International Journal of Integrated Care

Oetzel, J et al 2018 An Integrated Approach to Prevent Chronic Lifestyle Diseases in Māori Men. *International Journal of Integrated Care*, 18(S2): A73, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.s2073

CONFERENCE ABSTRACT

An Integrated Approach to Prevent Chronic Lifestyle Diseases in Māori Men

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Introduction: New Zealand has challenges relating to chronic, non-communicable diseases such as obesity, cardiovascular disease, and diabetes. Health inequities between Māori (indigenous people of NZ) and non-Māori are striking. Compared to 29% of European/Other New Zealanders, almost half (47%) of Māori are obese (Body Mass Index >30); similarly, compared to 5.1% of European/Other New Zealanders, 7.2% of Māori have diabetes. The purpose of this presentation is to describe the development of an integrated care health intervention to improve the health of a group of Māori men and their whānau (extended family) who underutilise health services.

Theory/Methods: The He Pikinga Waiora Implementation Framework guided this intervention development. The framework has indigenous self-determination at its core and consists of four elements: cultural-centeredness, community engagement, systems thinking, and integrated knowledge translation. It is a collaborative framework that involves partnering researchers with multiple stakeholders; in this case, two Māori health providers, a mainstream primary health organisation, a social service provider, Māori communities and university researchers.

The research methods for this intervention development is a mixed-method process evaluation. Participants completed a self-report survey and an interview. Descriptive statistics were compiled and qualitative data were analysed with thematic analysis.

Results: The intervention was targeted to a gang community, focusing on men, many of whom are not currently enrolled in primary health services despite those services being available to all citizens. The participants are engaged with a social service provider who caters to this population. The intervention involves a) a patient navigator who provides linkages to health services and leads the men through lifestyle and community health activities, b) clinical nurse services for the men and their family including health screens, c) culturally-appropriate lifestyle intervention for at-risk patients, and d) training for men and their families to lead changes in the community.

Discussions: The process evaluation revealed that participants felt the intervention development process followed the key elements of the implementation framework. In

particular, participants lauded the collaborative efforts, the engagement of patients (i.e., end users), and the integrated approach to the intervention.

Conclusions: The He Pikinga Waiora Implementation Framework provides a critical approach for integrating multiple stakeholders to address issues related to health equity.

Lessons Learned: A key lesson is the importance of relationship building in all phases of the research process. The men noted early in the process that they feel neglected by many organisations and thus are suspicious of outsiders. It was important for all parties to build trust and rapport.

Limitations: The key limitation of this research is that it focuses only on the intervention development process. The intervention is being implemented and evaluated throughout 2018 so there aren't outcome data at present.

Suggestions for Future Research: First, this intervention will be evaluated using a treatment and comparison group design. Outcomes will include biomedical markers, health-related quality of life, lifestyle measures, and social measures. Second, future research is needed to further evaluate the value added of the He Pikinga Waiora framework in developing integrated health care interventions.

Keywords: community engagement; chronic disease prevention; health equity; integrated health interventions; indigenous knowledge