

Reflecting on the conceptual framework developed to evaluate the implementation of the NZ Healthy Eating – Healthy Action (HEHA) Strategy

Amohia Boulton, Mili Burnette, Janet McDonald, Ausaga
Faasalele Tanuvasa

- on behalf of the HEHA Evaluation Consortium

Acknowledgements

- Ministry of Health (evaluation funder)
- Participants
- Research colleagues in the HEHA Evaluation Consortium, including:
 - Sue Buckley
 - Lynley Cvitanovic
 - Sandy Fowler
 - Te Kani Kingi
 - Gill Pirikahu
 - Tua Sua
 - Jacqueline Cumming
 - Terry Ehau
 - Heather Gifford
 - Kiri Parata
 - Erana Skudder
- AES Conference Support Grant

Presentation Outline

- The HEHA Strategy
- The HEHA Evaluation
 - HEHA evaluation conceptual framework
 - Using the framework to assess the Strategy's implementation
 - Some of the challenges of a complex evaluation

Background

- Worldwide obesity epidemic
- 2006/07 NZ Health Survey (Ministry of Health 2008) :
 - 29% children aged 2-14 years overweight/obese
 - 63% of adults overweight/obese
 - Māori adults and children 1.5 times more likely to be obese than adults and children in the total population
 - Pacific adults and children 2.5 times more likely to be obese than adults and children in the total population

Healthy Eating - Healthy Action (HEHA)



- *Healthy Eating – Healthy Action Oranga Kai – Oranga Pumau: A Strategic Framework* (Ministry of Health, 2003)
- 3 goals: improve nutrition, increase physical activity, reduce obesity
- HEHA Implementation Plan 2004-2010 (2004)

Evaluating the HEHA Strategy

- Ministry of Health commissioned an evaluation of the HEHA strategy
- Four key evaluation questions cover
 - Implementation
 - Outcomes
 - Improvement
 - Value-for-money of the Strategy

Evaluating the HEHA Strategy

- Conceptual Framework
 - Evaluation theories
 - Treaty of Waitangi
 - Ottawa Charter
 - Māori & Pacific frameworks
- Qualitative and quantitative methods
 - *Implementation*: interviews and document analysis

Using the framework: assessing implementation of the HEHA Strategy

Key Informants	Number of Participants
Ministry of Health	11
Other Government Agencies	7
DHBs	47
Public Health Units	14
NGOs	6
Māori Key Informants	10
Pacific Policymakers	10
Total:	105

Findings: Collaboration

“Co-ordination and collaboration is required within the health sector, across other sectors and regions, between government and non-government organisation, and involving both the public and private sectors.”

(HEHA Strategy p20)

Collaboration

■ Nationally

- Engagement with stakeholders in development of HEHA Strategy and Implementation Plan
- Intersectoral advisory groups, Māori & Pacific caucuses
- With other government agencies (especially MoH/ Ministry of Education/SPARC)
- With national NGOs

Collaboration

■ Regionally

- District Health Boards, Public Health Units, other organisations, community
- Governance and advisory groups
- Supporting factors
 - Pre-existing nutrition/physical activity work
 - Smaller DHBs
- Challenges
 - Time and cost
 - Engagement and relationships

Collaboration

■ Priority Groups

- Māori
- Pacific peoples
- children and families/whānau
- lower socio-economic groups

Māori Component

- Who was involved – the Māori team
- Participants
- Conceptual Framework
- Findings
- Some Reflections on the Framework

The Māori Team

- Dr Te Kani Kingi, Massey University
- Terry Ehau, Erana Skudder
- Whakauae Research for Māori health and Development
 - Kiri Parata
Independent Contractor



Participants

- 10 policymakers and advisors
 - 4 members of the National HEHA Māori Caucus
 - 2 members of other national, health-related, advisory boards and the HEHA Sector Steering Group
 - 3 government department employees
 - 1 employee of a Crown Entity
- All had been (or were still) in health promotion roles
- Interviews between Dec 09 and Jan 10

Māori Conceptual Framework

Principles	Components
Māori Development	<ul style="list-style-type: none"> • Development of Whānau, Iwi, Hapū • Promotion of healthy lifestyles for Māori • Access to the Māori world • Enhanced participation in society by Māori
Māori Autonomy	<ul style="list-style-type: none"> • Māori control and self-determination in the delivery of services/initiatives • Active Māori involvement in priority setting and planning process
Māori Delivery	<ul style="list-style-type: none"> • Active Māori involvement in the delivery of services/initiatives
Māori Leadership	<ul style="list-style-type: none"> • Māori leadership in developing, implementing and evaluating initiatives and research
Māori Integration	<ul style="list-style-type: none"> • Active and positive links with aligned sectors to promote the health of Māori
Māori Responsiveness	<ul style="list-style-type: none"> • Mainstream is responsive to the needs of Māori
Māori Environmental Perspectives	<ul style="list-style-type: none"> • Developmental goals and aspirations should not impede environmental sustainability and the broader Māori desire to connect with nature

Data Analysis

- Thematic, according to the four key evaluation questions
 - Implementation (incorporating principles of HKO, leadership, collaboration, workforce development)
 - Outcomes (effectiveness, personal and environmental change)
 - Improvement (what could have been done better)
 - Value for money
- Assessment against the conceptual framework

Implementation

- Important to ensure Māori are provided the opportunity to drive these strategies themselves, set their own direction

Implementation funding put aside for ... Māori to determine a process of what the Strategy means for them and how it might be implemented through Kaupapa Māori services Something built alongside [the DHB HEHA structure] that at the same time allowed for those other Kaupapa Māori services to determine ... their approaches.

Outcomes

- Mixed views

I am not sure if it really hit the mark in terms of the outcomes for Māori, Pacific and low income. I think some initiatives were still a one size fits all and it came across as a one size fits all approach.

I think it's done incredibly...you know if I think about other strategies and how long it takes to bed the strategy and how effective it's been in the short span of time, three years, huge gain.

Improvement

- A range of suggestions for improvements, but engaging earlier with Māori was a clear message

And I certainly think, in terms of going forward, we would need to look at our engagement with Māori as well. Always looking at that and how Māori are participating in our structures and how we are engaging with them. You can always look at how you can improve that. And how are we communicating with Māori, how are we getting information out there.

Value for Money

- Some noted that it was too early to tell the effect of the policy and the cost benefit research had not been done yet

“hard to say, we haven’t done the outcomes yet”

- Difficult to quantify in terms of value for Māori as it was regarded as a mainstream policy

“How do they determine how much went into the mainstream and how much was set aside for Māori?”

Overall, how has the Strategy worked for Māori?

"Well, if you can call the messages that are getting through to my mokopuna that they're telling back to me a good outcome ... if that's happening in a whole lot of other households and that these healthy messages are being somehow imprinted on the minds of mokopuna so that they are coming home and telling their parents, I think that's a good outcome"

Assessment against the conceptual framework

- For all principles there was strong regional variation with some DHB regions performing well against the Framework and others not having met the principles
- Full achievement of one of the principles
- Māori delivery
 - “Involving Māori at all levels of the sector in planning, development and delivery of health and disability services.” (HEHA Strategy p4)

Assessment against the conceptual framework

- Some principles however appeared difficult to attain, with most being partially met
- Only one principle, leadership in our view, was not met
- Leadership
 - “ The implementation of these Treaty principles is based on the understanding that Māori will have an important role in implementing Healthy Eating – Healthy Action for Māori.” (HEHA Strategy 2003, p4)

Reflections on the Framework

- A useful tool to analyse, synthesis, sort and collate data for presentation to the Commissioners
- Having a tool at the outset resulted in a relatively quick, yet extremely thorough, analytical process
- Presenting findings in accordance with the framework enabled the team to highlight areas where Māori values, needs and aspirations had been optimised as well as showing areas where improvement was required

More broadly

- The Te Tuhono Oranga framework proved to be a very effective tool in the case of the HEHA Strategy
- Potential to be equally valuable for others embarking upon similar, complex health policy evaluations

Pacific Component

- Who was involved – the Pacific Team
- Participants
- Pacific Conceptual Framework
- Challenges in Developing the Pacific Framework
- Findings

The Pacific Team

- Dr Ausaga Faasalele Tanuvasa
- Mili Burnette
- Tua Sua, Independent Contractor

Participants

- 10 policymakers and advisors
 - Government Departments
 - Non Government Organisations
 - District Health Boards

- Interviews between January and February 2009

Pacific Conceptual Framework

- Developed in 2008 for the methods plan (1st stage)
- Challenges
 - Diversity of Pacific Peoples
 - Diverse Pacific health models
 - Ethnic specific health programmes
 - One health model not suitable to address all needs
 - Lack of Pacific Conceptual Framework for Evaluation

How the Pacific conceptual framework developed?

- Pacific framework was made up of 3 parts:
 - 2 Policy documents and 1 Pan-Pacific health model -
 - Ottawa Charter for Health Promotion (WHO)
 - Pacific Health and Disability Action Plan (MOH)
 - Fono Fale Health (Fuimaono Karl Pulotu-Endermann)

HEHA Pacific Evaluation Framework

Roof: Policy makers, Church & Community Leaders

Posts are Pillars/Pathways: 5 Ottawa Charter Principles

		Pathway 1	Pathway 2	Pathway 3	Pathway 4	Pathway 5
Pacific Health & Disability Action Plan Principles		Build healthy public policy	Create supportive environments	Strengthen community action	Develop personal skills	Re-orient health services
	Dignity & Sacredness					
	Active Participation					
	Successful services & Leadership					
	Excellent health					
	Workforce Development					

FOUNDATION: Pacific Family or Church parishioners or Community

Interview Schedule

- **Questions:**
 - Were similar to maintain consistency across each group
 - Addressed key evaluation questions: Implementation focus; Outcome focus; Improvement focus; Value for money

- **Schedule linked to Conceptual Framework to Reflect:**
 - The principles of Ottawa Charter
 - The principles of the PHDAP
 - Incorporated cultural values in health model

- **Schedules reflected the different roles: Govt Departments, DHBs, stakeholders**

Data Analysis

- Thematic, according to the four key evaluation questions
- Assessment against the conceptual framework

Findings: Implementation

- Collaboration

- Early engagement

“We tell Ministry staff you would just find your job easier if you engage with us. We are not trying to block the way you do things, we would make it easier for you, but engage with us.”

Findings: Outcomes

- Although current anecdotal information has shown a difference in Pacific Peoples' attitudes towards healthy eating and exercise, it was difficult to measure outcomes
- Most DHBs have not done evaluations
- Monitoring is important to measure outcomes
- Mixed views on reduction in inequalities
 - *“Equality is when you see Pacific people enjoying the same health as everyone”*

Findings: Improvement

- Workforce development is a top priority for improvement
- Workforce requires the right people and people who have the understanding of Pacific cultures to engage with Pacific communities in order for HEHA messages to get through
 - *“Workforce and interventions are important...like the Healthy Village Action Zone (HVAZ) and the Lotu Moui they use the getting together like a sport to drive the message”*

Findings: Value for Money

- Need for national evaluation of programmes to determine the effectiveness of policy and produce value for money

Overall, how has the Strategy worked for Pacific People?

- HEHA is working for Pacific People:
 - Building workforce capacity
 - Through HEHA, Pacific Policymakers gained a good understanding of community networks and had improved their engagement with the health sector
 - Important to get buy-in from community leaders such as church ministers who could influence changes at a community level
 - *“I guess effecting change from a population level, you can talk to people on an individual level, but if you get a minister on board he can just mention a couple of minutes after his sermon ‘no more fizzy drinks and what-not’ – everybody listens to the minister”*

Continued

- Ongoing funding is crucial for on-going commitment with Pacific communities to see some differences in Pacific health outcomes
 - *“...if you roll back the whole HEHA programme tomorrow, it probably wouldn’t make that much difference to my family...but it will make a difference in the communities where the need is the greatest. That is why we need to empower people, make sure the information, the critical information of what needs to happen is reaching Pacific people that are in the position to drive the policy changes...”*

Assessment against the conceptual framework

- Has the implementation of the Strategy incorporated the principles of the Pacific Health & Disability Action Plan?
- The PHDAP is written into contracts as a reference guide for DHBs and providers to refer to when developing services for Pacific people
 - For example, some principles such as leadership are included in contracts between the MOH and DHBs, with specifications attached to contracts to ensure Pacific governance is adhered to

Assessment against the conceptual framework

- Has the implementation of the Strategy incorporated the principles of the Ottawa Charter?
- Majority of DHBs were implementing principles from Ottawa Charter more than PHDAP
- Others interlinking the two
- PHDAP was under review

Assessment against the conceptual framework

- Has the implementation incorporated Pacific health beliefs?
- 4 Key Themes emerged from the Framework
 - Leadership: From a Pacific perspective, leadership operates on all levels from policymakers to community level – both “*top-down*” and “*bottom-up*” approaches
 - Workforce: Pillars of the Fono Fale represent the skills and knowledge of the Pacific workforce
 - Monitoring: incorporates all dimensions of the framework
 - Sustainability: On going funding is important to sustain the workforce and meeting the principles of the framework

Reflections on a complex evaluation framework

- The conceptual framework:
 - Was it worth developing?
 - Integration of knowledge
- How useful was it?
 - A tool to inform evaluation questions to reflect Pacific values and beliefs
 - Assists the team to measure the effectiveness of the Strategy for Pacific Peoples
- It is still a developing framework...

Challenges

- Overall

- Time/Timeliness
- A changing landscape
- A large research consortium

- Māori

- Working within a tight deadline, regarding a policy platform that had been re-prioritised

- Pacific

- Confidentiality difficult to maintain

Further reading

- McLean R et al. (2009) Healthy Eating Healthy Action: evaluating New Zealand's obesity prevention strategy. *BMC Public Health*. 9:452

Contacts:

- Amohia Boulton: amohia.whakauae@xtra.co.nz
- Mili Burnette: mili.burnette@vuw.ac.nz
- Janet McDonald: janet.mcdonald@vuw.ac.nz
- Ausaga Faasalele Tanuvasa: ausaga.faasaleletanuvasa@vuw.ac.nz