be achieved by:</p> <p>a. Ongoing participation in DCAG</p> <p>b. Representation to expert CVD/Diabetes group</p> <p>c. Develop a discussion document to develop Internship for primary care clinicians in secondary care to promote improved consistency and capacity in primary care.</p> <p>d. Review the use of CVD risk assessment tool (Acute Predict) in Secondary Care</p> <p>e. consultation summary is accessible to primary and secondary care services via Health Events summary (HES) application</p> <p>f. Linking primary and secondary services in the management of Diabetes & Pregnancy 10.6</p>	<ul style="list-style-type: none"> • During 2007/08, continue working with PHOs on integrated model of care • During 2007/08, continue attendance at National MOH CVD/Diabetes expert committee meetings. • By September 2007, discussion document re internship for primary care clinicians developed and presented to Primary Care, DCAG, GPHO (subject to primary care support). • By February 2008 audit use of the NZGG Diabetes and CVD Guidelines in secondary care. • By Dec 2007 patient consultation summaries will be accessible via HES to primary care and other secondary services. • By Oct 2007 scope project to develop IS application to support sharing of consultation data across primary and secondary services. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Develop “whole spectrum” of Management/Intervention /Program for screening – advanced disease with Area 8. • Ensure current clinical record for patients is available to all clinicians involved in patient care. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Best practice management of D.M. to reduce development of complications. Improved management 	<p>CMDHB (LBD) \$53,000 Includes project management, administration support</p> <p>Key Partners:</p> <p>Primary Care DCAG CCM Medical and Surgical secondary care service leaders in particular cardiology (Predict 2) PHOs Health Alliance School of Population Health</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>10.4 Improving Clinical Data / Ethnicity Data and Reporting</p> <p>This work stream aims to improve the collection and storage of demographic and clinical data. Information systems will be adopted that facilitate easy reporting of activities including clinical evaluation, audit and feedback. Investment in this area will assist with identification of at risk populations including Maaori and Pacific people. This will be achieved by:</p> <ul style="list-style-type: none"> a. Investigating exemplar models of diabetes secondary care information management b. Work with CVDIS steering group to facilitate use of this information system in CMDHB c. Investigation of exemplar models of diabetes in pregnancy information management applications d. Implementation of Information System to support diabetes and pregnancy models of care across care providers e. Houston VIP 2000 links with HES 	<ul style="list-style-type: none"> • By July 2007, set up test environment for CVDIS. • By August 2007, CVDIS clinical database pilot commenced in Module 5 at Manukau SuperClinic • By December 2007, CVDIS clinical database is evaluated and modified or redesigned if indicated. • By June 2008, CVDIS is rolled out to other sites • By November 2007, feasibility study outlining preferred IS to support diabetes & pregnancy clinical database will be completed. • By September 2007, ICD 10 coding will be implemented across the Diabetes Service. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Improved capture, storage and accessibility of clinical data that can be shared across services. • Improved access to data for audit, evaluation and enhanced management of D.M. in Primary and Secondary Care. <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Improved patient outcomes 	<p>CMDHB (LBD)</p> <p>\$30,000</p> <p>Key Partners:</p> <p>HealthAlliance Secondary Care user group (see 10.1) CVDIS steering group Women’s Health Community Midwives</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>10.5 Supporting Diabetes in Pregnancy</p> <p>Develop service integration for comprehensive care in diabetes in pregnancy, including; lead maternity provider, women's health (CMDHB), secondary care diabetes service, cultural support, community support and primary care. Activity in 2006/07 will build on the review undertaken in 2005/06 by Dr Ray Naden. Working in partnership with Maaori and Pacific people to reduce the incidence and impact of diabetes in pregnancy. This will be achieved by:</p> <p>a. implementation of recommendations from diabetes in pregnancy 2006 review.</p> <p>b. Building workforce capacity, and systems to enable CMDHB to respond appropriately to anticipated increase in demand for services to manage Diabetes and Pregnancy.</p>	<ul style="list-style-type: none"> • By September 2007 multidisciplinary planning group will approve vision of new service. • By July 2007 dedicated working parties will be established. • By October 2007 each working party will prioritise tasks for 07/08, this will form the framework for development of additional KPI's. • By October 2007 all services will have communication plans developed • By October 2007 all services will have risk registers developed. • By August 2007 scoping of evaluation processes will be finalised. • By October 2007 audit of collaboration will be conducted. • During 2007/8, work in partnership with Maaori Health supporting a midwifery position to provide care to Maaori women with diabetes in pregnancy. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Establishing multidisciplinary working groups to identify and prioritise issues and develop tasks to achieve goals. • Establishing a clinical database (see 10.5) • Care pathways are designed for use across multidisciplinary teams • Upskilling of workforce with particular focus on Maaori and Pacific <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Early identification of at risk group • Effective interface between primary and secondary care to manage diabetes and pregnancy • Development of alternative models of care • Improved management of care for women who are newly diagnosed which includes a lifelong management plan and ownership by primary care including family and pregnancy planning 	<p>CMDHB (LBD) \$10,000</p> <p>Key Partners:</p> <p>Women's Health Secondary Care diabetes service Primary Care Community maternity services Independent Midwives Maaori health Pacific Health Consumers School of Population Health Health Alliance</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>10.6 Supporting Diabetic Eye Disease.</p> <p>This action aims to improve access to services for patients as well as improving information regarding patient status regarding diabetic eye disease. LBD will in 2007/08 maintain a watching brief on the Diabetic Retinal Screening and Ophthalmology services, proving advice and support where needed.</p>	<ul style="list-style-type: none"> • During 2007/08, ensure consistency in access to retinal screening for patients. • By August 2007 Houston VIP upgrade will replace existing version, containing new national grading classifications • By January 2008 grading classification in CCM will reflect national guideline classifications. • During 2007/08, ensure patients who require Ophthalmology treatment or monitoring have access to this according to National Diabetes Retinal Screening Grading system and referral recommendations • By December 2007 Houston VIP will link with Via Health Events summary enabling improved information sharing between services involved in care of the patient. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Referrals to Diabetic Retinal Screening services and Ophthalmology services are actioned within timeframes outlined in National Guidelines. Clinical outcomes and recall times are accessible to all primary and secondary services involved in patient care. • screening monitoring and treatment of complications is consistent with National Guidelines <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Improved diabetic eye disease outcomes 	<p>CMDHB</p> <p>Non budget item for LBD</p> <p>Project Management.</p> <p>Additional funding from core service.</p> <p>Key Partners: Ophthalmology service Community retinal screening providers Diabetic Retinal Screening co-ordinator Health Alliance Primary Care Secondary care</p>
Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>10.7 Diabetes and Mental Health</p> <p>Diabetes is overrepresented in clients of mental health services, and mental health issues are more common in people with diabetes. Mental health medications may provoke or worsen diabetes. People with mental health problems are affected by disparities and obstacles for care within society. People with mental health problems may be more reliant on health care providers for support for lifestyle factors (eg residential care/meals, activity). This workstream is intended to enhance linkages between diabetes and mental health services in CMDHB by:</p> <p>a. Engagement with Mental Health Planning/Funding Arm.</p> <p>b. Provide support /guidance to mental health team planning services</p>	<ul style="list-style-type: none"> • During 2007/08, implement the Guideline for Monitoring Physical Health Complications Associated with Atypical Antipsychotic Medications. • During 2007/08, information relating to appropriate physical exercise and diet for people accessing mental health services to be developed 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Strategy development, ongoing dialogue with mental health services • Promoting physical health in people with mental illness. • Recognition and support of mental health issues in people with diabetes <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Reduction in the number of people with mental illness being diagnosed with diabetes. • Reduction in the rate of diabetic complications for those people with mental illness and diabetes 	<p>CMDHB</p> <p>Non budget item for LBD</p> <p>Project Management.</p> <p>Additional funding from core service.</p> <p>Key Partners: CMDHB Mental Health Vulnerable families (LBD Action Area 9)</p>

Interventions/Initiatives	KPIs/milestones	Outcomes	Resources
<p>10.8 Supporting Therapeutics</p> <p>Supporting best practice utilisation of medication by:</p> <ul style="list-style-type: none"> - Community Pharmacy <ul style="list-style-type: none"> o Advice o Adherence - Advocacy for best treatment <ul style="list-style-type: none"> o Representation to Pharmac - Encouraging clinical research in CMDHB population. 	<ul style="list-style-type: none"> • During 2007/08, Research Fellow position remains filled and supported by provider arm funding • By September 2007, presentation of 2 or 3 research papers to NZSSD. • Representation in Type 2 Diabetes Guidelines – next revision date (pending). • By October 2007, host a workshop symposium to explore innovation in partnership with: <ul style="list-style-type: none"> the Pharmaceutical Industry (diabetes specific medications) Pharmac Funding and Planning CMDHB • During 2007/08, develop recommendations to encourage the effective utilisation of evidence based medications: • By June 2008, develop an audit framework to measure the appropriate uptake of diabetes medicines (including those available through special authority) • During 2007/08 identify ways to minimise barriers (cost, convenience, access, side effects) to effective medication. 	<p>Process Outcomes:</p> <ul style="list-style-type: none"> • Optimisation of utilisation of cost effective therapeutics and monitoring of diabetes • Active research in clinical therapeutics in CMDHB population with diabetes <p>Extrapolated Health Outcomes:</p> <ul style="list-style-type: none"> • Improved management of diabetes in context of people within CMDHB 	<p>CMDHB \$5,000</p> <p>Key Partners:</p> <p>CCMAG (Chronic Care Advisory Group) have taken responsibility for Community Pharmacy work stream, with DCAG informed.</p> <p>Diabetes Projects Trust (cofounder of Research Fellow)</p> <p>CCREP (co-funder of Research Fellow)</p> <p>Division of Medicine (co-funder of Research Fellow)</p>
<p>10.9 Survey of those with Type 2 Diabetes in CMDHB area</p> <p>This initiative envisages the design and delivery of a survey of those with Type 2 Diabetes in the CMDHB area, with the intention of improving service delivery for people with diabetes as well as gaining further knowledge to strengthen efforts around prevention and self-management. LBD programme planning and information requirements are being worked through. Once confirmed, the decision will be made to proceed or not with this work, including the nature and scope of the research.</p>	<ul style="list-style-type: none"> • During 2007/08 a survey of those with type 2 diabetes living in CMDHB will be conducted. 	<p>Process outcomes</p> <ul style="list-style-type: none"> • Improved knowledge and understanding leading to improved service delivery and interventions <p>Extrapolated Health Outcomes</p> <ul style="list-style-type: none"> • Improved quality of life for people with diabetes. 	<p>CMDHB (LBD) \$110,000</p>

Appendix 1: *Let's Beat Diabetes* – Context for Implementation

(Source: *Let's Beat Diabetes Operational Plan 2005/2006*, pages 4–6.)

1 Operational approach

1.1 Design challenges

Let's Beat Diabetes (LBD) is a plan that provides a clear vision for diabetes prevention and management. It does not present a detailed blueprint for five years activity, rather it explicitly suggests that what is required is a balanced suite of activity that is constantly being informed by powerful learning processes and then modified and developed. In other words, the process that is proposed is similar to a large scale action learning or continuous quality improvement framework.

This way of working has risks associated with it, but it is believed that it will ultimately outperform a more rigid planning model. A rigid model is unlikely to be able to accommodate the rapid processes of change and integration required as the 10 action areas evolve and interact – and formal evaluation and community feedback create pressures for constant modification.

Developing this approach to programme design and implementation is an emergent area in health system design and management disciplines and creates challenges for governance and management.

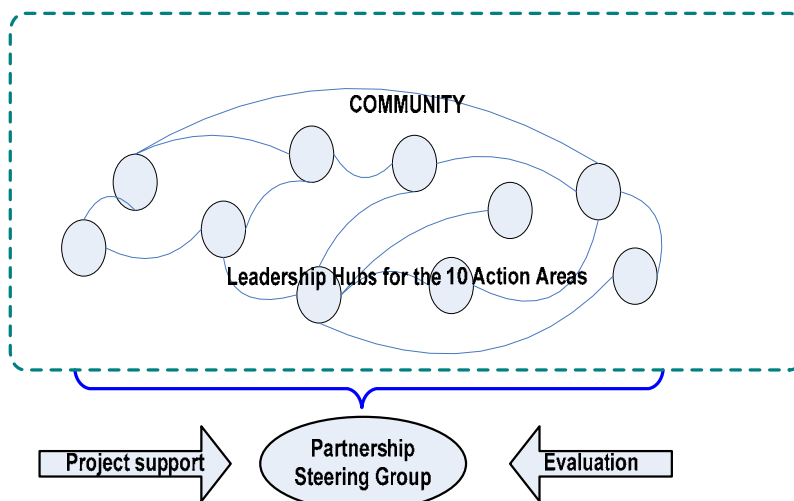
1.2 Implementation challenges

In order to create the implementation environment described above, whilst also meeting the requirements of performance and accountability frameworks, the implementation of LBD is supported through five key operational parameters.

1.2.1 Community ownership and governance

Enable broad community ownership of, and input into, the LBD vision and ongoing operational decisions.

Broad community ownership of, and input into, the LBD vision and ongoing operational decisions is vital to its success. The following community governance and management structure has been established to enable this.



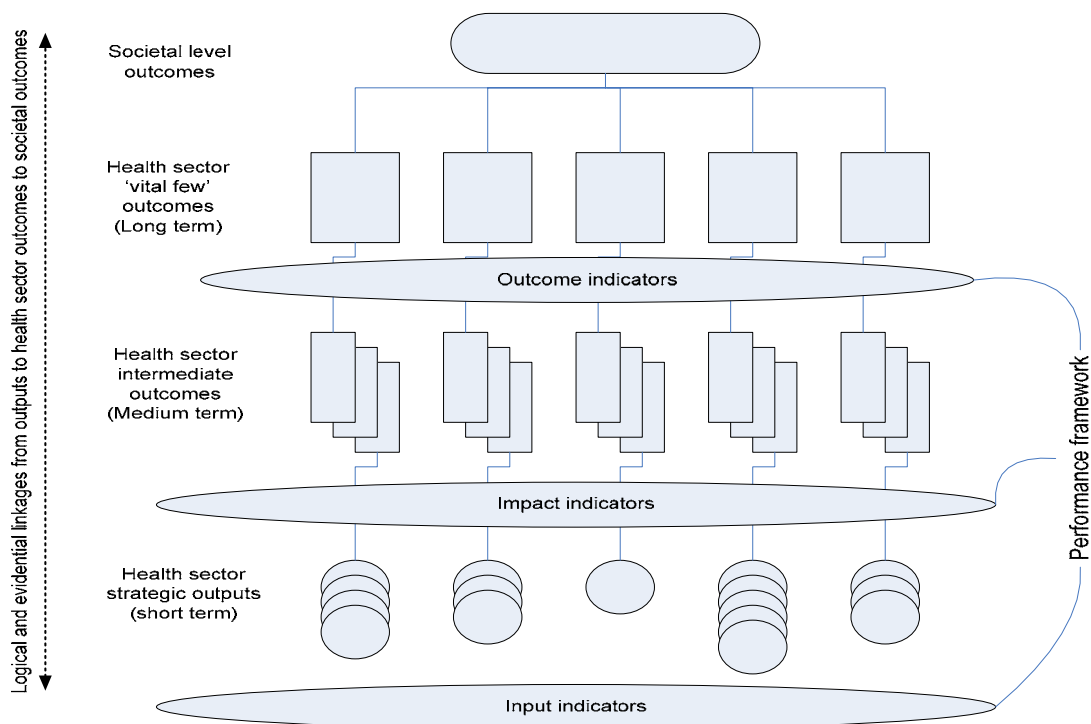
The LBD governance and management structure not only aims to support community ownership and ideas at multiple levels, but to ensure there is tight accountability and a clear, well supported, decision-making forum in the Partnership Steering Group (PSG). The governance and management structure is comprised of three key levels:

- i. **Leadership hubs:** Each of the 10 action areas has its own leadership structure or 'hub' which is responsible for progressing activity in their respective action area. The hubs are comprised of groups of motivated people and organisations, and have Maori and Pacific representation. They meet when/as required. The groups network with each other.
- ii. **Partnership Steering Group (PSG):** The PSG is the key information-sharing and decision-making body for LBD, and is responsible for driving the operational management of LBD, and ensuring its outcomes are achieved. The group is comprised of leaders from each of the action areas, and representatives from the Board of Counties Manukau District Health Board (CMDHB), Maori and Pacific, CMDHB and the LBD project management team (referred to as 'the LBD team'). It meets monthly.
- iii.

1.2.2 Outcomes focused management

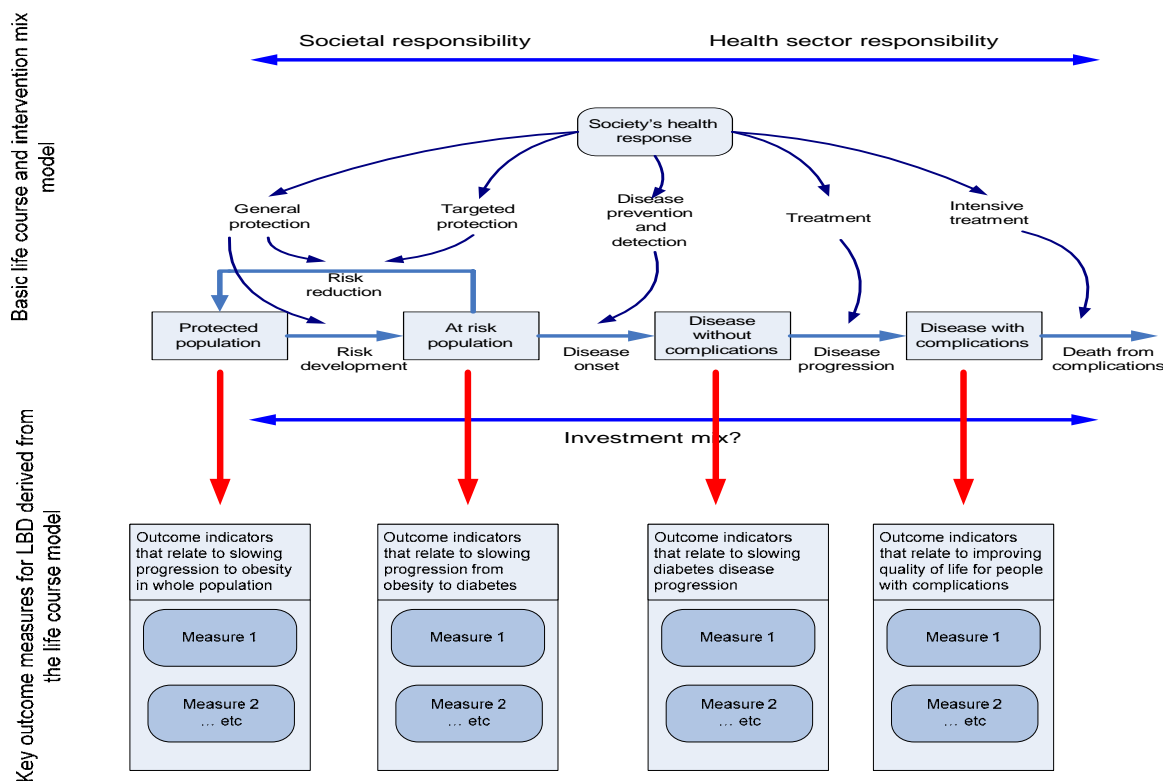
Manage a broad set of initiatives so that they are well designed, effectively implemented and tightly focused on outcomes that help prevent and manage diabetes.

CMDHB has adopted the basic outcomes-based-planning (OBP) framework (below) to support its strategic planning process. The OBP helps to ensure that actions are logically and evidentially aligned to the key outcomes being sought.



OBP emphasises the importance of developing a set of key 'intermediate outcomes' that are relevant and measurable in the medium term to help determine if programmes are delivering what they have set out to achieve.

An OBP framework has been developed for LBD and is being integrated with the evaluation framework to ensure that the evaluation team¹ deliver reports which support focused management. The OBP framework is based on the fundamental life course model that has guided much of the LBD planning. The 'vital' outcomes for LBD are to ensure that its programmes are delivering real change at each of the four key disease progression areas identified in the model. These are outlined below.



The OBP framework creates the context for the key performance indicators. An executive set of indicators is outlined earlier in this document (see page 9), for high level overview of LBD.

1.2.3 Whole system co-ordination

Support co-ordination across the 10 action areas to develop integrated interventions/initiatives across sectors.

Whilst CMDHB is putting significant resources into LBD, it is the PSG who is the key information-sharing and decision-making body for LBD, and is responsible for driving the operational management of LBD, and ensuring its outcomes are achieved. To this end, CMDHB has sought PSG's mandate and guidance as to how the funding is allocated and interventions/initiatives designed and developed.

The second key component of whole system co-ordination is ensuring that the LBD project management team (referred to as the LBD team) works alongside existing health sector service and supports strong linkages with other internal DHB planning, operational and clinical leaders.

1.2.4 Whole system learning

Create a learning environment in which multiple individuals and organisations can learn off each other, and from successes and challenges, to continuously improve quality.

The University of Auckland School of Population Health (SOPH) has developed an evaluation approach that is intended to evaluate outcomes, actively support community learning from the LBD implementation, and develop the critical evaluation capacity of Counties Manukau health organisations. The evaluation approach and the resulting evaluation plan has a focus on outcomes for high at risk groups such as Maori and Pacific peoples. The evaluation approach aims to:

- evaluate outcomes
- evaluate processes to support community learning
- evaluate process to identify which interventions/initiatives are having the major impacts on outcomes
- support health sector capacity development in evaluation, and
- establish co-ordinated research to support the LBD objectives.

The SOPH regularly feeds back information to the LBD team, PSG and other key stakeholders to ensure that the learning's from one component of LBD are adopted by relevant organisations and communities.

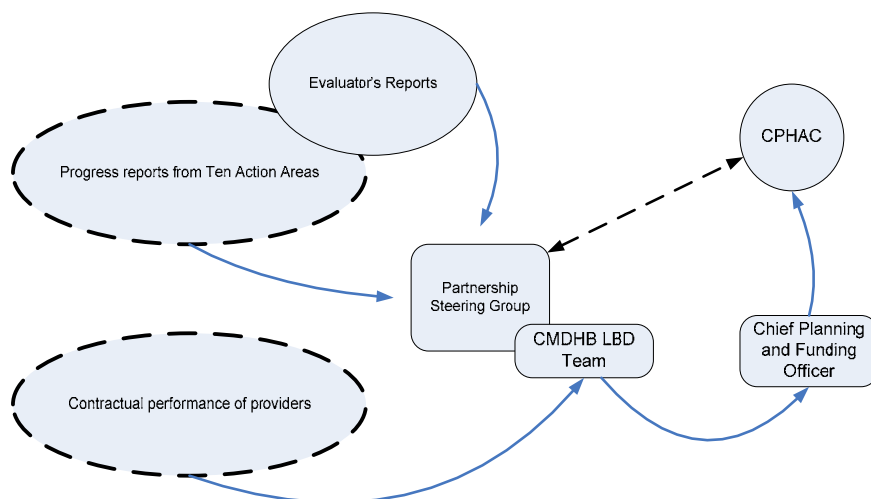
1.2.5 Explicit accountability and performance

Ensure that there is clear accountability for LBD action areas and that there are good processes for performance reporting. Ensure that CMDHB funds for LBD are being wisely and prudently invested.

The Board of CMDHB has reiterated the need for good management of the LBD programme. CMDHB has responded by developing the design and implementation infrastructure described in this document. It has also established the LBD team within the Planning and Funding Division to support the implementation of LBD.

The LBD team provides technical support to all areas of the LBD programme and manages the complex inter-organisational and contractual relationships that make up the web of activity that is LBD. The LBD team also works closely with other sections of CMDHB to ensure there is clarity of accountability for specific programmes and outputs.

The LBD team provides formal reporting to CMDHB management, the PSG and to the Community Public Health Advisory Committee (CMDHB) – which has delegated governance authority for LBD on behalf of the Board of CMDHB. The graphic below describes the reporting lines for LBD from a CMDHB perspective.



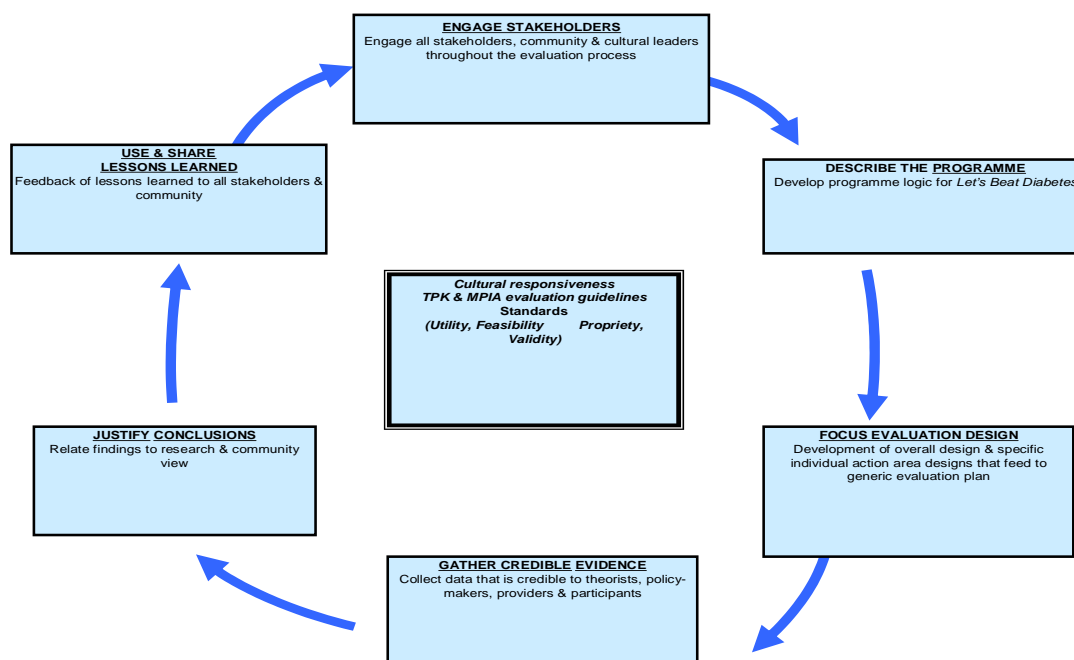
Appendix 2: Evaluation Framework

(Source: *Let's Beat Diabetes Operational Plan 2005/2006*, pages 13–14.)

The University of Auckland School of Population Health (SOPH) was contracted to develop the evaluation process and framework for *Let's Beat Diabetes* (LBD). A team led by Dr Paul Brown and Dr Janet Clinton at SOPH are carrying out the evaluation. The complexity of this task due to the breadth and complexity of LBD and the evaluation brief – which sought a framework to support process and outcome evaluation, as well as support for learning environment – was not underestimated. SOPH are implementing a framework that:

- identifies key indicators of the extent to LBD is meeting its goals
- describes a comprehensive framework identifying how the action areas link with the key indicators
- identifies how the specific initiatives undertaken by community groups and providers link to the 10 action areas
- describes the development of specific outcomes in parallel with programme design
- accommodates a range of interventions/initiatives from a variety of providers
- identifies and incorporates measures that are important to the communities and providers
- is flexible enough to accommodate initiatives at different stages of development
- involves frequent contact and capacity building within the community
- includes a continual reassessment of the goals and activities
- is responsive to changes in the implementation of the plan as a result of learning and reassessing goals, and
- sees the evaluation as an evolving process.

The team are implementing a modified version of the evaluation framework described by the US Centers for Disease Control and Prevention (CDC) to be adopted. The framework allows an independent assessment of the progress of LBD, and yet provides opportunities for continuous learning and quality improvement throughout the duration of the plan. It also recognises Maori and Pacific peoples in Counties Manukau as priority population groups, and incorporates practices and measures that are culturally appropriate and meaningful to these groups and the wider community. These cultural considerations will be maintained throughout the evaluation process, adapting when/as required, and/or if other ethnic groups become priorities. The graphic below outlines the proposed evaluation approach for LBD, adapted from the CDC framework.



SOPH also participate in the LBD Partnership Steering Group (PSG) so it is aware of developments and issues as they arise first-hand. SOPH have also formed an Evaluation Working Group to:

- identify and develop consistent and reliable indicators that link the outcomes from the activities with the key indicators
- assess evaluation readiness in communities and organisations through:
 - meeting with organisations as directed by the LBD project management team (LBD team), in collaboration with SOPH
 - holding workshops with other organisations as directed by the LBD project management team, in collaboration with SOPH to assist in evaluation capacity building
 - liaising with organisations regarding gathering data about the activities
- identify ways to build evaluation capacity within the community as required
- analyse the results from the specific initiatives, the impact on the action areas, and changes in the key performance indicators (KPIs)
- provide regular feedback to organisations on progress as directed by the LBD project management team, in collaboration with the PSG, including:
 - participating in workshops with representatives from action areas
 - reporting on progress of initiatives
 - meeting regularly with PSG
 - reporting to CMDHB as directed.

In 2007/08 the evaluators will concentrate on progressing activity in the following areas:

- Maori action area
- Urban Park
- Diabetes Self Management Education / Wananga support
- Pacific ECE's
- Diabetes in Pregnancy
- Healthy Kai

And commencing new work :

- Fruit and Veges (Food Industry Accord initiative – new evaluation)
- Schools Accord
- Social Marketing evaluation