

MANA TĀNE ORA O AOTEAROA



TĀNE ORA ENVIRONMENTAL SCAN

*December 2011*

*Prepared by Karake Consultancy*



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Thanks to Mokowhiti Consulting for your project leadership and ongoing communication for this survey.

To the survey respondents who represent many different organisations, providers, and Iwi, Hapū and Whanau across Aotearoa – without your interest and input into this environmental scan we would not have achieved the desired outcomes of this project. The knowledge you have shared has provided a foundation understanding around what is being offered in regard to Tāne Ora service provision regionally and nationally.

To all those who were interviewed and from others whom input was sought, we extend our gratitude and most sincere thanks for guiding this work, for sharing views and stories, and for providing information in regard to the work you are currently involved in around supporting Tāne Ora.

*No reira, ki a koutou katoa: kia ora.*



## EXECUTIVE SUMMARY

This environmental scan identifies and profiles current and planned services in regard to Māori men's health and wellbeing and will inform future programme development that will in turn contribute towards achieving better health outcomes for Tāne, locally, regionally and nationally.

This report overviews the aims and objectives of the survey as set out by Mana Tāne Ora o Aotearoa, along with the methodology that was employed to undertake the environmental scan. Some discussion has been provided around the process of the environmental scan, especially in regard to the response from the sector and finally a directory of services has been prepared, based on the survey responses that were submitted through the environmental scan process.

This environmental scan is a general statement of the current "state of play" of programmes that promote gains in Tāne Ora wellbeing within the context of Whānau Ora.

The response rate to the survey from the organisations engaged was varied, with some providers and individuals being very willing to participate and provide as much information and feedback as possible. However, other organisations didn't participate for a variety of reasons, including capacity to undertake the survey, belief that Tāne were being catered for in more 'general' service provision and simply because nothing was being offered for Tāne within a particular organisation.

Out of the many hundreds of organisations contacted and invited to take part in the environmental scan, a total of twenty organisations/providers (who all met the eligibility criteria) completed the survey via one of the available mediums – the website link being the most popular, followed by completing the word document and e-mailing and lastly by undertaking a telephone interview.

The survey identified the fact that for many organisations and providers there is still a level of understanding to be gained around the kaupapa of Tāne Ora. It was also a stark reminder that access to services is not a consideration that is made by many within the primary healthcare setting.

However, for those who are providing services or plan to begin providing services, the motivation and success that these programmes have shown to date is encouraging and such initiatives will hopefully be canvassed at the upcoming (April 2012) National Hui so that these efforts can be celebrated.



## BACKGROUND

Mana Tāne Ora o Aotearoa the National Māori Men's Health Coalition (Provider), was mandated at the inaugural Tāne Ora conference held in June 2009. The inception of a National Māori Men's Health Coalition is underpinned by a call for proactive responsiveness to the relatively poor health statistics and lower life expectancy of Māori men, and the need for nationally networked approaches and strategies to address the health and social issues of Māori men in Aotearoa.

Mana Tāne Ora o Aotearoa desire to promote and assist the wellbeing of Māori men's health can be summarised by the overarching moemoea: "Tāne Tū, Tāne Kaha, Tāne Ora". Mana Tāne Ora o Aotearoa aims to strengthen its leadership in response to Māori men's health and wellbeing both within and across the health and social sectors.

Mana Tāne Ora o Aotearoa was successful in its application to the Te Ao Auahatanga Hauora Māori: Māori Innovation Fund under the category; Te Kākano: Seeding Innovation. This project is an outcome of this contract.

It has become widely accepted that evidence base is a necessary ingredient when making decisions, allocating funding and developing initiatives to address needs. Therefore, this environmental scan provides an overview of the current programmes used throughout New Zealand that deliver Tāne Ora focused services. These programmes could be run through either: District Health Boards, Ministry of Health, National Māori Providers, Māori Providers or Primary Health organisations.

The environmental scan will be used as a foundation document for Mana Tāne Ora o Aotearoa for the promotion of Tāne Ora focused services. The survey was intended to highlight the exceptional work being undertaken across Aotearoa, in our communities, our regions and our nation. An analysis of the survey will be submitted to the Ministry of Health, and be available from the Mana Tāne Ora o Aotearoa website.



## METHODOLOGY

This section of the report outlines the methodology utilised to undertake the environmental scan and collect the data which has informed the document.

### AIM

The purpose of this project was to undertake a scoping exercise (environmental scan) to identify the delivery of Tāne Ora focused services (Māori men's health service provision), including social services that are directly related to those health services, in Aotearoa.

### OBJECTIVES

The objectives of the project were:

1. To scope and document current national delivery of Tāne Ora focused services in Aotearoa.
2. Engagement with District Health Boards, Ministry of Health, National Māori Providers, Māori Providers or Primary Health organisations to identify current Tāne Ora service provision within the sector.
3. To develop a Final Report that will be inclusive of
  - Executive summary of findings
  - Highlights - key programmes and what they do

### METHODOLOGY

The development of the methodology that was employed to undertake the study was completed in consultation with relevant stakeholders to ensure a clear understanding of the goals, objectives and desired outcomes in regard to the project. The overall review methodology included a combination of data collection methodologies, which were primarily qualitative.



This Environmental scan was completed using the following methods:

- Desktop research and analysis on Tāne Ora health service provision. This phase provided background information on Tāne Ora health service provision and a foundation for the environmental scan, whereby online search tools and databases were utilised to identify any existing services;
- Development of a survey template, with information letter for Tāne Ora lead agencies. The template included the following information: Programme name, duration, goals, target audience, programme reach, programme development, approach, programme successes, measures, evaluation, funders, and annual cost. This development included a webpage link format, a phone log format and an email format;
- Engagement with sector which includes District Health Boards, Ministry of Health, National Māori Providers, Māori Providers and Primary Health organisations. This phase included the Sector stakeholders being informed and engaged, along with the collection of relevant data via the survey tool to inform the environmental scan;
- Collation and analysis all survey information, whereby the data collected via the environmental scan was collated into an excel spread sheet and PDF for storage and analysis;
- Analysis of survey information undertaken which was based on utilising manual content analysis to provide an overview of common themes across service provision; and
- Preparation of Final report, where the collated and analysed information from the survey was utilised and developed into a final report outlining the outcomes of the environmental scan.



For the purposes of the scan the following definitions were provided to guide the survey:

Tāne Ora focused services are defined by the following:

- Tier 1: Dedicated services specifically focused on Tāne Ora.<sup>1</sup>
- Tier 2: Services that provide specific Tāne Ora programmes within their wider service provision.
- Tier 3: General men's health provision with a focus on Māori.

The survey itself, which focused on programmes that are targeted at Māori men's health and wellbeing, took approximately 10-20 minutes to for those who chose to take part to complete. The most popular option was to follow the weblink and undertake the survey online, via the Mana Tane Ora website, next was the option of completing the Word survey document and e-mailing back and lastly the option of undertaking an interview over the phone to complete the survey.

## **OUTCOMES**

The primary outcome for the study was to undertake an environmental scan that would identify current and planned Māori Men's Health service provision (including social services that are directly related to those health services) within Aotearoa. In addition to this it is hoped the following will be reflected as outcomes: a more engaged and informed health sector; and provision of the opportunity to share concerns, ideas and thoughts in regard to Tāne ora. The identification of Tāne Ora 'champions' across the country as an outcome of the scan will also be useful for future promotion and developmental activity.

1 - These services will have specific Tāne Ora service specifications.



## DIRECTORY OF 'TĀNE ORA' SERVICE PROVISION

### **BOWEL SCREENING (WAITEMATA DISTRICT HEALTH BOARD – PITA POU, KAUMATUA)**

*Start date & duration:*

Programme still in its pilot stage, this runs for 6 months.

*What is the programme trying to achieve:*

To make our people (Maori and Pacific Islanders) aware that there are services out there to help.

*Who are the target population for this programme or service:*

Maori and Pacific men and women.

*What is the geographical coverage for this programme or service:*

All of Auckland

*Who can access it:*

Anyone

*How did the programme come about:*

It has been identified that Maori and Pacific men have the highest number of bowel cancer sufferers. Meetings were called on Marae and in local venue that were likely to attract Maori/Pacific men.

*What approach is used for the service delivery:*

When a full-time Coordinator is appointed they will be able to go out and promote the service.

*What are the successes to date with the delivery of the service:*

Unsure at this stage until a full-time Coordinator has been appointed.

*What are the measures of success for this programme:*

Unsure.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

At the end of the pilot programme a certain amount of meetings will be held.

*Who are the funders of this programme:*

The Ministry of Health in partnership with the Waitemata DHB.

*What is the annual budget associated with the delivery of this service:*

The full-time Coordinator position has a salary of 60k attached to it.



## **BOWEL SCREENING (WAITEMATA DISTRICT HEALTH BOARD - WAI VERCOE, PROGRAMME MANAGER PLANNING & FUNDING)**

### *Start date & duration:*

Programme rolled out on 13th October 2011. Four-year pilot.

### *What is the programme trying to achieve:*

To reduce inequalities, reduce mortality and incidence and improve access and a shift in the stage at which diagnosis is made.

### *Who are the target population for this programme or service:*

Maori men and women 54 – 70 years old. The Bowel Screening programme targets men in the 50 - 74 age bracket and opting off should not be an issue because the programme is being rolled out using date of birth data and age eligibility criteria. Other initiatives such as CVD risk assessments, Diabetes HbA1c, Cancer navigation can also be included. The ages for each varies from between 35+ and often clients who present do have more than one comorbidity.

### *What is the geographical coverage for this programme or service:*

Waitemata DHB district (i.e. Kaipara, Waitakere, Te Raki Pae Whenua)

### *Who can access it:*

See above

### *How did the programme come about:*

Through a Ministry of Health request for proposal (RFP) process.

### *What approach is used for the service delivery:*

Utilising institutional learning on how to reach Maori, integrating bowel screening with breast screening programmes, integrating bowel screening with Primary Care (in particular GP practices). Screening and assessments are often opportunistically made by providers during the delivery of service in homes, marae etc. When an issue is identified referrals to GPs for diagnosis are made immediately. Maori men however still continue to present only when they have an issue. Two providers have offered free screening and assessments at 1/2 work sites, the process was difficult to establish with employees and will take time to fully implement. To date the service was able to identify and refer a number of men for diagnosis.

### *What are the successes to date with the delivery of the service:*

Response to rollout has been overwhelming.

### *What are the measures of success for this programme:*

Numbers of interest and numbers of enquiries.



*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

No evaluation undertaken at this stage.

*Who are the funders of this programme:*

The Ministry of Health.

*What is the annual budget associated with the delivery of this service:*

Not yet available.

### **TĀNE ORA (TE HAUORA O NGATI RARUA – JOE PUKETAPU, CONTRACTS MANAGER)**

*Start date & duration:*

2011, no end date.

*What is the programme trying to achieve:*

Heightened awareness of men's health, linking with lead agencies, health checks (dental, blood pressure etc.), dialogue amongst men in district, whakawhaanaungatanga, tane taking a leadership role within whānau and community.

*Who are the target population for this programme or service:*

Rangatahi, pakeke, kaumatua

*What is the geographical coverage for this programme or service:*

Te Tau Ihu o te Waka-a-Maui

*Who can access it:*

Rangatahi, pakeke and kaumatua in Te Tau Ihu o te Waka-a-Maui.

*How did the programme come about:*

Through concerns from within whānau.

*What approach is used for the service delivery:*

Community-focused i.e. getting crucial feedback from the community as well as those who work in health, justice, education etc.

*What are the successes to date with the delivery of the service:*

Growing of networks (meeting men in community), using the Marae as a venue to gather tane, dialogue with lead agencies (PHO, local doctors, other health services, NMDHB).



*What are the measures of success for this programme:*

No established baseline/measurement tools as yet apart from the kaupapa of 'hauora'

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

No evaluation as yet. Too early at the moment.

*Who are the funders of this programme:*

PHO, The Ministry of Health.

*What is the annual budget associated with the delivery of this service:*

Unable to answer this question.

**GROUP MT WELLINGTON RUGBY LEAGUE SPORTS CLUB 'LEAGUE4LIFE' PILOT PROGRAMME.  
The intervention is to work with this sports club to create a supportive environment that improves healthy choices and practice (Mt Wellington Rugby League Sports Club and Procure Health)**

*Start date & duration:*

September 2010 - June 2012.

*What is the programme trying to achieve:*

The programme is trying to achieve a supportive environment that is 'health promoting'. The programme approach is a 'settings' approach similar to health promoting in schools. It works with the sports club committee to implement structural change within the club and disseminate health information out to its members.

There are 13 areas for the club to address over a period of 2 years;

1. appoint a child protection champion
2. adopt a league smart action plan (injury prevention)
3. provide a responsible drinking environment
4. implement smoke free club and grounds
5. increase low sugar beverages and promote water first
6. provide a range of healthy options for vending machines
7. provide healthy options into snack and catering menus
8. develop healthier fundraising practices
9. raise awareness of the dangers of recreational drug use
10. develop best practice sideline behaviour
11. implement sunsmart practices
12. develop relationships with health providers and raise health awareness
13. be breast feeding friendly



*Who are the target population for this programme or service:*

The target group are the members, whānau, visitors and users of the club. Mainly the 300 Maori and Pacific male members aged 7yrs – 60yrs.

*What is the geographical coverage for this programme or service:*

The club members and their families reside in Glen Innes, Manukau, Panmure, Orakei, Onehunga, Mt Wellington, Otahuhu.

*Who can access it:*

See above.

*How did the programme come about:*

Firstly, we know that when it comes to visiting the doctor, some of us are prone to leaving these visits until the very last minute and sometimes this can be too late. In a sports club setting where men are being smashed weekly during a game the same attitude applies and they are not visiting their GP until they cannot physically walk or their arm is falling off. Imagine trying to motivate people to visit their GP to get a checkup or as an annual preventative practice. Secondly, sports clubs have long been the target market of corporate sponsorship for commercial gain and community clubs are dependent on this for survival. These include the promotion of alcohol, gambling, nutrient poor foods and beverages. Because of the reach a sports club has into the community providing this setting with health funding as an alternative to corporate funding makes them an ideal vehicle through which to promote health and prevention practices to the general population considered to be hard to reach and high-risk.

*What approach is used for the service delivery:*

Health promotion 'settings' and a community development.

*What are the successes to date with the delivery of the service:*

The club has a membership of 300 Maori and Pacific males. In 2010 seven members (35+) experienced heart episodes.

Objectives:

1. Motivate and target Maori and Pacific male club members 35+ to use the Heart Foundation online tool 'Know Your Numbers' to raise awareness of and adopt healthy lifestyle changes to reduce the risks of becoming a heart attack statistic. Improving heart health will reduce the incident of heart events.
2. Raise awareness of the importance of prevention practices to club members including an annual checkup visit to their GP. Target 20 Maori and Pacific men 35+ (high risk populations). Develop a 3-month programme to support the men to visit their doctor for a WOF check. Support men to access the online KYN tool and receive a 6-week heart health plan. Provide the cost of a GP visit for the 20 men across 4 x PHOs to visit their GP for a heart WOF assessment (HF grant). Provide two heart health presentations to



raise awareness of its importance especially for Maori and Pacific males 35+ and provide linkages to primary care support. Provide support for these participants to make change by way of nutrition information and a supportive healthy club environment.

20 members attended the KYNs presentation, five out of eleven members claimed funding for their GP visit. Eight out of 20 men continued with the programme making changes to their lifestyle by way of reducing their alcohol intake, increasing physical activity and adopting changes to their diet. Policies, signage, key messages and champions have been developed and implemented around alcohol, smokefree grounds and healthy nutrition options.

*What are the measures of success for this programme:*

The club provides ongoing healthy options. Members and parents are choosing healthy options and members and parents are aware of the promotional influences on children.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

Currently being evaluated by the University of Auckland School of Population Health - findings are yet to be reported. These are due November 2011.

*Who are the funders of this programme:*

ADHB HEHA funding and Procure Health Network.

*What is the annual budget associated with the delivery of this service:*

\$25,000 for a Coordinator to drive implementation (8 hrs/p/wk) and \$5,000 for communications.

## **TE PUNA MANAWA (MINISTRY OF JUSTICE – OTAGO REGION)**

*Start date & duration:*

1997. It has no end date.

*What is the programme trying to achieve:*

To address issues of domestic violence.

*Who are the target population for this programme or service:*

All men, but specialising in Maori and Pacific men.

*What is the geographical coverage for this programme or service:*

The Otago region.

*Who can access it:*

See above.



*How did the programme come about:*

We identified a need for Kaupapa Maori service delivery in this area.

*What approach is used for the service delivery:*

The Mauri Ora framework is used to deliver the programme. It incorporates the elements of Te Ao Maori, historic and contemporary mauri violations to oneself, to others and by historic events which have impacted on Maori as a people.

*What are the successes to date with the delivery of the service:*

The service continues to be accessed by the court, the Corrections Department, other services and the community.

*What are the measures of success for this programme:*

Reduction in recidivism.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

An evaluation was carried out in 2010 (corrective actions related to update in the Domestic Violence Act 1997).

*Who are the funders of this programme:*

Ministry of Justice. We are paid per client, if they are referred through the Family Court or Corrections or Probation. A majority of our cases are self-referrals and we receive no payment for these.

*What is the annual budget associated with the delivery of this service:*

\$12,000

**VARIOUS HEART HEALTH PROMOTION ACTIVITIES (HUTT VALLEY PHO - NICKY ALDRIDGE, CVD PROGRAMME MANAGER)**

*Start date & duration:*

Since beginning 2011. The project is ongoing.

*What is the programme trying to achieve:*

Reduced rates of heart disease, increased numbers of cardio vascular risk assessments, and increased awareness of cardiovascular disease.

*Who are the target population for this programme or service:*

Maori and Pacific men over 35yrs.



*What is the geographical coverage for this programme or service:*

All Hutt Valley - in particular the population enrolled with Valley PHO.

*Who can access it:*

See above.

*How did the programme come about:*

Higher rates of CVD among men and higher rates of CVD among Pacific and Maori.

*What approach is used for the service delivery:*

CVD risk assessments in community settings and various other activities.

*What are the successes to date with the delivery of the service:*

Pacific Wellbeing Day was well attended with guest speaker Vainga Tuigamala. Two free CVD risk assessment clinics, support of PHARMAC's 'One Heart Many Lives' campaign at Te Ra o Te Raukura festival and the Iron Maori duathlon.

*What are the measures of success for this programme:*

Number of CVD assessments.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

All programmes evaluated. Many successes and areas for improvement have been identified.

*Who are the funders of this programme:*

Valley PHO

*What is the annual budget associated with the delivery of this service:*

The budget varies.

**MEN'S HEALTH INITIATIVE - WHARE ORANGA AT TWO MARAE (MANGATANGI AND NGĀ HAU E WHA, PROCARE HEALTH, HUAKINA DEVELOPMENT TRUST)**

*Start date & duration:*

During Men's Health week for five days.

*What is the programme trying to achieve:*

Raising men's awareness of the importance of heart health risks and prevention. Also to link them to the Marae clinics and and if not enrolled with a Primary Health Organisation encourage them to get enrolled. There was an opportunity to provide opportunistic advice on Health Promotion Education and smoking cessation.



*Who are the target population for this programme or service:*

Maori men 18yrs and over. Although the initiative was for men the opportunity was also used to screen women as well in all the above areas.

*What is the geographical coverage for this programme or service:*

Ngā Hau E Wha – Franklin area and as far as Papakura. Mangatangi Marae – the firth of Thames to Te Kauwhata, Meremere, Tuakau and reaching into Franklin boundaries.

*Who can access it:*

See above.

*How did the programme come about:*

Focus on men's health for the whānau. It was held during the Men's Health promotion week.

*What approach is used for the service delivery:*

Health promotion/settings approach delivered in a Kaupapa Maori environment.

*What are the successes to date with the delivery of the service:*

It provided men with a chance to focus on their health and discuss important topics such as heart disease, hypertension and prostate cancer. It also provided an opportunity for patients to be screened and assessed for risks and their ongoing health care. It also provided an opportunity for young adult men to discuss the important health issues such as the use of drugs, alcohol, sex, depression, studying/career advice and smoking (these were very different to the issues of the older men). Challenging topics such as non-compliance were often discussed in great detail using a patient-centered approach.

*What are the measures of success for this programme:*

The Men's Health Week was well attended at both the Marae by the men and their whānau who supported their attendance. The GP who delivered the service stated "a lot of attention, time and positive encouragement was given to these young men. A much better rapport was often established in this setting than one would in a standard GP setting that is usually affected by time constraints. I found this to be a very rewarding experience. In summary, this initiative was a new experience for everyone involved. Such clinics are invaluable opportunities for rural preventative health care delivery in areas where they are most needed. I would like to extend my thanks to everyone involved".

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

No.

*Who are the funders of this programme:*

ProCare Health and Huakina Development Trust.

*What is the annual budget associated with the delivery of this service:*

The cost associated was approximately \$7,400.



## **TE WERO (NGATI TOA HAUORA PHO, MATIU REI AND CAPITAL COAST DHB)**

### *Start date & duration:*

Began June 2010 and there is currently no end date.

### *What is the programme trying to achieve:*

The Te Wero program was targeted to a small group of local men with a focus on improving cardiovascular health, improving overall fitness and a change towards healthy lifestyle choices.

### *Who are the target population for this programme or service:*

Originally men only (mainly Ngati Toa men from Takapuwahia Pa area). However we now also run a Te Wero Wahine program and the Tane program has expanded to include men from other areas of Porirua.

### *What is the geographical coverage for this programme or service:*

Mainly Maori men from the Porirua area.

### *Who can access it:*

See above.

### *How did the programme come about:*

We had been considering for a long time that there was a gap in our service when it came to delivering health services to men. A local Ngati Toa man approached us, with the intention of assisting with getting the programme up and running and also recruiting local men he knew needed support to improve their health.

### *What approach is used for the service delivery:*

We kept the key messages simple, starting with exercising 30 minutes a day and eating 5+ servings of fruit and vegetables daily. On opening night, six men attended and a further eight men subsequently joined the group. All of the men had cardiovascular risk assessments. The men had access to our gym two nights a week, as well as ongoing support through regular phone calls and text messages. We arranged for guest speakers to come and talk to the group, including a local dietician to provide nutritional advice, and one of our male GPs who ran an open session where the men could ask health questions. We have also had a clinical psychologist speak about managing stress and have run a practical cooking demonstration. After six months the men were re-screened to re-assess their cardiovascular risk and six monthly cholesterol screening.

### *What are the successes to date with the delivery of the service:*

Fourteen men started this project and by December 2010, we had seven men committed to exercising 2-3 times a week in our gym. This group of seven has completed the six month Te Wero programme and had their final CVD risk assessments in December. All of the men screened had reduced their CVD risk, with improved blood pressures, cholesterol and overall fitness and reduced



weight and waist measurements. They are all keen to continue with their regular exercise and dietary changes and they will be recruiting other men to start the new program in January. We planned to continue to provide advice and support including monthly blood pressure checks

*What are the measures of success for this programme:*

Improved CVD awareness, improved blood pressure, reduced waist measurements, regular exercise, improved nutrition and increased understanding of positive health messages.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

No formal evaluation has been undertaken yet. Verbal feedback from the group has been positive. We started a Te Wero Wahine group in January 2011 at the request of local wahine who wanted something similar to what the men had.

*Who are the funders of this programme:*

We received a small one-off payment through a HEHA projects contract through C&CDHB to help run the project, otherwise it was mainly funded through our Maori Community Health Contract (also with C&CDHB).

*What is the annual budget associated with the delivery of this service:*

Unavailable at this stage.

**MEN AT WORK'; AN INDUSTRY BASED CVD RISK ASSESSMENT PROJECT (MANAIA PHO - MARY CARTHEW, ASSOCIATE DIRECTOR OF NURSING)**

*Start date & duration:*

June 2009. The programme is ongoing.

*What is the programme trying to achieve:*

Identifying men at risk of developing CVD by offering targeted CVD risk assessments in industry sites with high populations of Maori men.

*Who are the target population for this programme or service:*

Maori and Pacific Island men over 35yrs.

*What is the geographical coverage for this programme or service:*

All employees of industries (where management have agreed to be part of the Men at Work programme) which are male dominant and have a high population of Maori and Pacific Islander employees within the Whangarei area.



*Who can access it:*

See above.

*How did the programme come about:*

The Men at Work project followed a previous pilot (2007/2008) which showed men were not attending general practice for CVD screening because they were at work. At the time there were no after hours GP facilities offering CVD risk assessments.

*What approach is used for the service delivery:*

Industry sites with high numbers of Maori and Pacific Islander employees are prioritised and their existing Occupational Health Nurses provide the screening. Early morning CVD screening sessions are offered on-site, fasting bloods done and this is followed by a healthy breakfast (along with health promotion messages) before the men start work. All men with >15% CV risk are given a voucher for a free GP visit following the screen and are enrolled onto CarePlus for their ongoing management.

*What are the successes to date with the delivery of the service:*

High success rate – popular with industry management and good up-take by the men. On average 10% identified with >15% CV risk. Men are offered management through CarePlus, either with their GP or on-site in some industries.

*What are the measures of success for this programme:*

Number of men who utilise the free GP voucher following their screen. Number who attend CarePlus for their management. Evaluation following the screening indicates raised awareness of CVD and prevention

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

The first year of the Men at Work was evaluated. Total CV assessed: 295 Maori 36.6%, Pacific Islanders 2%. CV risk > 15% = 9.8%. Employee narrative evaluations mostly positive.

*Who are the funders of this programme:*

2007/2008 CVD project, SIA 2009, Ministry of Health 'Men's Health Innovation Fund' 2009 – 2010 on-going funding through CarePlus programme.

*What is the annual budget associated with the delivery of this service:*

\$60,000.



## **TE ARAWA TOIORA (TE PAPA TAKARO O TE ARAWA - LAKES DISTRICT HEALTH BOARD)**

### *Start date & duration:*

Two programmes have been delivered to tane, the first was run in 2010 from February and concluded in July, and the second, redeveloped programme began in February 2011 and will conclude in December.

### *What is the programme trying to achieve:*

This service aims to achieve increasing physical activity, improving nutritional knowledge, developing cultural awareness, developing awareness of the environment and environmental impacts, self and whānau planning and creating tane and whānau leadership.

### *Who are the target population for this programme or service:*

The current programme targets Te Arawa and Maori men over 18, however the first programme was focused on Te Arawa and Maori men in the Pakeke age group 25 – 55.

### *What is the geographical coverage for this programme or service:*

The Te Arawa rohe from Maketu to Tongariro.

### *Who can access it:*

See above.

### *How did the programme come about:*

While attending the Tāne Ora inaugural conference in Blenheim 2009, a number of issues arose, especially the need to have space and activities driven to improve tane and their ability to make positive contributions. The notable lack of focused services and education for Maori men and the opportunity to get together and develop together in a male environment stood out. The relationship to traditional forms of male responsibility and work and contemporary changes for men was concerning. Hence the establishment of a programme to help develop areas that Maori men can be proud of and to make contributions of consequence.

### *What approach is used for the service delivery:*

A traditional Maori and Te Arawa-centric approach was taken, focused on physical activity and nutrition, with cultural nuances to support.

### *What are the successes to date with the delivery of the service:*

A number of participants have become more active, weight loss has been between 5 to 24kgs, reduction in the use of medications, leadership roles on Iwi boards and other boards, establishment of other programmes to help their own Marae, Hapū and Iwi by participants, improved eating and nutritional knowledge, continuation of learning by participants.



*What are the measures of success for this programme:*

Lifestyle improvements, contribution by participants to the community, reduction in smoking and drinking, weight loss, increase of physical activity, advocacy roles played by participants,

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

An internal review of the first programme was conducted and a small case study conducted by the Lakes DHB as a funder under HEHA. For the second current programme a full external evaluation has been conducted and is to be released next month (December 2011). The outcome of the first programme's evaluation case study highlighted the successes of the individual participants. The first programme received a Te Hotu Manawa Maori innovation award in 2010 and an article produced alongside that.

*Who are the funders of this programme:*

Lakes DHB, HEHA fund

*What is the annual budget associated with the delivery of this service:*

\$53,000

## **HINU BUSTERS (KOROWAI AROHA- LAKES DISTRICT HEALTH BOARD)**

*Start date & duration:*

2008, no end date.

*What is the programme trying to achieve:*

Trying to get people to recognize a healthy lifestyle in a fun and enjoyable way (themed from the TV programme 'The Biggest Loser'). This was another method for use to reduce the amount of DNA appointments made for lifestyle change.

*Who are the target population for this programme or service:*

It is targeted at the whole whānau, with this year seeing a huge increase in men taking part at business level with workmates and whānau.

*What is the geographical coverage for this programme or service:*

It is for the whole Rotorua and Lakes DHB area and is open to all ages and ethnic groups.

*Who can access it:*

See above.



*How did the programme come about:*

Too many people were not showing up for appointments. It was too much pressure sitting and listening, so something like this programme helps us to monitor them for 8 to 12 weeks.

*What approach is used for the service delivery:*

We are strong believers in the Whare Tapa Model and Te Wheke, but we have our own values that we keep to and that is to treat everyone with respect and aroha. They are here for a reason and its our job to find a solution that best suits them.

*What are the successes to date with the delivery of the service:*

We have had many people though this programme since it was established in 2008, and the biggest highlight is that it continues to build character with the participants and that they return years later and they are still continuing to do the things we have taught them.

*What are the measures of success for this programme:*

The programme won the Lakes DHB Whanau Ora award for its implementation in the health sector.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

Yes, but unsure of the outcome.

*Who are the funders of this programme:*

The programme is self-funded but our staff are funded under the Ministry of Health contract we hold.

*What is the annual budget associated with the delivery of this service:*

Resources in producing the programme is between \$3500 a quarter – this includes staff time, booklets, presentations and incentives.

**WHANAU ORA/KOROUA AND KUIA EARLY INTERVENTION PROGRAMMES (WHANAU ORA COMMUNITY HEALTH SERVICE – BAY OF PLENTY DISTRICT HEALTH BOARD)**

*Start date & duration:*

Over 5 years. All contracts are for a 2 year period then renewable following a review of performance.

*What is the programme trying to achieve:*

Key components of the service include assessment of self-referred conditions, advice and minor treatment with referral as necessary to appropriate health providers, support and assistance to clients referred by other health providers including general practitioners, health advice, follow-up, treatment and monitoring of acute and ongoing health care conditions as referred by other health providers, coordination with other health care providers and coordination of health related activities e.g. health education sessions.



*Who are the target population for this programme or service:*

All whānau of various ages with one component on a focus for Maori men.

*What is the geographical coverage for this programme or service:*

The programme is for the whole Rotorua and Lakes DHB area. It is open to all ages and ethnic groups. There are services established throughout the Bay of Plenty district and access is for all whānau.

*Who can access it:*

See above.

*How did the programme come about:*

The overall aim of He Korowai Oranga is whānau ora; supporting Maori whānau to achieve health and well being within Te Ao Maori (the Maori world) and New Zealand society. Individual healthcare needs to be considered within a cultural context, effective health and disability services should be co-ordinated around the needs and realities of whānau and should incorporate Maori cultural values, beliefs and practices.

*What approach is used for the service delivery:*

The Whanau Ora Maori Community Health Service provides a range of general health education and promotion, advisory, liaison and co-ordination activities.

*What are the successes to date with the delivery of the service:*

Referrals to specialist services, raising awareness on health kaupapa, health checks by registered health professionals, coordinated health care services.

*What are the measures of success for this programme:*

Hui held, participants in the programme, referrals to specialist services, completed health plans and percentage of goals achieved in the health plan.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

No evaluation has been undertaken.

*Who are the funders of this programme:*

Bay of Plenty District Health Board (BOPDHB).

*What is the annual budget associated with the delivery of this service:*

The average funding per provider is \$90,000 for the Whanau Ora service (there are seven providers) and \$100,000 for the Koroua and Kuia Early Intervention service and 17 providers.



## **TĀNE ORA TRIATHLON – TAMAKINUI A RUA (TE KETE HAUORA O TAMAKI NUI A RUA)**

*Start date & duration:*

2010-2011

*What is the programme trying to achieve:*

To improve physical activity behaviours amongst Maori men and their whānau.

*Who are the target population for this programme or service:*

Maori males 35yrs and over.

*What is the geographical coverage for this programme or service:*

Any Maori men residing in the Tararua district.

*Who can access it:*

See above.

*How did the programme come about:*

CVD risk reduction and education identified by men within the district.

*What approach is used for the service delivery:*

Engagement of whānau, especially women, a series of workshops in the targeted community, free exercise training programmes for men in the target population, group training sessions for men run in the community, engagement of the community to support the programme e.g. participants offered free pool and gym entry. the 2010 Tāne Tri that included: whakawhanaungatanga; Exercise program; Access to heart checks; Medical advice; Smoking cessation programs; Nutrition program; Swim program; One on one support from health professionals.

*What are the successes to date with the delivery of the service:*

Integrated whānau ora approach (tamariki and the rest of whānau completely involved in the whole process from planning to implementation). Whanau are more active.

*What are the measures of success for this programme:*

CVRA completed for participants. Participants went on to compete in further triathlons including Iron Maori. Desire from the community to continue the programme in the future.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

Yes, see above points 'What approach..' and 'Successes'.



*Who are the funders of this programme:*

Te Kawai Whakaheke funded Te Kete Hauora Ki Tamaki Nui-a-Rua to develop and action this key activity. In 2011, Te Kete Hauora o Tamaki Nui A Rua (an Iwi/Māori Service Provider) then sponsored the Tane Tri from internal resources.

*What is the annual budget associated with the delivery of this service:*

\$13,900 in total, \$4000 contributed from Te Kawai Whakaheke.

### **MEN'S BREAKFAST (COMPASS HEALTH)**

*Start date & duration:*

2010

*What is the programme trying to achieve:*

To improve the rates of in CVRA in Newlands (where there is a high Maori population).

*Who are the target population for this programme or service:*

Maori men 35yrs and over.

*What is the geographical coverage for this programme or service:*

Newlands and Johnsonville in Wellington. Maori patients of the Newlands Medical Centre.

*Who can access it:*

See above.

*How did the programme come about:*

Maori (and Pacific) men were not accessing primary care to have their CVRA completed at the Newlands Medical Centre.

*What approach is used for the service delivery:*

Community engagement. The medical practice provided a breakfast for the men in the local community centre encouraging the men to have their CVRA completed and enjoy breakfast. Community leaders were engaged to reach into their various whānau in the community to get them to attend.

*What are the successes to date with the delivery of the service:*

80% of men invited to the breakfast attended and had a CVRA completed.



*What are the measures of success for this programme:*

The numbers of CVRA completed and attendance numbers in total community engagement.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

No.

*Who are the funders of this programme:*

Compass Primary Health Care Network.

*What is the annual budget associated with the delivery of this service:*

\$3,000.

## **TE KAWEI WHAKAHEKE - HE PATUKINGA TAHI (TE KAWEI WHAKAHEKE – MID CENTRAL DHB, CENTRAL PHO AND HEART FOUNDATION)**

*Start date & duration:*

2010-2011.

*What is the programme trying to achieve:*

Increased CVRA.

*Who are the target population for this programme or service:*

Maori and Pacific tane 35yrs and over.

*What is the geographical coverage for this programme or service:*

All tane residing within the Tararua, Manawatu, Horowhenua and Otaki districts.

*Who can access it:*

See above.

*How did the programme come about:*

The death rate for heart disease is more than twice as high for men than women. Maori have the highest death rates followed by Pacific Island people. Maori die 10-14 years younger than their European counterparts.

*What approach is used for the service delivery:*

A Whanau Ora and strengths-based approach. Te Whare Tapa Wha, Te Pae Mahutonga, Whakawhanaunga Nga taonga a kui ma, a koro ma Te Reo me ona Tikanga.



*What are the successes to date with the delivery of the service:*

Collaboration of organizations. The opportunity to work with others that we have never worked with before. Project inclusive of whānau, wahine, tamariki. Men's health, Maori health, Pasifika health brought to the forefront. Proactiveness and willingness of people involved in group. Project covered the whole rohe of Tararua, Otaki, Manawatu and Horowhenua. Demonstration of equity and equality. Over 100 kaimahi involved.

*What are the measures of success for this programme:*

The education provided – the Clinical team talked with participants (and their whānau if they were present) about their diet, suggestions for improvement and the relationship with their heart health. Health education and information disseminated in the preferred language (both written and verbally). Lifestyle changes recommended for participants identified as having over 15% risk of having a heart attack or stroke in the next five years. CVRA assessments conducted.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

Yes, in May 2011. 88 CVRA assessments were conducted. The DHB is currently engaging general stream and a Iwi/Māori service provider to deliver a whole activity approach to Tane Ora and Whanau Ora in 2012. A paper is being drafted and is expected to be submitted to the CPHAC board in Feb.

*Who are the funders of this programme:*

Maori Community Action Project, Central PHO and the Heart Foundation. Te Kawai Whakaheke was also partially funded by the Mid Central DHB through the HEHA plan.

*What is the annual budget associated with the delivery of this service:*

\$8,000.

**VRA MAORI PROGRAMME (KIMI HAUORA WAIRAU MARLBOROUGH PRIMARY HEALTH ORGANISATION – HEATHER OEHLRICH, MAORI HEALTH DEVELOPMENT MANAGER)**

*Start date & duration:*

February 2011 – December 2012.

*What is the programme trying to achieve:*

To increase the uptake of Vascular Risk Assessments by Maori, Pacific and high-needs whānau who have not been screened in general practice. To screen eligible un-enrolled Maori and Pacific whānau and enrol in general practice.



*Who are the target population for this programme or service:*

Maori and Pacific tane 35-64yrs, wahine 45-64yrs, European men 45-64yrs, European women 55-64yrs.

*What is the geographical coverage for this programme or service:*

Marlborough.

*Who can access it:*

Targeted specifically at Maori and Pacific people who have not accessed the programme in general practice. However using a person-centered, whānau focused approach all whānau members can participate irrespective of ethnicity if they meet the age criteria and are eligible to be enrolled in general practice.

*How did the programme come about:*

Maori were not accessing the VRA program in general practices for numerous reasons. Kimi Hauora Wairau Marlborough PHO worked with NMDHB for a variation of the contract to enable the programme to be delivered by a Maori Health Provider (Te Hauora O Ngati Rarua) in the community.

*What approach is used for the service delivery:*

A mobile outreach service is offered to whānau/fanau at a time and venue of their choice, whānau are encouraged to attend together and develop their own health plan, a CVD risk > 15% is supported by a free GP visit. Te Whare Tapa Wha assessment is completed and whānau are asked if they have any other issues or concerns. Wahine are asked about cervical screening and breast screening. Health education is provided and referrals are made to providers and services of whānau choice. A partnership approach between the Maori provider, the PHO, general practices and communities is also adopted.

*What are the successes to date with the delivery of the service:*

Increased uptake by Maori whānau, particularly with tane who like “being able to be proactive in my health care without having to take time off work when I’m not sick”. Increased VRA screening uptake, access to services including GP, Aukati Kaipapa, dietician, Green Prescription, Maori nutrition and physical activity, Mirimiri, Maori providers, Foodbank and other services to meet their needs. ‘One Heart Many Lives’ t-shirts, DVDs and enrolment forms are shared with tane who have had a VRA to promote the programme to friends and whānau, take their name and contact details for the VRA nurse to contact.

*What are the measures of success for this programme:*

The measures of success are whānau accessing the VRA programme, the programme will be embedded in practice. Whānau access the services they require for early assessment, diagnosis, intervention and management to prevent the impact of diabetes and cardiovascular disease on whānau. They also access services of their choice to support all their identified needs. EQ5D assessment at time of screen and 6 months post-screen. Lifestyle changes made by whānau and improved access to all services



*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

The programme is still in progress and will be evaluated by an independent provider based on formative process and outcome evaluation.

*Who are the funders of this programme:*

Nelson Marlborough District Health Board and Kimi Hauora Wairau Marlborough PHO.

*What is the annual budget associated with the delivery of this service:*

The budget is not broken down into Tāne Ora specifically. The provider is reimbursed \$40/VRA completed, all tane GP referral visits (VRA's --> 15%) invoiced (\$40) by general practice to PHO. Installation IT support, use of KHW resources for health promotion, POCD, 1x nurse 2 days/week, screening, providing dashboard data and ensuring this data and reports from VRA Maori program inform general practice.

## **TAMA TU TAMA ORA (HAWKES BAY DHB MAORI HEALTH SERVICES – LEWIS RATAPU)**

*Start date & duration:*

1 October 2011.

*What is the programme trying to achieve:*

A support group for large Maori and Pacific Island men with health issues.

*Who are the target population for this programme or service:*

Maori and Pacific Island men and their whānau.

*What is the geographical coverage for this programme or service:*

Hawkes Bay but looking at a larger roll-out.

*Who can access it:*

See above.

*How did the programme come about:*

Approached by these men to help set this group up in conjunction with an LTC nurse.

*What approach is used for the service delivery:*

Hui were held.

*What are the successes to date with the delivery of the service:*

More enrolments.



*What are the measures of success for this programme:*

None formalised.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

No.

*Who are the funders of this programme:*

No funders.

*What is the annual budget associated with the delivery of this service:*

No budget.

## **TE KAWEI WHAKAHEKE**

*Start date & duration:*

-

*What is the programme trying to achieve:*

To engage with Tāne Maori regarding their health and their future wellbeing.

*Who are the target population for this programme or service:*

Maori men across the sector.

*What is the geographical coverage for this programme or service:*

MidCentral District Health Board region.

*Who can access it:*

See above.

*How did the programme come about:*

A presentation was given to our District Management Group regarding Maori men's health checks focused on cardiovascular assessments.

*What approach is used for the service delivery:*

Flyers onto cars at Sunday Market, panui to nurses inviting them to be part of our event, flyers to whānau and Iwi/Maori providers in the region. We currently have a Tāne Ora Project that runs alongside one of our Iwi Maori service providers with strategic management.

*What are the successes to date with the delivery of the service:*

Targets and measures set down in the programmes are well achieved.



*What are the measures of success for this programme:*

The collation of evaluations and reports from the respective groups.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

The outcome from the evaluations was that the aspirational goals and achievements for the two programmes have been met and that the activities are in progress and ongoing.

*Who are the funders of this programme:*

DHB and Iwi/Maori Service Providers.

*What is the annual budget associated with the delivery of this service:*

For Te Kawei Whakaheke - \$10,000, for the Tāne Ora Try programme the host Iwi/Maori service provider funded in 2011.

## **GROUP PROGRAMMES FOR SELF REFERRED ADULT PERPETRATORS OF FAMILY VIOLENCE (NGATI POROU HAUORA)**

*Start date & duration:*

Began delivering in 2006, a 12 month contract.

*What is the programme trying to achieve:*

Better health and wellbeing activities for whānau.

*Who are the target population for this programme or service:*

Adult Male/Female Rangatahi, Tamariki, Pakeke 65yrs and over.

*What is the geographical coverage for this programme or service:*

Tikitiki and Rangitukia.

*Who can access it:*

Adult Male/Female – Rangatahi – Tamariki – Schools.

*How did the programme come about:*

It was because of the high incidences of family violence reported in Ngati Porou.

*What approach is used for the service delivery:*

The approach is based on the concept of community mobilization. As tangata whenua the kaimahi are in a position to inspire whānau to develop stronger relationships with services. The underlying intent is to utilise the community group as a component of the management plan, particularly if the



client lives in the area of that community group. The model is the community and agencies working collectively, involving people in the decision making and in identifying their own strengths to meet their own identified needs. The service benefits the community by creating an opportunity to work toward working as a whole community. It has created an opportunity to harness local resources and discuss strategies to address our community problems and to achieve local visions. It is about fostering our community to thrive, to be strong and resilient.

*What are the successes to date with the delivery of the service:*

1) The development of two Maori community-led community groups; 2) The development of a community-based youth garden.

*What are the measures of success for this programme:*

Two tangible measures of success/indicators for this programme could be referred to the establishment of the two community groups and the community youth garden.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

The service is evaluated and guided by the Logic Model as it is an easy way to define the work and measure it. One of the key insights of the Logic Model is the importance of measuring final outcomes or results. The challenge is how to measure outcomes. Because outcomes are delayed in time and may be mixed with many other causes, it is often difficult to measure them, even though outcomes are the most important strategic measures. This has been achieved by inserting steps – short term outcomes and mid term outcomes are then the leading indirect indicators of the long term outcomes. Short term outcomes are achieved by customer satisfaction surveys. The advantage of customer surveys is that they are relatively quick and easy to implement, and are properly designed to provide meaningful feedback on customer perceptions, which are relevant to the outcomes.

*Who are the funders of this programme:*

Ngati Porou Hauora is funded annually by CYFS to provide Group Programmes for Self Referred Adult Perpetrators of Family Violence, Group Programmes for Non-protected Adult Victims of Family Violence, Group programmes for Self Referred Youth Perpetrators of Family Violence and Individual Counselling and Group Programmes to meet the needs of children who witnessed Family Violence.

*What is the annual budget associated with the delivery of this service:*

\$67,161.91. The minimal amount of funding provided to sustain the programme needs to be mentioned. This is currently in debate at management level at this time.



## **HAUORA TĀNE (PIRIRAKAU HAUORA)**

### *Start date & duration:*

2010, part of our Whanau Ora contract which is a three year contract.

### *What is the programme trying to achieve:*

Encourage men to have regular check ups, increase awareness of men's health issues and increase the number of men accessing health services.

### *Who are the target population for this programme or service:*

Maori men 20-59yrs.

### *What is the geographical coverage for this programme or service:*

Te Puna and surrounding areas.

### *Who can access it:*

Enrolled clients of Pirirakau Hauora.

### *How did the programme come about:*

A high number of men in our community were dying before they reach 55 or are having heart attacks. Men are not looking after their health and only seeking help after ending up in hospital. In 2008-2009 there were 18 deaths of men under 60yrs of age in our community.

### *What approach is used for the service delivery:*

Free annual "Hauora Tāne" checks with the doctor and nurse. Follow-up support and advice by a community support worker. Health promotion targeting men through the Rugby Club and Marae.

### *What are the successes to date with the delivery of the service:*

There has been an increase in the number of men accessing health services through our GP clinic and our nursing services. There has also been an increase in awareness about health issues. We are beginning to break down the stigma or whakamaa associated with doctors visits. More men access the annual checks.

### *What are the measures of success for this programme:*

Numbers attending the health checks and numbers attending clinics.

### *Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

No - this is relatively new initiative.

### *Who are the funders of this programme:*

DHB as part of the Whanau Ora contract.

### *What is the annual budget associated with the delivery of this service:*

\$7,000.



**CONTRIBUTION TO TĀNE ORA MEETINGS, RESEARCH, HUI, WORKING IN PARTNERSHIP WITH PROVIDERS AND RESEARCHERS. (RURAL CANTERBURY PHO AND MEN'S CENTRE CHRISTCHURCH -DONALD PETTITT, GROUP LEADER 03 940 9487, 021 025 02631, DONALD@CANMEN.ORG.NZ) AND ERU WAITI (ERU.WAITI@CDHB.GOV.T.NZ)**

*Start date & duration:*

Annual commitment from 2008 onwards.

*What is the programme trying to achieve:*

Health Hui Research Leadership support for Tāne.

*Who are the target population for this programme or service:*

Local Maori men in Canterbury. Work in association with Rural Canterbury PHO and more recently the Men's Centre in Christchurch.

*What is the geographical coverage for this programme or service:*

Canterbury.

*Who can access it:*

Any men living locally.

*How did the programme come about:*

Needs analysis showed a need for this work.

*What approach is used for the service delivery:*

Various, trying to use men locally to drive a range of initiatives as above.

*What are the successes to date with the delivery of the service:*

Raised profile of men's health, cooperation amongst agencies. Research findings for CVD and diabetes will be published by MIHI at the University of Otago.

*What are the measures of success for this programme:*

Research and tane seeking help.

*Has any evaluation of the service been undertaken? If so, when and what was the outcome:*

Research is one of the things we fund, results are expected in 2012.

*Who are the funders of this programme:*

Various funders

*What is the annual budget associated with the delivery of this service:*

Our contribution is \$12,000 per annum for the range of initiatives plus time of the Maori health manager.



## DISCUSSION

The following section provides an overview of the study and findings from the environmental scan.

General comments that can be made in regard to the response to the environmental scan are that for those who choose to take part there was an obvious interest and enthusiasm for the kaupapa of Tāne Ora. However, for those who did not take part and there were various reasons provided for this (lack of time, no services being delivered, services for Māori men covered off in more general care and practice), it was evident that there is still a body of work to be done around educating and providing knowledge to the sector around Māori men's health and why it needs to be a priority in current health planning and delivery.

The levels of information provided from one survey response to the next was varied and this can be seen in the directory of services. This again might be attributed to the amount of time available to complete the response or perhaps the person who has prepared the survey template not having all the information available to provide full answers to some of the questions. The biggest challenge that was faced through this process was the fact many responses did not state which provider or organisation was actually delivering the programme or initiative, which has necessitated a follow up process so correct identification of these providers could take place in order for them to be recognized for the great work they are undertaking in their communities and also to be tagged as potential Tāne Ora 'champions' moving forward for planning nationally.

From the responses received through the scan it became very evident that providers across the country are placing a huge emphasis on cardiovascular risk assessments and checks in terms of programmes and initiatives and although there are some services targeting bowel and prostate cancer, this is not as much of a focus as CVD.

It was encouraging to note the community-based programmes that are focused purely on one specific geographical area, targeting a particular population group and from the evaluation that has been undertaken, achieving some positive outcomes.

Most programmes are based within a kaupapa Māori paradigm and delivered within existing whānau ora contexts. The responses have provided a mix of clinical and community based initiatives, which go well beyond 'health' contexts but are connected to the overall wellbeing of tane. Programme delivery is both in the provider setting and mobile, with promotional



activities and events often being based in the community.

In regard to evaluation of services, it seems many are yet to undertake this process and this ongoing collection of information around the effectiveness and responsiveness of Tāne Ora targeted services will be valuable for planning and delivering similar services for the future.

The funding for the programmes overviewed in the directory comes from many sources, the main funders being Ministry of Health, District Health Boards, Primary Health Organisations, Ministry of Justice and some community based funding. The types of funding also evidenced a level of collaboration occurring across the sector and within communities which is very encouraging and a sign that the sector has recognised the importance of working together to address issues such as Māori men's health and wellbeing.

The Tāne Ora Environmental Scan has provided a 'snap shot' of current service provision that is targeted towards Māori men across Aotearoa. This will form a useful knowledge base moving forward for Mana Tāne Ora o Aotearoa, as they begin planning and development of future initiatives to build on the work and activity already occurring.

The desire of Mana Tāne Ora o Aotearoa to promote and assist the wellbeing of Māori men's health will be assisted by the information collected via this scan and will also contribute to strengthening of its leadership in response to Māori men's health and wellbeing both within and across the health and social sectors.

*Tāne Tū, Tāne Kaha, Tāne Ora*



## LIST OF CONTRIBUTORS

### **WAITEMATA DISTRICT HEALTH BOARD**

Pita Pou (Kaumatua) and Wai Vercoe (Programme Manager – Planning and Funding)

### **TE HAUORA O NGATI RARUA**

Joe Puketapu (Contracts Manager)

### **KIMI HAUORA WAIRAU MARLBOROUGH PRIMARY HEALTH ORGANISATION**

Heather Oehlich (Māori Health Development Manager)

### **HUTT VALLEY PRIMARY HEALTH ORGANISATION**

Nicky Aldridge (CVD Programme Manager)

### **NGATI TOA HAUORA PHO**

Matiu Rei (Chief Executive Officer)

### **MANAIA PHO**

Mary Carthew (Associate Director of Nursing)

### **HAWKES BAY DHB MĀORI HEALTH SERVICES**

Lewis Ratapu

### **RURAL CANTERBURY PHO**

Eru Waiti

### **MEN'S CENTRE CHRISTCHURCH**

Donald Pettitt (Group Leader )

### **COMPASS HEALTH**

### **CAPITAL COAST DISTRICT HEALTH BOARD**

### **TE PAPA TAKARO O TE ARAWA**

### **KOROWAI AROHA**

### **NGATI POROU HAUORA**

### **PIRIRAKAU HAUORA**



**MT WELLINGTON RUGBY LEAGUE SPORTS CLUB**

**PROCARE HEALTH**

**TE PUNA MANAWA**

**MINISTRY OF JUSTICE (OTAGO REGION)**

**MANGATANGI MARAE**

**NGĀ HAU E WHA MARAE (FRANKLIN)**

**HUAKINA DEVELOPMENT TRUST**

**WHANAU ORA COMMUNITY HEALTH SERVICE – BAY OF PLENTY DISTRICT HEALTH BOARD**

**TE KETE HAUORA O TAMAKI NUI A RUA**

**TE KAWEI WHAKAHEKE**



## APPENDIX I

### TANE ORA ENVIRONMENTAL SCAN TEMPLATE

**1. Programme Name:**

(What is the name of the programme or service being offered?)

**2. Programme Duration:**

(When did the programme/service begin delivering?) Also does it have an end date as well/ or term of the contract?

**3. Programme Goals:**

(What is the programme/service trying to achieve?)

**4. Target Audience:**

(Who are the target population for this programme/service?)

**5. Programme Reach:**

(What is the geographical coverage for this programme/service? And or - who can/do access this service/programme?)

**6. Programme Development:**

(What was the justification for the service/programme, how did it come about?)

**7. Programme Approach:**

(What is approach/methodology used to deliver the service/programme?)

**8. Programme Successes:**

(What are the successes to date associated with the delivery of this programme/service?)

**9. Programme Measures:**

(What are the measures of success – indicators for this programme/service?)

**10. Programme Evaluation:**

(Has any evaluation of the Programme/Service been undertaken and if so when and what was the outcome?)

**11. Programme Funders:**

(Who are the funder(s) of this Programme/Service?)

**12. Programme Annual cost:**

(What is the annual budget/cost associated with the delivery of this Programme/Service?)



## APPENDIX II

### TANE ORA ENVIRONMENTAL SCAN

Tēnā koe,

*Ngā mihi nui ki a koe i runga i tēnei mahi whakahirahira,  
arā te tokonga o te mahi tane ora.*

*Thank you for taking the time to share your knowledge  
and expertise to this project.*

The Tane Ora Environmental Scan is being conducted by Karake Consultancy. The purpose of the environmental scan is to provide a general overview of the current programmes used throughout New Zealand that deliver Tāne Ora focused services. Tāne Ora focused services are defined by the following:

Tier 1: Dedicated services specifically focused on Tāne Ora.<sup>2</sup>

Tier 2: Services that provide specific Tāne Ora programmes within their wider service provision.

Tier 3: General men's health provision with a focus on Māori.

The environmental scan will be used as a foundation document for Mana Tāne Ora o Aotearoa for the promotion of Tāne Ora focused services.

We would greatly appreciate you completing the enclosed survey. Since the validity of the results depend on obtaining a high response rate, your participation is crucial to the success of this study and the scan report. The survey, which focuses on programmes and services that are targeted and/or delivered to Māori men, will take approximately 10 -20 minutes to complete. You may choose to complete the survey either online, by telephone interview or email.

Please be assured that the information gathered will remain secure and will only be accessible to the research team. The environmental scan report will identify institutions only, personal information will not be disclosed. If you have any questions about this study, you can contact:

Dr Melissa Cragg - Karake Consultancy  
(06) 3456080 or 027 4830128  
PO Box 50, BLENHEIM  
melissa.cragg@xnet.co.nz

This project is funded by the Ministry of Health. We hope that you will be able to participate in this survey. Please email your responses to [melissa.cragg@xnet.co.nz](mailto:melissa.cragg@xnet.co.nz)

Nga mihi

Dr Melissa Cragg  
Principal Consultant - Karake Consultancy

<sup>2</sup> - These services will have specific Tāne Ora service specifications.



## APPENDIX III

### TĀNE ORA ENVIRONMENTAL SCAN



Karake Consultancy

The Tāne Ora Environmental Scan is being conducted by Karake Consultancy on behalf of Mana Tāne Ora o Aotearoa. The purpose of the environment scan is to provide a general overview of the current programmes used throughout New Zealand that deliver Tāne Ora focused services. Tāne Ora focused services are defined by the following:

Tier 1: Dedicated services specifically focused on Tāne Ora.<sup>3</sup>

Tier 2: Services that provide specific Tāne Ora programmes within their wider service provision.

Tier 3: General men's health provision with a focus on Māori.

The environment scan will be used as a foundation document for Mana Tāne Ora o Aotearoa for the promotion of Tāne Ora focused services. The survey is intended to highlight the exceptional work being undertaken across Aotearoa, in our communities, our regions and our nation. An analysis of the survey will be submitted to the Ministry of Health, and be available from the Mana Tāne Ora o Aotearoa website.

Your organisation is recognised as a leader in Māori Health Service Innovation, maintaining a strong commitment to providing programmes and services that address the needs of Māori men and their whānau. We value your commitment and experience, and hope that you will be willing to share an overview of the programmes and services you have in place that are targeted at and/or delivered to Māori men. Below is information on the online survey, which should take you no more than 10 minutes to complete.

### THE SURVEY

Participation is crucial to the success of this project and the environmental scan report. The survey, which focuses on programmes that are targeted at Māori men's health and wellbeing, will take approximately 5-10 minutes to complete. To complete the on-line survey visit:  
<http://esurvey.taneora.co.nz>

<sup>3</sup> - These services will have specific Tāne Ora service specifications.



## **TIMEFRAMES**

To ensure continued momentum we would appreciate you responding to this survey by Monday 14th November. Mana Tāne Ora o Aotearoa is committed to progressing this important kaupapa to enable future development of service provision for Māori men in Aotearoa.

## **PARTICIPATION**

We are seeking participation from the following organisations:

- Ministry of Health
- District Health Boards
- National Māori Health Providers
- Māori Health Providers
- Primary Health Organisations

## **METHODOLOGY**

This Environmental scan will be completed using the following methods:

- Desktop research and analysis on Tāne Ora health service provision
- Develop survey, with consent and information letter for Tāne Ora lead agencies, including webpage link format
- Engagement with sector which includes District Health Boards, Ministry of Health, National Māori Providers, Māori Providers and Primary Health organisations.
- Collate and analyse all survey information
- Final report



The overall review methodology will be a combination of data collection methodologies, which are primarily qualitative. The Tane Ora Environmental Survey will be inclusive of the following information but not limited to:

- Programme name
- Programme duration
- Programme goals
- Target Audience
- Programme reach
- Programme development
- Approach
- Programmes successes
- Measures
- Evaluation
- Funders

Report and findings format:

- Executive summary of findings
- Highlights - key programmes and what they do
- Analysis of survey results (high level) how many programmes, what do they do, and how much investment
- Attachment: Surveys
- A copy of the Report once completed will be able to be accessed from the Mana Tāne Ora o Aotearoa website



Sector Engagement will include the following:

- *DHB Engagement* - Survey with information cover letter to be emailed to 21 DHBs identified contacts;
- *National Māori Health Providers Engagement* - Survey with information cover letter to be emailed to 16 National Māori Health providers;
- *Māori Health Providers Engagement* - Survey and information cover letter to be emailed to regional Māori Health Providers;
- *Primary Health Organisations* – Survey and information cover letter to be emailed to regional Primary Health Organisations;
- Email survey to *Ministry of Health*.

## PROJECT TEAM

### *Dr Melissa Cragg - Project Manager*

Project Manager with over five years experience in the Māori Health sector has worked both in a Māori provider and mainstream environment and has an excellent understanding of Māori NGO expectations combined with government agency realities. Melissa's previous employment comprised of a Course Coordinator/Tutor for Te Putahi-a-Toi, Massey University in the areas of Treaty of Waitangi and Government Policy and within the School of Māori Studies at Nelson Marlborough Institute of Technology in the areas of Treaty of Waitangi, Māori Health and Māori Resource Management. As a Community Researcher with the Māori Development Organisation – Poumanawa Oranga and as a Project Manager for the Nutrition and Physical Activity Programme within the Nelson Marlborough District Health Board. A Lead Associate for Te Haupua Associates Limited where research and developmental projects were undertaken with both the Māori health and mainstream sectors. These experiences have shaped Melissa's NGO Māori Health provider and Provider Arm experience. Currently appointed to Te Whanganui a Tara Regional Leadership Group for Whanau Ora, Melissa has experience working in a regional capacity. She has presented at many conferences, published papers and also facilitated many different meetings and hui, to a wide range of people.

Karake Consultancy has had the responsibility for developing a number of regional and national development initiatives around Tane Ora. These initiatives include undertaking the Survey on ā Men's Health Needs for Te Tau Ihu, the development of a Hauora Tane Service for Te Hauora o Ngati Rarua, evaluation of the Inaugural National Tane Ora Conference,



and development of the Strategic Plan, Business Plan and Communication Strategy for the National Māori Men's Health Coalition – Mana Tane Ora o Aotearoa.

*Vanessa Hika (Ngāi Te Rangī, Ngai Tahu, Te Atiawa) - Project Support*

Vanessa has experience in research, policy development and project management. Currently, Vanessa is undertaking studies in the Health Promotion field and hopes this will enhance her existing technical skills in strategic thinking, research, planning, policy development and relationship management. Vanessa's current work with Karake Consultancy includes, among other things, undertaking data collection and analysis for evaluation studies, literature searching and reviews, and assisting with needs assessment surveys. This work has involved transcribing interviews, along with editing and proofing transcripts. Vanessa is committed to working collaboratively with agencies, communities and individuals that have an interest in contributing to organisational and project goals and objectives. Vanessa values and expects high levels of integrity and strategic thought, supported by a spirit of service, and is focused on working in environments where diversity is welcomed and valued and where responsibilities are recognised under the Treaty of Waitangi.

*Ellen Hawke - Project Support*

Ellen Hawke graduated from Massey University with a Bachelor of Arts, majoring in Media Studies and English and then went on to complete a Postgraduate Diploma in Māori Development. Ellen has considerable experience working in Māori health. Previous mahi has included holding the position of Executive Assistant to the Chief Executive Officer – Te Rapuora Health and Social Services. Ellen's current work with Karake Consultancy includes, among other things, undertaking evaluation studies, literature reviews, and needs assessment surveys. This work has involved transcribing interviews, editing and proofing transcripts, focus group, writing surveys and literature reviews, evaluating Mental Health services and undertaking both quantitative and qualitative analysis. Ellen is comfortable working in many different situations and with many different people.

**CONTACTS & QUESTIONS**

If you have any further questions about this project please contact Dr Melissa Cragg at Karake Consultancy on 06 3456080 or via email [melissa.cragg@xnet.co.nz](mailto:melissa.cragg@xnet.co.nz). There is further information about this programme on the Mana Tāne Ora o Aotearoa website [www.taneora.co.nz/projects](http://www.taneora.co.nz/projects).