

## WellConnectedNZ™ | Te Rangi i te Tira

Social connection for health and wellbeing: a proof of concept initiative

### Pou Ārahi | Guiding Posts

We found there is a vibrant network of community activities valuable to people with long-term health conditions but low awareness of the activities and how to connect with them.

Current healthcare models and language that emphasise self-determination and self-management may encourage deficit model discussions which do not serve communities and people with long-term conditions well.

To address this, our stakeholders identified some guiding principles, concepts and language, which fit well with Māori principles and concepts. We called these 'Pou Ārahi' (guiding posts) and grouped them into broad themes:

- **Interpersonal** Pou Ārahi include the need for healthcare professionals to listen more and listen better to patients so that patients are a part of the decision-making process about their own lives.
- **Community** Pou Ārahi encourage giving and receiving as members of a community, and using technology alongside diverse communication methods to enhance existing relationships.
- **Systems** Pou Ārahi include the need to find alternatives to 'siloed' approaches to providing healthcare and support, and a change in language use from 'providing care' to assisting people as they restore their own wellness.



### Why was this research needed?

Social isolation can have a major impact on people's health and wellbeing. People with one or more long-term conditions are particularly vulnerable to isolation. They have low referral and attendance rates at rehabilitation courses, despite the courses offering high-quality care and information. This can be due to various factors.

The aim of this research was to find ways to help people with long-term conditions live more active, socially connected lives.

### What did the research team do?

This project used a different approach from the traditional 'parachuting in' of a health intervention. We first sought to understand the intersections between social connection and health and wellbeing by talking to over 500 stakeholders (people with long-term conditions, their local communities and local service providers) to co-create knowledge through multiple conversations.

We asked people about what they wanted and thought would work for them, and then developed ways to connect people to programmes and initiatives already happening in their communities.

### PROJECT TIMELINE

September 2017 – August 2019

### LEAD RESEARCHER

**Dr Michael Epton**

Canterbury District Health Board

### Publications

**Maintenance and Development of Social Connection by People with Long-term Conditions: A Qualitative Study** *International Journal of Environmental Research and Public Health* 2019; 16(11):1875. doi: 10.3390/ijerph16111875

**Client perceptions of engaging with a health and social care navigation service: A qualitative study** *Chronic Illness* 2020; 174239532093704. doi: 10.1177/1742395320937046

## What was the outcome?

Our stakeholders made it clear that they do not want technology to supplant face-to-face conversations and interactions, but rather to enhance it. So rather than creating a solution that would stop people from linking as communities, we used technology to enhance community linkage by making it more visible.

We created the WellConnectedNZ™ interactive map for the Canterbury community, featuring information on groups, programmes, activities and events. The map is free and can be contributed to and used by individuals, service providers, health professionals and whānau.

WellConnectedNZ website: [www.wellconnectednz.org](http://www.wellconnectednz.org)

## Next steps

The Pou Ārahi that resulted from community engagement are principles that can be used to guide other projects and research. There is also potential for the WellConnectedNZ™ map to be replicated in other locations. We produced a Sustainability Package with information and strategies to be used by any region, health board, or council to roll out the initiative in other locations. (For more information please email: [malina.storer@cdhb.health.nz](mailto:malina.storer@cdhb.health.nz) and [michael.epton@cdhb.health.nz](mailto:michael.epton@cdhb.health.nz).)

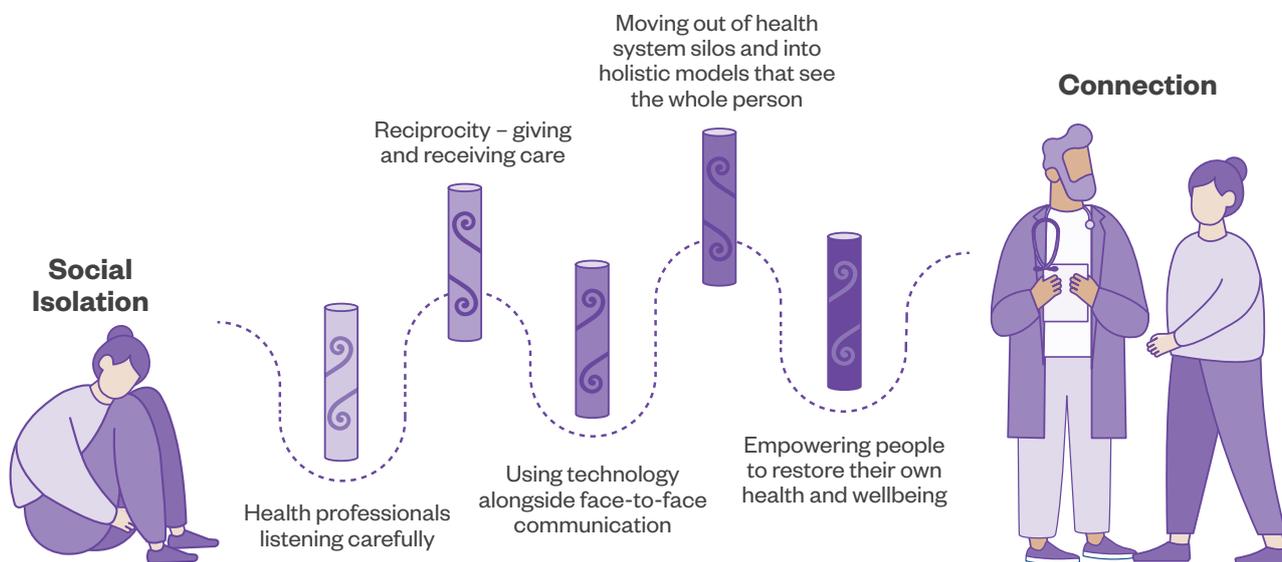
Keeping the map up to date to ensure its long-term sustainability beyond the research phase is a challenge. Potential avenues to achieve sustainability and further development of the map are being explored, such as crowdsource funding and local government funding and oversight. A further study is planned to explore the use of conversations about social connectedness and the interactive map in the acute hospital setting.

## Pou Ārahi

Engaging with stakeholders helped us understand that use of the terms “results” or “findings” places co-created knowledge in an academic arena, and that the word “solutions” as a way to label the results, reinforces a deficit-based approach to health and wellbeing.

We consulted with Māori stakeholders who provided us with the phrase Pou Ārahi to label the findings of this research project. In the Māori world, pou are carved posts placed strategically on the land to acknowledge the relationship between people, their ancestors, and their environment.

Pou are significant, and mark boundaries, guardianship, protection, and guidance. Ārahi means to lead, escort, conduct, guide, or drive. Taken together, Pou Ārahi are markers or guide posts for those who are finding their way. In the context of this project, this could imply useful ways or “recommendations” for navigating social connection within communities or to inform healthcare professionals.



## The Long-Term Conditions Partnership

The New Zealand Ministry of Health, Health Research Council of New Zealand and Healthier Lives–He Oranga Hauora National Science Challenge entered a three-way partnership in 2016 to invest in research aimed at improving long-term health conditions.

More information about this study and the Long-Term Conditions Partnership is available at: <http://healthierlives.co.nz>

## Please use the following citation:

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