

Recommendations for Māori-led research within Theme 2:

Culturally centred health interventions for Māori



Report on hui to scope and prioritise research

Monday 24 June 2019 – Toi Tangata, Auckland

Acknowledgements

Thank you to hui participants who generously shared their time, wisdom, expertise and research ideas, and to Toi Tangata for their warm welcome and for hosting the hui.

Appendix 1 contains details about hui participants.

Mihi whakatau: Megan Tunks, Toi Tangata

Hui facilitation: Andrew Sporle, Healthier Lives Deputy Director

Hui organisation: Sande Mareroa-Gates (Toi Tangata), Jean Cockram, Fleur Templeton, Claire Ashford (Healthier Lives)

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Introduction

Toi Tangata hosted a hui on Monday 24 June 2019 with 14 Māori health providers, community leaders and researchers to scope and prioritise research topics related to culturally-centred health interventions for Māori. The hui's purpose was to inform funding decisions about Māori-led research within phase 2 of the Healthier Lives-He Oranga Hauora National Science Challenge as well as help to develop a wider agenda for Māori-led health research.

In phase 2 Healthier Lives will undertake research within three themes (see diagram below). This report is focussed on Māori-led research within Theme 2: Culturally-centred health interventions for Māori and Pasifika (community and whānau ora approaches). It summarises the presentations, discussion and outputs from the day. Appendix 1 contains details of the participants.



Healthier Lives Phase 2 Strategy Framework (Source: Healthier Lives–He Oranga Hauora, 2018. Research Strategy 2019-2024)

Learning from current research

In its first phase (2015-2019), Healthier Lives funded three Māori-led research projects, which were co-designed with community partners:

Project	Research partners	Māori community partners
He Pikinga Waiora: making health interventions work for Māori communities	University of Waikato Waikato District Health Board	Poutiri Trust Te Kōhao Health
OL@-OR@: A Māori and Pasifika mHealth approach	University of Auckland Massey University Victoria University of Wellington	Toi Tangata
Mana Tū: a whānau ora approach	University of Auckland	National Hauora Coalition

For the next phase (2019-2024) it makes sense to build on what has already been learned and to continue developing the relationships between communities and research teams. Each project gave a brief presentation about what they have achieved and learned in phase 1 and where this could be taken next.

He Pikinga Waiora: Bridgette Masters-Awatere and John Oetzel (University of Waikato)

He Pikinga Waiora is focussing on implementation science. It has developed *He Pikinga Waiora (HPW) Implementation Framework*, centred on kaupapa Māori, as a tool to improve the uptake and implementation of prevention and treatment programmes, with the aim of providing effective patient-centred care within culturally diverse health care settings.

The team used the *HPW Framework* to co-create two community-based interventions with two Māori health providers (Te Kōhao Health and Poutiri Trust), addressing pre-diabetes and related conditions such as obesity and cardiovascular disease.

The interventions were implemented in 2018 and results of the evaluation are expected soon.



Bridgette Masters-Awatere (University of Waikato) answering a question about He Piking Waiora

Phase 1 learning:

- The principles embedded in the He Pikinga Waiora framework (centred on kaupapa Māori) are valuable;
- Relationship-building takes time, and compromise is a necessary part of it;
- Health interventions need to be sustainable and mana enhancing;
- Successful translation of research into practice requires the end users (those who will implement the findings of research) to be involved from the beginning of the project;

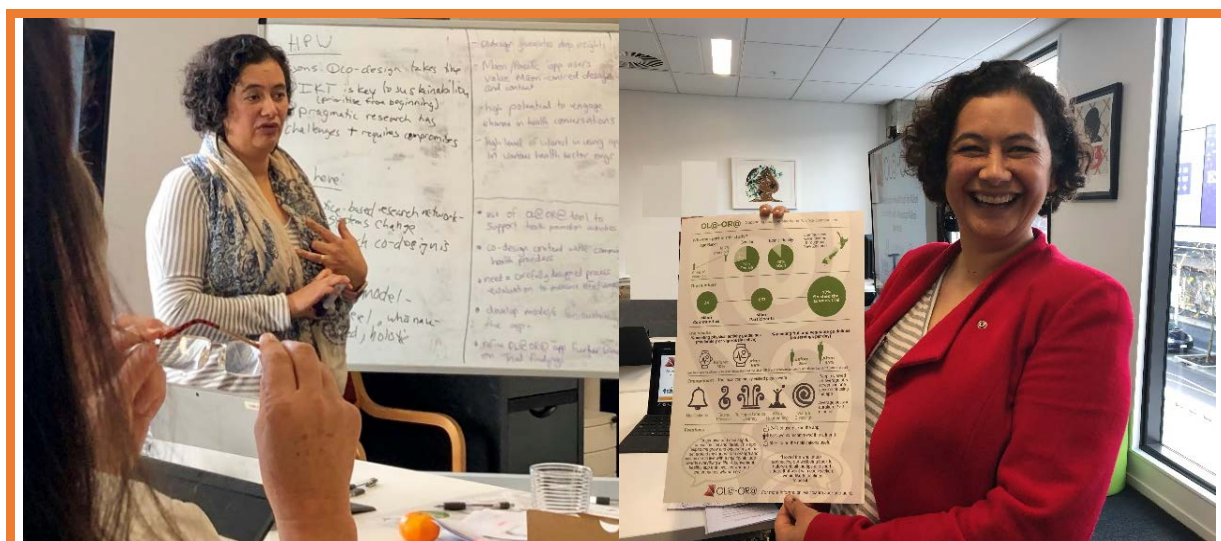
Next steps to build on phase 1:

- Scale-up the practice-based network of GPs, currently being trialled, to enable research findings to be taken up more widely within the health system;
- Find out how much co-design is needed – co-design enhances outcomes but it is costly and time-intensive so does all research on health interventions for Māori need to be co-designed?
- Undertake research into the implementation of health interventions – sometimes this is not seen as real research but it is very important;
- Investigate the Maunga model (whole of system change).

OL@-OR@: Lisa Te Morenga (Victoria University of Wellington)

This project co-created and evaluated a culturally tailored, personalised mobile-phone delivered (mHealth) healthy lifestyle support programme for Māori and Pasifika in New Zealand. The mHealth programme consists of a smartphone app and website, known as OL@-OR@, which allow users to set goals and invite whānau and friends to join them on their journey to achieve positive lifestyle changes. It contains healthy eating and physical activity tools to support behaviour change, and provides regular motivational messages and tips.

The programme was evaluated in a Cluster Randomised Trial. 24 Maori and 24 Pasifika community clusters were randomly assigned to either receive the mHealth tool (intervention condition) or a simplified version of the tool which only collects data (control condition). Participants in the intervention clusters used the tool for 12 weeks and participants in control clusters were able to use the tool after the 12-week intervention period. Results of the evaluation are expected soon.



Lisa Te Morenga (Victoria University of Wellington) talking about OL@-OR@

Phase 1 learning:

- Co-designing research with communities leads to better insight and understanding of what communities really want to enhance their health and wellbeing;
- The Māori-centred design of the OL@-OR@ app and website was very popular with its users, which not only enhanced engagement with the project but also offers ongoing potential to engage whānau in conversations about health;
- There is a high level of interest from several health provider organisations in using and customising the OL@-OR@ app and website.

Next steps to build on phase 1:

- Find out how the OL@-OR@ app and website can be used to support health promotion activities and face-to-face conversations (getting people to engage with technology alone is difficult);
- Co-develop new content with community health providers, and evaluate its reach and effectiveness (is it better than business as usual?);

- Refine the OL@-OR@ app and website further based on the RCT findings, and investigate whether it would be better to focus on a web-based tool;
- Develop a sustainable model for implementation beyond the research phase (apps need maintenance and don't run by themselves).

Mana Tū: Matire Harwood (University of Auckland / National Hauora Coalition)

This project is testing Mana Tū—a programme co-designed with whānau, clinicians, health service planners, and whānau ora providers. It aims to improve the impact of clinical and lifestyle interventions for whānau living with pre-diabetes, and people with poorly controlled diabetes.

Mana Tū deploys skilled and supported Kaimanaaki-whānau (KMs) in general practices. The KMs use a mana whānau approach, and work with general practice teams while being operationally supported by a central hub. The hub co-ordinates broader community and social service support systems for whānau including training, programme design, and support, within a rich data environment.



Matire Harwood (University of Auckland) describing the early results from Mana Tū

Phase 1 learning:

- Funding for workforce development is very useful for research on interventions seeking to create change;
- Research teams need to consider from the outset of the research what qualitative and quantitative evidence will be required – different policy makers, funders and other groups want to know different things;
- It's important to have the support of your funding body, and to think long term (not just 12 months ahead).

Next steps to build on phase 1:

- Scale-up the Mana Tū model – more clinics, more diseases;
- Discover whether the Mana Tū model could work in other spaces, not just PHOs;
- Think about how different models of care fit together and how we could 'shuffle the system'.

Shaping future research

Community perspectives

Following the presentations, hui participants not involved with current research were asked to share their perspectives on priority areas for future research, drawing on their experience as community leaders and health practitioners. This led into a robust discussion about the key factors for Healthier Lives to consider in shaping future research aimed at reducing the burden of non-communicable diseases and achieving equitable health outcomes.



Hearing a range of perspectives

Focus on equitable health outcomes

Achieving equitable health outcomes is the major goal of Healthier Lives so future research within Theme 2 must tackle this directly. While many of the causes of inequity occur outside the health system, health researchers can investigate the ways in which the delivery of health services contributes to inequity and how this could be changed.

Studies have identified that racism exists in the health system and impacts negatively on health outcomes. More work is needed on how to combat systemic racism, and how to improve the cultural competency of health professionals.

Consideration could be given to qualitative research to investigate decision-making within the health system; what is behind racism, what would change it, what changes systems? For example, would

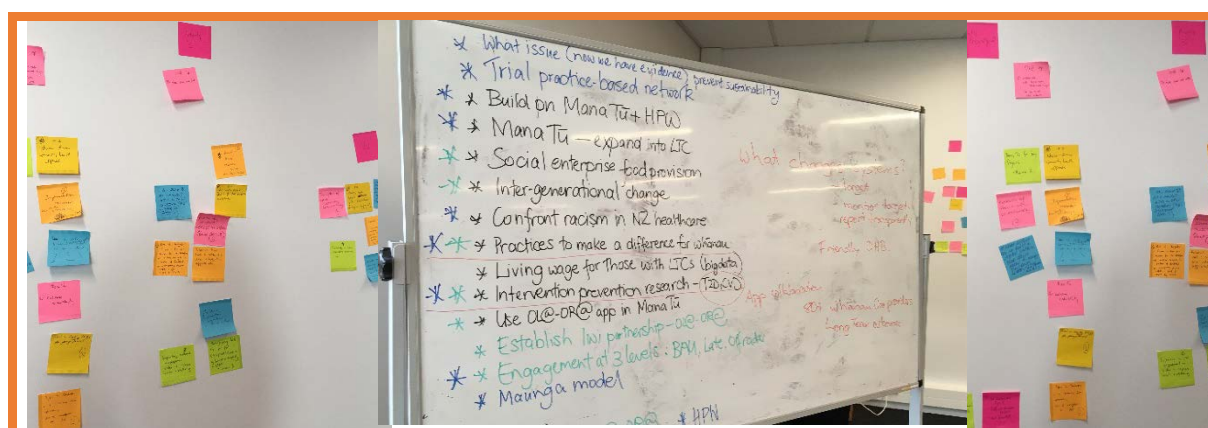
introducing 'equity targets' for DHBs lead to system change and equitable health outcomes? Targets can have unintended consequences and 'target gaming' is common so careful thought is needed about whether such targets would achieve real change. It has been shown that racism is present at many small steps within the health delivery system and builds cumulatively¹. To be effective, equity targets aiming at addressing system change would need to identify each small step across the health delivery spectrum and establish a target for that step. This could potentially be trialled within one disease area and then applied to others.

Listening to whānau would help health professionals to work more effectively and deliver more equitable outcomes. Sometimes health professionals anticipate that a problem is more complex than it really is, and don't hear what the real cause of the problem is. And sometimes whānau tell health professionals what they think they want to hear. So it is important to improve the cultural competency of health professionals and also to build advocacy skills, relationships and navigation pathways for whānau within the health system. Future research should take these factors into account.

With limited funding available, consideration should be given to identifying one significant project, encompassing both quantitative and qualitative methods, which is capable of achieving long-term outcomes. It would be useful to seek input from Whānau Ora commissioning partners, DHB Planning and Funding Managers, and DHB Māori Managers.

Possible research topics

Following presentations and discussion, hui participants were asked to individually identify up to five possible research topics on post-it notes, and post them on the wall in priority order. Appendix 2 presents the full list of research ideas in priority order as well as a number of related questions and comments that emerged from this process.



Brainstorming priority research topics

¹ Hill S, Sarfati D, Blakely T, et al. Ethnicity and management of colon cancer in New Zealand. Cancer 2010; 116(13):3205-14.

Key questions for future research

After working individually, the group came back together to synthesise the ideas that had been generated. The following key questions were identified for future research to address:

What changes systems?

Could we work with a DHB to set, monitor and report against 'equity targets' designed to achieve system change?

Could we facilitate a long term conversation with decision-makers about giving real effect to equity (with funding following equity outcomes)?

Could we change the mind-sets of people working in the health system so that they understand how achieving equitable outcomes is important to them?

Appendix 1: list of participants

Amohia Boulton	Lead Technician, Whānau Ora Iwi Leaders Group / Healthier Lives Kāhui Māori / Director, Whakauae Research
Annemarie Gillies	Research Director, Te Puna Ota o Mataatua
Ivy Harper	Strategic Analyst, Te Pūtahitanga o Te Waipounamu
Matire Harwood	Principal Investigator, Mana Tū, University of Auckland
Rawiri Jansen	Clinical Director, National Hauora Coalition
Geoff Kira	Senior Lecturer, Massey University
Jim Mann	Director, Healthier Lives, University of Otago
Georgina Martin	Senior Researcher, WaiResearch
Bridgette Masters-Awatere	Co-Principal Investigator, He Pikinga Waiora, University of Waikato
John Oetzel	Co-Principal Investigator, He Pikinga Waiora, University of Waikato
Andrew Sporle	Deputy Director, Healthier Lives, University of Auckland
Lisa Te Morenga	Co-Principal Investigator, OL@-OR@, Victoria University of Wellington
Chris Tooley	CEO, Te Puna Ora o Mataatua
Megan Tunks	CEO, Toi Tangata
Cinnamon Whitlock	Tamaki Makaurau Area Representative, Māori Women's Welfare League

Apologies:

Sue Crengle	Associate Professor, University of Otago
Nina Scott	Principal Investigator, He Pikinga Waiora, Waikato DHB

Observers:

Sande Mareroa-Gates	Kaiarahi Nutritionist, Toi Tangata
Jean Cockram	Operations Manager, Healthier Lives
Fleur Templeton	Knowledge Exchange Manager, Healthier Lives

Appendix 2: research topics and questions

Priority 1

- Can the Maunga model* improve equitable health outcomes?
**The Maunga model involves a whole-of-system change that starts with better engagement with communities, holistic screening, whānau-based lifestyle intervention for those at risk, kaiarahi/kaimanaki to support whānau (consistent with Mana Tū), efforts to improve the community's health, and system change including monitoring of all these steps to ensure the health system is providing equitable care. Overall it moves efforts from treatment to prevention of diabetes and related conditions (in a whānau ora context with an holistic focus rather than just disease-specific efforts).*
- Can the Mana Tū model be expanded to encompass other LTCs (such as CVD, COPD and mental health)?
- Can the OL@-OR@ app be used in the Mana Tū programme to enhance effectiveness?
- What models of engagement can improve health outcomes for three groups: those who present normally (i.e. business as usual), those who present late, and those who are off the radar of health services?
- Can a social enterprise model of food provision for whānau improve health outcomes?
- Now we have evidence, what are the issues that prevent ongoing sustainability of health programmes?
- Trial a practice-based network to share evidence-based approaches with primary health care providers.
- What practices make a difference to health outcomes for whānau?
- What practices, protocols and policies have been introduced to address racism in NZ healthcare? (Note: A recent HRC fellowship has been awarded to Natalie Talamaivao on this topic.)
- Investigate (using big data) whether a living wage for people living with LTCs would improve health outcomes. (Note: may be more suitable for data science bid.)
- Investigate whānau ora approaches to breast feeding as a way of ensuring the best start in life, as a tool for weight loss and to reduce post-natal depression. (Note: out of scope for Healthier Lives but could possibly fit with A Better Start.)

Priority 2

- Can we build a digital platform that allows Māori to manage their own health (some pākehā have this)?
- Would investing in 'healthy lifestyles' for young Māori parents improve health outcomes?
- Are the outcomes of Mana Tū sustainable?
- Could Mana Tū be adapted for 'frequent flyers' with multiple co-morbidities?
- Would a 'train the trainers in health promotion' programme using OL@OR@ be effective?
- Would a whānau ora approach, using health navigators and an app, improve outcomes for Type 2 Diabetes?

Priority 3

- a) Evaluate a community-based food and physical activity initiative.
- b) Investigate the role of Navigator Tinana – those who respond to the aspirations of whānau through the medium of traditional to contemporary physical activity and sport for Māori by Māori.
- c) Can the Mana Tū model work in other locations, especially provincial PHOs?
- d) Identify the best intervention for people with CVD/diabetes/obesity e.g. bariatric surgery or CPAP.
- e) Investigate ways of supporting cultural engagement in order to improve health and wellbeing.

Priority 4

- a) What are the workforce development needs of Māori health professionals to address the four target diseases, and whose responsibility is it to deliver these?
- b) What are the competencies needed for the workforce undertaking long-term work with whānau?
- c) Investigate how people are described and understood by health practitioners, how health practitioners understand themselves and how culturally competent are health practitioners deemed to be by the people who receive their care?
- d) Undertake a primary care initiative with Kaiawhina, focussing on the social determinants of health.
- e) Investigate how to build a new narrative around kai.

Priority 5

- a) What is more important – tools (e.g. apps) for change or kaimahi, or both?
- b) Would providing 'My kai-kete' for low-SES whānau increase equitable health outcomes?

Related questions

- What interventions can prevent diabetes and CVD?
- Can we establish Iwi and commercial partnerships to roll out OL@-OR@ app, customise the content and co-brand it?
- How could we enable access to free wi-fi and data so that those who need it can use the OL@OR@ app?
- Could we use social media behavioural insights to enable the OL@OR@ app go viral into cohorts?
- How can we affect intergenerational change to improve equitable health outcomes?
- Can we build on Mana Tū and He Pikinga Waiora?
- Is there horizontal integration in primary care?
- Investigate horizontal models of care.

- What are the principles of care – primary and secondary?
- Can we undertake research that has a whānau ora integrative approach?
- How can we use data disaggregated by ethnicity?
- What are the expectations of collaboration?
- How can we balance the focus on the four Healthier Lives target diseases with co-morbidities?
- How can implementation research be undertaken with co-design and potential for scaling up?
- Can we undertake one integrated project, looking at different models?
- Are there differences between whānau ora and wellness models in terms of service delivery (who, how)?
- Would a Whaea-driven community health approach work?
- Would a practice-based research network enable long-term conversations?
- What is the impact of precarious access to food (food deserts), and how could this be ameliorated?*

* This dot point was updated on 19 February 2020.