He Kupu mō ngā Kitenga Rangahau
Research Findings Brief

He Pikinga Waiora: making health interventions work for Māori communities

Key points

- Inequity continues to be a problem in today's health system. Some communities – notably Māori and Pacific peoples – have less access to health care and worse health outcomes than others in Aotearoa.

- He Pikinga Waiora aimed to reduce the burden of non-communicable diseases (NCDs) such as diabetes, heart disease and obesity by finding an effective way of creating, implementing and evaluating health interventions for Indigenous communities.

- The project team developed the *He Pikinga Waiora Implementation Framework* as a tool for planning, implementing and assessing health interventions. The Framework is centred on Kaupapa Māori (Indigenous knowledge, methods and philosophy) and emphasises community engagement through participatory co-design approaches.

- The team used the *Framework* to co-design and evaluate two community health interventions aimed at improving the prevention and management of diabetes. The high level of community engagement through the co-design process was a crucial factor in both interventions achieving high retention rates and improvements in multiple health and wellbeing outcomes.

- As well as improving health, the research led to greater understanding of how to harness community involvement so that interventions, including treatment programmes, are more readily adopted and sustainable beyond the research phase.

LEAD RESEARCHERS

Dr Nina Scott
Waikato District Health Board

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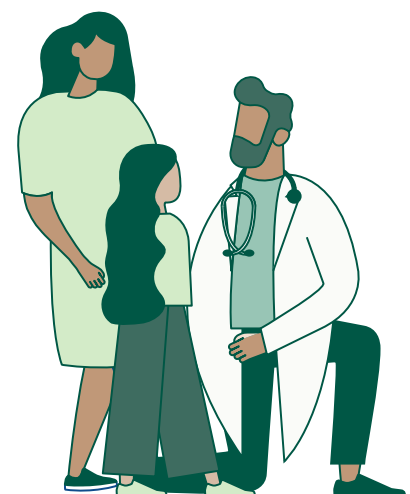**Dr Bridgette Masters-Awatere**
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COMMUNITY PARTNERS

**Te Kōhao Health
Poutiri Charitable Trust**

PROJECT TIMELINE
April 2016 – June 2019

We developed the *He Pikinga Waiora Implementation Framework* as a tool for improving the effectiveness of health interventions for Māori communities.

We used the *Framework* to co-design two community health interventions for the prevention and management of diabetes.

We found that co-designing health interventions with communities can lead to high retention rates, improved health outcomes and effective health services.

What did we do?

He Pikinga Waiora Implementation Framework

The project team developed the *He Pikinga Waiora Implementation Framework* as a tool for funders, heath services and community organisations to plan, implement and assess heath interventions.

The *Framework*:

- is centred on Kaupapa Māori (Indigenous knowledge, methods and philosophy)

- integrates best practice from international research

- is based on four pillars: cultural centredness, community engagement, systems thinking and integrated knowledge transfer

- can be used by community organisations to support their autonomy and engagement with health interventions by District Health Boards and other funders.

The *Framework* was widely disseminated, and successfully used to guide the efforts of the National Bowel Screening Advisory Group and the 2016-18 Waitemata District Health Board Abdominal Aortic Aneurysm Screening Pilot. It was also adopted by several research projects working with Indigenous communities in Aotearoa and other countries.

Community health interventions

The project team co-designed two health interventions with Māori communities, both of which integrated best practice from research and modified this using the Framework as a guide. Both interventions have been funded by healthcare providers to continue beyond the research phase.

Kimi Ora

- a 10-week programme for people with pre-diabetes or Type 2 diabetes and their whānau (extended family and friends)*

- structured lifestyle activities (delivered from a Māori worldview) and shared kai (food)

- run by Te Kōhao Health, a Māori health provider in an urban, marae-based setting.

Poutiri Health Challenge

- a 12-week lifestyle intervention to address pre-diabetes and related conditions for men and their whānau

- focus on physical activity and nutrition, led by a kaiārahi (community health worker or guide)

- run by Poutiri Charitable Trust which contracts Māori health and wellbeing services in a rural setting.

*The participants during the research phase were mainly women.

What did we find?

- Programmes developed to meet the needs of participants can achieve high retention rates and strong outcomes:

  + The Kimi Ora programme had a 100% retention rate and the Poutiri Health Challenge had a 97% retention rate.

  + The Kimi Ora programme resulted in significant reduction in weight (4.3%), BMI (1.80) and HbA1c (8%). Weight and BMI reductions were greater than a comparison group (HbA1c measures were not available for the comparison group).

  + The Poutiri Health Challenge resulted in significant reduction in weight (4.7%) and BMI (1.87), and a significant improvement in health-related quality of life and self-rated health. There was no comparison group but the effect sizes were large (>1.10).

BMI is body mass index, a measure of body fatness

HbA1c is glycated haemoglobin, a measure of blood glucose control

What did we produce?

- *He Pikinga Waiora Implementation Framework:* **www.hpwcommunity.com/applying-the-framework**

- Two health interventions: the Kimi Ora programme and the Poutiri Health Challenge

- He Pikinga Waiora website: **www.hpwcommunity.com/** including tools for implementing and evaluating the framework.

Next steps

The *He Pikinga Waiora Framework* is an effective tool for meaningful engagement with community health members and organisations. It provides those involved in planning and funding health services with a means to address health equity issues, and design effective and sustainable interventions.

Health planners and funders are welcome to contact the research leaders for more details about how to use the *Framework*.

Why does it matter?

- There are stark health inequities for Indigenous populations around the world; 370 million Indigenous peoples worldwide have basic health rights which are not being met by their health systems. Inequity in the health system ultimately affects all people, not just those in Indigenous communities.

- The United Nations Declaration on the Rights of Indigenous Peoples says that states shall take the necessary steps to meet health needs of Indigenous populations. However, it is clear that not enough is being done to meet health needs for Indigenous peoples worldwide – New Zealand included – and this is evidenced by marked health inequities.

- Many of our biggest human health problems have 'volumes' of evidence-based solutions just sitting on a shelf. We need implementation science to get them off the shelf and translate them into solutions that will work for Indigenous peoples.

- Translation from the research environment – or even from one country or population to the next – is not always simple. The *He Pikinga Waiora Framework* is an example of implementation science which addresses this complexity and provides guidance on approaches and tools to make sure that translation works.
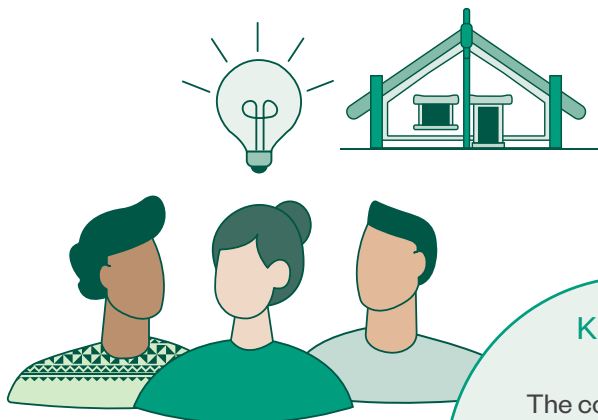
He Pikinga Waiora
Implementation Framework
A planning tool to guide successful health interventions
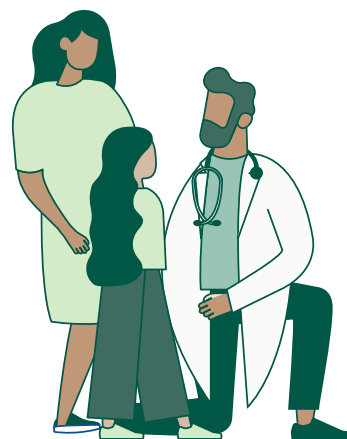
Cultural Centredness
The community leads in defining the problem and developing the solution.

Community Engagement
Researchers partner with communities in all phases of the project.

Kaupapa Māori
The collective vision, aspiration and intentions of Māori communities.

Indigenous self-determination

He Pikinga Waiora

Systems Thinking
The intervention has a broad focus which considers multiple perspectives, world views, values, causes and solutions.

Integrated Knowledge Translation
Mutual learning between researchers, end users, potential implementors and funders takes place throughout the process.

Co-design – what is it and why use it?

- Co-design involves the people who will be affected by a project at every stage of its design, implementation and evaluation. Researchers work collaboratively with end users, leaders, communicators and funders within communities and health organisations to ensure the project is supported, meets multiple needs and is successful.

- Involving communities in the design of health services leads to ownership of services by the community, and to more patient-centred, responsive and culturally-effective models of care.

- Involving health organisations and end users in the design of health services leads to a greater likelihood that the services will be implemented and funded long term.

Publications

- **Implementation framework for chronic disease intervention effectiveness in Māori and other Indigenous communities** *Globalization and Health* 2017; 13(1). doi: 10.1186/s12992-017-0295-8

- **Addressing health inequities in cardiovascular health in Indigenous communities: Implementation process matters as much as the intervention itself** *International Journal of Cardiology* 2018; 269:325-326. doi: 10.1016/j.ijcard.2018.07.036

- **He Pikinga Waiora: Supporting Māori health organisations to respond to pre-diabetes** *International Journal for Equity in Health* 2019; 18(1). doi: 10.1186/s12939-018-0904-z

- **What protects against pre-diabetes progressing to diabetes? Observational study of integrated health and social data** *Diabetes Research and Clinical Practice* 2019; 148:119–129. doi: 10.1016/j.diabres.2018.12.003

- ***He aha te mea nui o te ao? He tāngata!* (What is the most important thing in the world? It is people!)** *Australian Journal of Primary Health* 2019; 25(5):435. doi: 10.1071/py19027

- **Critical reflection for researcher–community partnership effectiveness: the He Pikinga Waiora process evaluation tool guiding the implementation of chronic condition interventions in Indigenous communities** *Australian Journal of Primary Health* 2019; 25(5):478. doi: 10.1071/py19022

- **Implementation effectiveness of health interventions for Indigenous communities: a systematic review** *Implementation Science* 2019; 14(1). doi: 10.1186/s13012-019-0920-4

- **A case study of using the He Pikinga Waiora Implementation Framework: Challenges and successes in implementing a twelve-week lifestyle intervention to reduce weight in Māori men at risk of diabetes, cardiovascular disease and obesity** *International Journal of Equity in Health* 2020; 19, 103. doi: 10.1186/s12939-020-01222-3 .

Acknowledgements

Research team

Angela Beaton, Charis Brown, Jeff Foote, Truely Harding, Carey Manuel, Bridgette Masters-Awatere, John Oetzel, Cherie Paekau, Moana Rarere, Nina Scott, Chae Simpson, Jade Tapsell, Ray Wihapi.

Community Partners

About Healthier Lives

National
SCIENCE
Challenges

HEALTHIER
LIVES

He Oranga
Hauora

Our vision is of Aotearoa New Zealand with equitable health outcomes and a substantially reduced burden of non-communicable diseases.

Tō mātou kitenga kia noho a Aotearoa New Zealand hei whenua he ōrite ngā putanga hua hauora mō te tangata, kia iti iho hoki ngā pīkauranga o ngā māuiui kāore e taea te tuku ki te tangata kē.

The **Healthier Lives – He Oranga Hauora National Science Challenge** is a national collaborative research programme, investigating innovative approaches to the prevention and treatment of four major non-communicable diseases (NCDs) – cancer, cardiovascular disease, diabetes and obesity.

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