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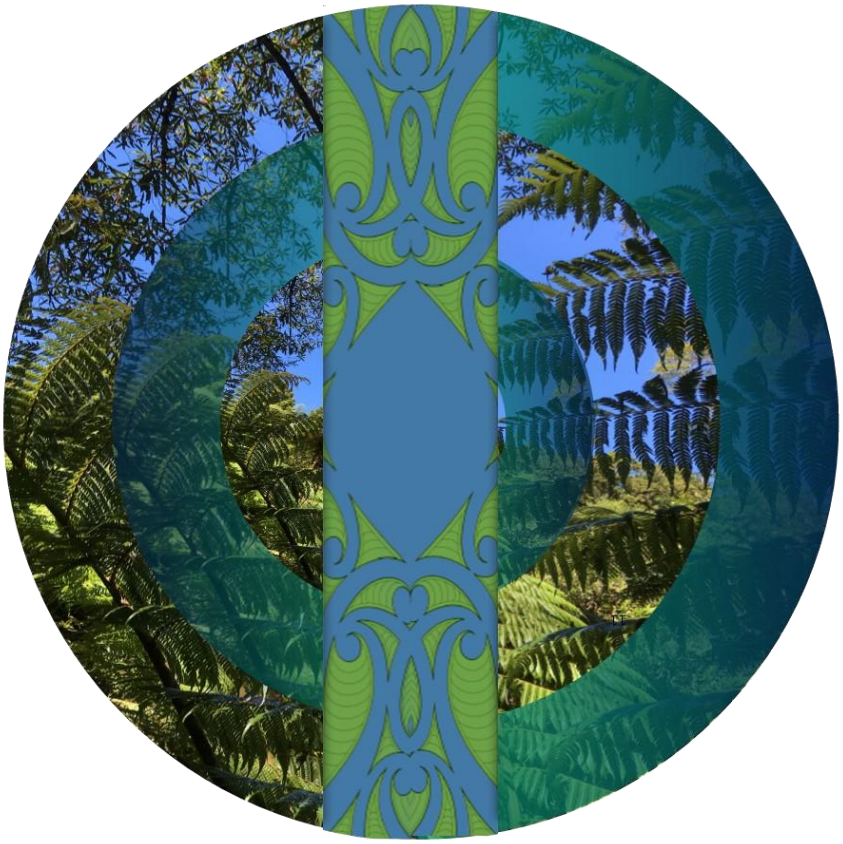


# He Pikinga Waiora (HPW)

# Implementation Framework

# User Manual without Resouces

2019

National Science Challenges | HEALTHIER LIVES | He Oranga Hauora

# Contents

# Summary

## What is this framework all about?

About 40% of all health burden in New Zealand is due to cancer, cardiovascular disease, and type 2 diabetes/obesity. Outcomes for Māori (Indigenous people) are significantly worse than for non-Maori; these inequities mirror those found in Indigenous communities elsewhere. Evidence-based interventions with established efficacy may not be effective in Indigenous communities without addressing specific implementation challenges. We present an implementation framework for interventions to prevent and treat chronic conditions for Māori and other Indigenous communities.

The He Pikinga Waiora Implementation Framework has Indigenous self-determination at its core and consists of four elements: cultural-centeredness, community engagement, systems thinking, and integrated knowledge translation. All elements have conceptual fit with Kaupapa Māori aspirations (i.e., Indigenous knowledge creation, theorizing, and methodology) and all have demonstrated evidence of positive implementation outcomes.

The He Pikinga Waiora Implementation Framework appears to be well suited to advanced implementation science for Indigenous communities in general and Māori in particular. The framework has promise as a policy and planning tool to evaluate and design effective interventions for chronic disease prevention in Indigenous communities. As well as improving health, the framework harnesses community knowledge and involvement, i.e. Activating Communities, so that interventions are more readily adopted.

This manual provides a summary of the HPW Framework in a single resource. Further details can be found here: https://www.hpwcommunity.com/

## Community co-design implementation framework

This manual introduces a framework for the development, implementation and evaluation of health interventions for Indigenous communities. The Main Principles, that are the foundation for the HPW framework are described, stories from people who have used it and participated in an intervention guided by it, and a set of resources and guidelines for how to use it in your own project. We hope these resources will prove to be useful for you as you develop interventions to improve health and enhance health equity in your communities.

The HPW Implementation Framework is a participatory research approach with systems thinking that ensures shared and equitable roles for community members in all phases of implementation and evaluation; it involves co-design; co-data collection, co-implementation, co-evaluation and co-analysis/interpretation.

## Core Principles

The He Pikinga Waiora (Enhancing Wellbeing) Implementation Framework (HPW) was developed to facilitate effective and accelerated development and implementation of health intervention for chronic diseases. The framework is centred on Indigenous knowledge, methods, and philosophy (in New Zealand, Kaupapa Māori) and also integrates best practice from the international research: culture centredness, community engagement, systems thinking, and integrated knowledge translation.

- Kaupapa Māori emphasizes local context and self-determination by prioritizing Indigenous history, development, and aspirations; such an approach is consistent with various Indigenous philosophies around the world.
- Culture-centredness ensures that the community has voice in defining problems and solutions, provides resources and structural change, and encourages reflexivity of the research/implementation team.
- Community engagement occurs when community members, policy makers, researchers, and practitioners share decision making and communication responsibilities.
- Systems thinking enables a holistic view of the implementation process; it considers multiple perspectives, multiple levels and multiple relationships among ideas, and yet places a boundary to the problem. No intervention can address every aspect of a problem; thus, every situation needs to consider the possibilities and then set boundaries.
- Integrated knowledge translation facilitates bidirectional learning with end users. End users are those people who implement the intervention, receive the intervention, and may disseminate the intervention in the future.

## Who can use this framework?

The HPW framework has implications for funders, researchers, community and public health organizations. Specifically, this framework can be used as a planning tool to guide successful development and implementation of interventions for communities experiencing the burden of health inequities. Funders can use the framework to assess likelihood of effectiveness for proposed interventions or perhaps use this framework to rate applications that address these four elements (e.g., "bonus points" beyond established criteria). Community organizations and Indigenous tribal leaders can use these elements to help decide whether to work with researchers or policy makers proposing a specific intervention. These organizations can ask the potential collaborators how they will foster each of the elements in the framework and whether they will work in true partnership.

Back to Contents

# Background

## Health inequities

New Zealand faces significant challenges relating to chronic, non-communicable diseases such as diabetes and obesity. Health inequities between Māori (indigenous people of NZ) and non-Māori are particularly concerning. Almost half (47%) of Māori (indigenous people of New Zealand) are obese (Body Mass Index >30) compared to 29% of European/Other New Zealanders. Similarly, 7.2% of Māori have diabetes compared to 5.1% of European/Other New Zealanders. Further, Māori have 1.8 times more health burden (i.e., disability adjusted life years) than non- Māori and the average life expectancy for Māori is nine years less than that of other New Zealanders. These inequities are explained by racism and the unjust distribution of social determinants of health including income, employment, education, housing, and health service inequities in access to, and quality of, health care. This injustice is underpinned by a lack of commitment by the New Zealand government toward meeting its obligations under Te Tiriti o Waitangi—the founding treaty of New Zealand. These inequities mirror those found between indigenous and non-indigenous populations across the globe.

## The National Science Challenge

In 2012–13 New Zealand Government implemented the National Science Challenges (NSCs) initiative as a mission-led form of research funding to address 11 significant science challenges related to the environment and social/human health. The NSCs are guided by the Vision Mātauranga policy which aims "to unlock the innovation potential of Māori knowledge, resources and people to assist New Zealanders to create a better future" (p. 1).

One of the NSCs is the Healthier Lives Challenge which aims to improve the prevention and treatment of four of New Zealand's most significant non-communicable diseases: cancer, cardiovascular disease (CVD), diabetes, and obesity. Its mission is "to deliver the right prevention to the right population and the right treatment to the right patient" in order to reduce the burden of these diseases by 25% by 2025. Within this purpose and mission is a stated goal to reduce health inequities for Māori and other communities by 25% by 2025. This article describes the theoretical foundation for one of the projects in the Healthier Lives Challenge designed to address these inequities: "He Pikinga Waiora [Enhancing Wellbeing]: Making health interventions work for Māori communities." He Pikinga Waiora references the whakatauki (traditional proverb), *He oranga ngakau, he pikinga waiora,* which refers to the relationship between positive feelings and a sense of self-worth, key aspects of well-being.

*Source: Oetzel JG, Scott N, Hudson M, Masters-Awatere B, Rarere M, Foote J, et al., Implementation framework for chronic disease intervention effectiveness in Maori and other Indigenous communities, Global Health 13 (2017) 69*

## Implementation Science

Implementation science is at the core of this intervention framework. It is about promoting interventions that work, with the aim of improving population health. A commonly used definition of implementation research is that it is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services and care.

Many of our biggest human health problems have tombs of evidence-based solutions – collecting dust on a shelf. Evidence based Implementation science is trying to address the significant knowledge gap between interventions that research has shown to be effective and their delivery to communities and translation into practice.

Implementation science is the bridge between what can work (efficacy) and what does work (effectiveness). Implementation science studies commonly focus on the external validity of their findings, i.e. whether they can be applied effective to different settings and individuals.

Implementation research is needed to account for the complexities of the systems in which interventions are implemented since other approaches often fail to address these. Results of implementation research will support evidence-based policymaking that can build robust programmes to improve public health.

Implementation success is determined by a variety of factors, including the characteristics of the intervention, the stakeholder groups involved and the context in which the intervention is carried out.

## Indigenous Implementation Science

There are evidenced based solutions for many of the problems that indigenous peoples face. However, research often has internal validly based on non-indigenous populations – so translation models need to be developed to ensure efficacy for indigenous settings.

The United Nations Declaration on the Rights of Indigenous Peoples says that states shall take the necessary steps to meet health needs of their indigenous populations (article #24), – however - it is very clear that not enough is being done to meet health needs for indigenous peoples worldwide – New Zealand included – and this is evidenced by huge health inequities. Camara Jones – past president of the American Public Health Association says that inaction in the face of need is a marker of institutionalised racism. So indigenous implementation science

frameworks are needed to get more done – and to help indigenous communities develop our own interventions and to get our states to take the necessary steps to improve indigenous health.

## Purpose

The overall purpose for creating He Pikinga Waiora was to create a framework and tools to support best practice strategies for working with Māori communities so that effective interventions are developed and implemented successfully.

This manual has been compiled and designed to provide you with an easy way to build the HPW framework into your work, project and/or organisation.

Back to Contents

# Theoretical Grounding: The Main Principles

Here we explain the key principles of the HPW Implementation Framework. Each principle is briefly described. If you want to know more there is further detail in the following section and links that focus on the principle available in the relevant sections provided at the bottom of each principle.

The He Pikinga Waiora Implementation Framework provides a theoretically-sound foundation for enhancing the implementation of health interventions for Māori and other indigenous communities because it centres indigenous knowledge and self-determination. The four elements are wrapped around a centre grounded in indigenous critical theory (i.e., Kaupapa Māori) and each element is consistent with, and supportive of, indigenous knowledge creation and use.

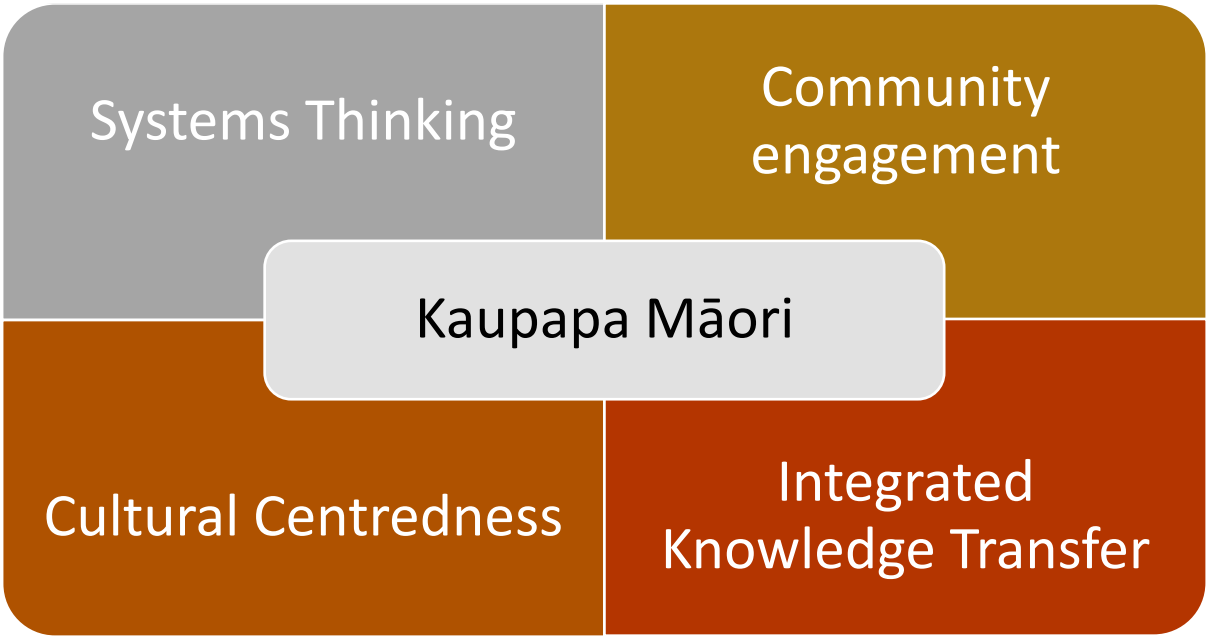



Fig. 1 Key elements of implementation framework for Māori communities

Kaupapa Māori research is research that is by Māori, for Māori and with Māori. New Zealand's history of research being done On Māori has shaped the attitudes and feelings Māori held (and still hold) towards research. Rather than re-applying imported frameworks that are determined in other countries, Kaupapa Māori research embraces the existence and validity of Māori knowledge, language and culture by drawing upon Māori philosophies and knowledge. Often primary emphasis is on localised history, context and experience with a view to make

meaningful and sustainable positive change. When research embodies Kaupapa Māori research principles it is highly likely to meet the needs and aspirations of Māori.

The four elements are related and yet each adds a distinct component to the framework.


Three characteristics underpin cultural centeredness: community "voice" for problems and solutions, reflexivity, and structural transformation and resources. The CCA theorizes that domination from various social practices produces communicative erasure through rules, practices, and procedures that limit opportunities for participation and knowledge creation. Centering the discourse with those people most affected empowers them to exercise their own agency; community members can make sense of and create localized health solutions framed by their everyday experiences.

Community Engagement (CE) is a process of collaborating with groups directly affected by a particular health issue or with groups who are working with those affected. The unique focus of CE is partnership among community members and researchers/health professionals in developing interventions. Especially when guided by principles of shared power, mutual learning, and benefits for the community, CE enables the development of strong relationships that build the capacity of the communities and researchers.

Systems thinking provides concepts, principles and methods that enables a big picture view of the implementation process. No intervention can address every aspect of a problem, so appreciating multiple perspectives, multiple levels and multiple relationships is critical to ensure boundaries are appropriately drawn around a problem and intervention.

Knowledge-translation processes offer the potential to build bridges between researchers/ academics and communities to increase the potential for research to lead to improved health outcomes and health equity. To understand and influence change in their practice settings, health care professionals and policy makers need to understand theories and frameworks that support knowledge translation.

Back to Contents

# 1. Kaupapa Māori

Kaupapa Māori research is the outcome of Māori shifting from being the researched to becoming the researchers. The history of research On Māori has shaped the attitudes and feelings Māori held (and still hold) towards research.

Nowadays there are opportunities for Māori communities to inform, shape and control the nature of research conducted with them. Rather than simply using imported frameworks that are determined in other countries, Kaupapa Māori research draws upon Māori philosophies and knowledge to generate theory that emphasises local context thereby meeting the needs and aspirations of Māori. Framed by the Treaty of Waitangi, Kaupapa Māori recognises importance of prioritizing Indigenous voice.

New Zealand's history of research being done On Māori has shaped the attitudes and feelings Māori held (and still hold) towards research. We have embraced opportunities for Māori communities to inform, shape and control the nature of research conducted By, With and For them.

Rather than simply importing frameworks from other countries, Kaupapa Māori research prioritises Māori philosophies and knowledge that emphasises local context, acknowledging the Crown's obligations as Treaty partners, Kaupapa Māori research prioritizes Indigenous voice. We are interested in doing research, with, by and for Māori communities that contributes to their own aspirations and in the meantime, help meet on-going needs.

Some useful resources:

- *Pihama, L., Tiakiwai, S.-J., & Southey, K. (Eds.). (2015). Kaupapa rangahau: A reader. A collection of readings from the Kaupapa Rangahau workshops series. (2nd ed.). Hamilton, New Zealand: Te Kotahi Research Institute*
- *Rangahau-Principles of Kaupapa Māori: http://www.rangahau.co.nz/research-idea/27/*
- *Katoa Ltd : http://www.katoa.net.nz/home*
- *MAI journal: http://www.journal.mai.ac.nz/*

# 2. Culture-Centered Approach (CCA)

CCA was developed by Professor Mohan Dutta in his work with vulnerable and marginalised communities in various countries (Dutta, 2007). It is an approach that centers culture by ensuring that the community has voice in defining problems and solutions, provides resources and structural change, and encourages reflexivity of the research team.

First, how do we ensure that the community has a voice? One of the key considerations is to create a safe space for community members to express themselves. Domination from various social practices, rules, and procedures can severely limit opportunities for marginalised communities to engage and participate. For example, community representatives that we've engaged with shared how they felt judged, belittled, and were eventually ignored at a GP reception. These are members who a highly regarded in their own communities. Thus, they no longer feel comfortable nor engage with mainstream health services. So, if we want to ensure they have a voice, the feedback we got from this group is "…[we] need to go to the community…not the other way around". To not only go to them, but to be consistent by 'turning up', 'show your face', 'dress appropriately', and to 'come to their level' So our team did! We went to the space where they felt safe and also where we would feel safe – a community social service provider. This was the space where they could express their tino rangatiratanga (self-determination) and be open about their everyday experiences – key aspects for defining problems together.

The second issue relates to the sharing of resources and making structural changes. For example, our community identified the importance of a Kaiarahi – a community champion who has strong networks and relationships in the community and with health services; who acts as the 'go-between' for 'fringe-communities' and health providers. For us as researchers, it was about enabling that process of employing a Kaiarahi to happen (money, working with community partners to specify the details, sub-contracts etc). This includes getting the health services involved.

The third issue, how can we as researchers be more reflexive in practice? Reflexivity involves self-examination on issues such as power and privilege and how that influences the work you are doing. Reflexivity creates "spaces" to address these issues to improve how the partnership functions. What we do want to share is a working example of being reflexive. So, as researchers, we're interested in collecting data. It's a strength that we have; we have access to resources to help us collect that information. So, what we did is draft a health screening questionnaire for end-users. We started with over 80+ questions, but this was eventually whittled down to about 45 and the content was adapted to fit the community. By sharing and co-developing the questionnaire with our community partners and being reflexive about our goals and desires, we were able to develop an instrument that fits the community needs and the research needs.

*Dutta MJ. Communicating about culture and health: theorizing culture-centered and cultural sensitivity approaches. Commun Theory. 2007;17(3):304-328.*

Other links for your reference:

- *Engage for Equity: https://engageforequity.org/*
- *Centre for Culture-Centered Approach for Research and Evaluation: http://www.massey.ac.nz/massey/learning/colleges/college-business/school-of-communication-journalism-and-marketing/research/care/care_home.cfm*

# 3. Community Engagement (CE)


Community engagement occurs when academic researchers work in collaboration with community researchers to develop health intervention. As a result, community members should have decision making and communication responsibilities for the project. Typically, these responsibilities are shared with the academic researchers although the ideal likely is the community members eventually having more responsibility. Community engagement ensures equitable and shared roles for community members in all phases of the research; not just the co-design but co-data collection, co-implementation, co-analysis/interpretation. We consider three key issues about community engagement.

First, we need to ensure that we have approval by the community—not just individuals; someone who can speak adequately on behalf of the community. Often these are people who serve on an advisory board that is consulted throughout the project or members of community organisations that we work with throughout the project. They could also be leaders from the community governance.

Second, we need to make sure that we share resources and decision making with the community. Community organisations and members are under resourced and in demand, so we need to make sure they get the FTE to support their work on the project; 33-50% of project resources is the ideal benchmark to shoot for.

The final issue is probably the trickiest—how do we know we have represented the community well? We obviously can't collaborate with the whole community, so we need to find representatives. Often, we can find what we think are good representatives (reps) only to find out later, they weren't as influential as we thought. We need to look for three factors:

a) people who are affected by the intervention,
b) people who have influence on how it is implemented, and
c) key opinion leaders (who might not always be in positions of power).

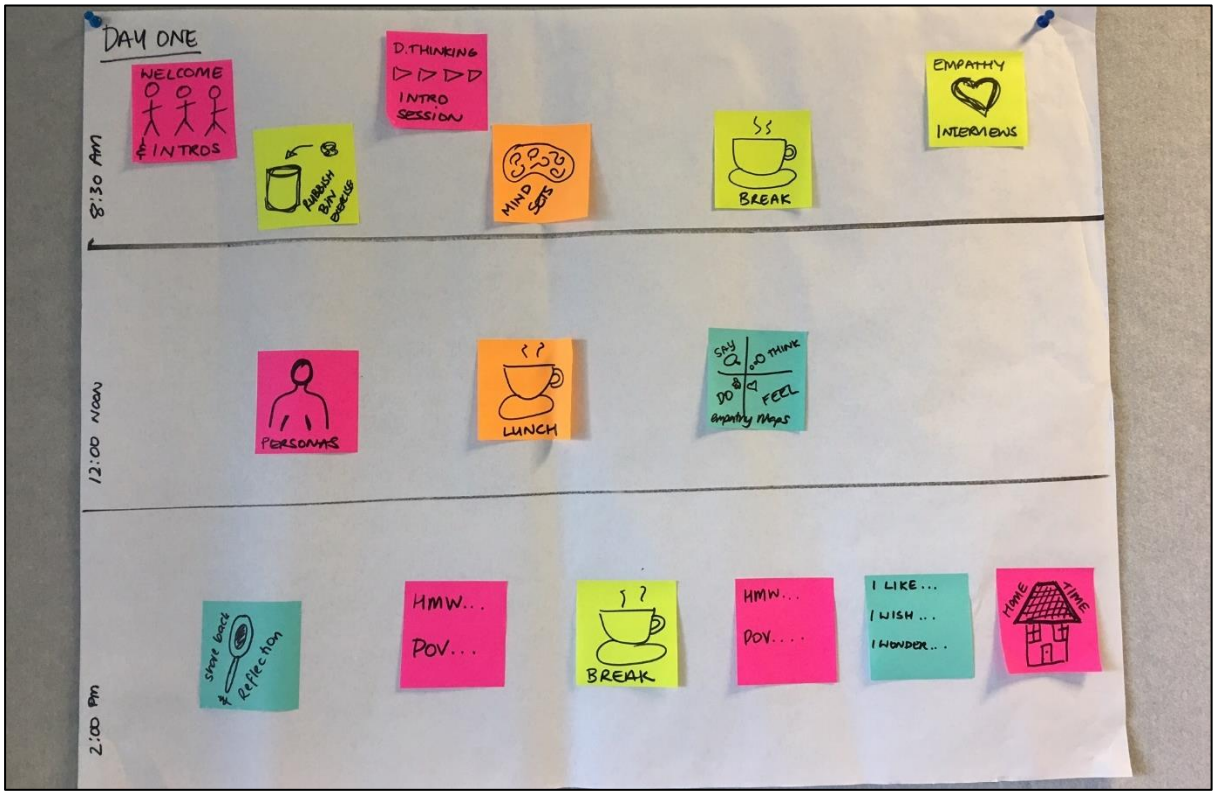
They also have to have meaningful time available to participate. It takes an iterative process to find the right representatives. You can find reps by asking community members and community organisations who you should be talking to about this project (and then follow through on this advice). You can hold

multiple stakeholder meetings to share project ideas and find out who is interested and has capacity to work with you. The key is not to take the easy path and accept reps who first present themselves. Spend time searching and making sure you have this right. It takes some initial investment and yet pays off in the end with good implementation and community support.

Other links for your reference:

- *Community-Campus Partnership for Health: https://www.ccphealth.org/cbpr-curriculum/*
- *Detroit Community-Academic Urban Research Center: https://www.detroiturc.org/resources.html*
- *Center for Participatory Health Research: https://cpr.unm.edu/research-projects/cbpr-project/index.html*

# 4. Systems Thinking




Systems thinking provides concepts, principles and methods that enables a big picture view of the implementation process. No intervention can address every aspect of a problem, so appreciating multiple perspectives, multiple levels and multiple relationships is critical to ensure boundaries are appropriately drawn around a problem and intervention. Soft systems thinking, which utilises systems ideas to think about problems, involves:

1. Making sure to engage with diverse perspectives around what the problematic situation is
2. Building up a 'rich picture' of the problematic situation by paying attention to how issues are inter-connected, unintended consequences, dominant voices, who is marginalised
3. Reflecting on the different understandings of improvement and how boundaries constrain what counts
4. Drawing on a variety of methods to address key issues in order to ensure that the intervention is responsive to stakeholder needs.

The system thinking approach involves engagement with multiple stakeholders (similar to what is done with community engagement to ensure representativeness) to develop a rich/complex picture of the problematic situation.

We consider how issues influence each other, feedback loops in the systems (how one thing affects others to create balance or create change in the system), intended and unintended consequences, and whose voices are dominant and whose are marginalised.

We then consider the boundaries that should be drawn around the problem such as who is included, where we will do it, what services are included, etc. From here we make choices about the intervention and select the methods of implementation to ensure we meet stakeholder needs.

Stakeholder is somewhat of a loaded term as many prefer to be called partners in the process; we are using stakeholders here as it is reflective of the literature although our stakeholders are more than interested parties.


Other links for your reference:

- *The Systems Thinker: https://thesystemsthinker.com/making-the-jump-to-systems-thinking/*
- *Tools of a Systems Thinker: https://medium.com/disruptive-design/tools-for-systems-thinkers-the-6-fundamental-concepts-of-systems-thinking-379cdac3dc6a*

# 5. Integrated Knowledge Translation (IKT)


Integrated knowledge translation involves the moving of research knowledge into practice. When we find out that something works in a research setting, the next step is to implement it into everyday activities through end users. End users are the people who are going to implement the activities and might include doctors, nurses and patients—that is the recipients and doers.

Effective integrated knowledge translation occurs where there bidirectional learning with end users and researchers throughout the research process. Researchers can design something that works that might also be inefficient and not practical. When end users are involved early in the process, they can identify constraints and challenges to later implementation. The intervention can then be adjusted to better fit the context of the community in which the knowledge is to be applied.

Some key knowledge translation activities include planning with end users about how to translate the research into practice, brainstorming conversations about challenges and constraints, identification of resources needed for implementation and making sense of research findings so that the local context is considered.

Other links for your reference;

- *Research Article about IKT: https://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0399-1*
- *Canadian Institutes for Health Research: http://www.cihr-irsc.gc.ca/e/45321.html*

# HPW Implementation Framework

*The full details of our studies and the evidence supporting the framework can be found here:*

*Oetzel JG, Scott N, Hudson M, Masters-Awatere B, Rarere M, Foote J, et al., Implementation framework for chronic disease intervention effectiveness in Maori and other Indigenous communities, Global Health 13 (2017) 69.*

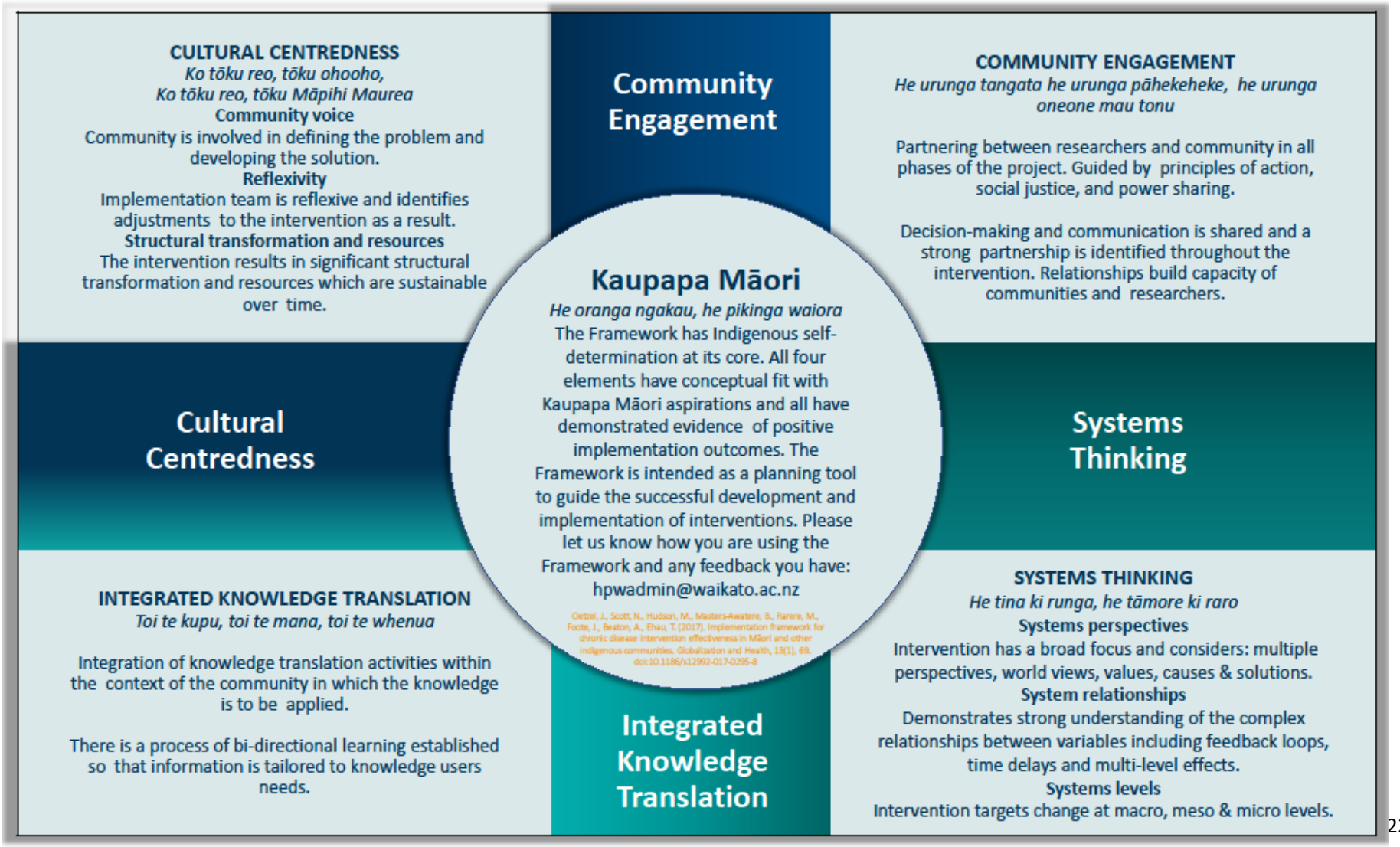
When developing the HPW Framework, we undertook a systematic review of 13 studies of diabetes prevention in Indigenous communities. We drew upon the work of Gibson and Segal (2015) as an initial guide and found strong evidence that key elements predicted diabetes outcomes and blood pressure outcomes. The front page of the poster provides a summary of the HPW framework key principles. Full descriptions can be found on the Main Principles page (https://www.hpwcommunity.com/the-main-principles ).

The coding scheme on the second page of the poster, describes levels of each of the principles in the framework from high to medium to low and negative. The presence of 'high, medium and low' variations demonstrate there is a range of possible engagement levels. Based on our research, we suggest that higher "scores" are more likely to result in better implementation outcomes. Negative values note that there are times when researchers cause harm such as when they suggest they want co-design and yet do it superficially or through victim blaming. We think this framework can be used as a visioning/planning tool and as a result has value for all parties to determine authentic co-design.

To download a copy of this poster for your reference, please press here or refer to our website:
www.hpwcommunity.com

# HE PIKINGA WAIORA
## IMPLEMENTATION FRAMEWORK

www.hpwcommunity.com



He Pikinga Waiora

# HE PIKINGA WAIORA
## IMPLEMENTATION FRAMEWORK

www.hpwcommunity.com

National SCIENCE Challenges

| | | High | Medium | Low | Negative |
|---|---|---|---|---|---|
| Cultural centredness | Community voice | Community involved in defining the problem and developing the solution. | Community involved in either defining the problem or developing the solution. | Community only informed but has no direct involvement in the definition of problem or solution development. | Intervention implemented in the face of significant community opposition. |
| | Reflexivity | Explicit statements regarding reflexivity and identification of adjustments to the intervention as a result. | Methods to engage in reflexivity or state they were aware of it; adjustments to the intervention are unclear. | No evidence that the team was reflexive about its processes or no changes made in response to team learnings. | Victim blaming, unintended bias or overt racism in intervention design, implementation or evaluation. |
| | Structural transformation and resource | Significant structural transformation and resources which are sustainable over time. | Intervention receives significant resources but has a limited focus on structural transformation. | Intervention receives minimal resources and is only sustainable over a short term. | Less resources available or lower quality resources as a result of the intervention compared with no intervention. |
| Community engagement | Community engagement | Strong community leadership. Decision-making and communication is shared and strong partnership is identified throughout the intervention. | Communication is two-way and there is co-operation to implement the intervention with a partnership becoming apparent. | The intervention team has ultimate control over the intervention and communication, which flows one-way to the community. | Intervention is placed in the community with no consultation with community. |
| IKT | Integrated knowledge translation | There is a process of mutual learning established so that information is tailored to knowledge users needs. | Medium level support for knowledge user by intervention team for implementing the intervention. | Minimal or no support for implementing intervention or outsiders implement the intervention for the knowledge users. | Knowledge users have major concerns which they are not able to discuss with the intervention team. |
| Systems Thinking | System perspectives | Intervention includes the following: 1)multiple causes, 2)broad focus/multiple solutions; and 3)multiple perspectives/world views, values of multiple actors. | Intervention includes 2 of the 3 factors in the high category. | Intervention includes 1 or none of the 3 factors in the high category. | Intervention has a negative impact due to a lack of consideration of multiple perspectives necessary to support implementation. |
| | System relationships | Demonstrates a strong understanding of the complex relationships between variables including feedback loops, time delays and multi-level effects. | Moderate understanding of the complex relationships between variables including feedback loops, time delays and multi-level effects. | Limited understanding of the complex relationships between variables including feedback loops, time delays and multi-level effects. | Intervention has a negative impact due to lack of consideration of system relationships important for implementation. |
| | System Levels | The intervention targets change at the macro, meso and micro levels, and provides sufficient rationale and context for each level. | The intervention targets change at 2 levels with some rationale and context for each level. | The intervention targets change at 2 levels or less without providing rationale and context. | Intervention has a negative impact due to lack of consideration of systems levels necessary to support implementation. |

# Community Co-Design: Our Partners

Our partners have been pivotal in the design and refinement of the HPW framework. We have had the opportunity to partner with community organisations that have helped us shape the programme to what it is today. Our thanks go out to these organisations and the individuals inside these organisations that have been champions of the framework.

## Te Kōhao Health

Te Kōhao Health is a Māori health provider at the cutting edge of service delivery to whānau, having responded to feedback from whānau and adopted learnings from other indigenous whānau and streamlined our services into a multi-disciplinary team approach that we have called 'Kia Kotahi'. This method is to ensure that whānau receive targeted holistic health care when they need it. Furthermore, this will ensure whānau have mana motuhake (control and ownership) over their health and wellbeing. They have been involved in the He Pikinga Waiora project and framework since its inception and are partners in the development of a community and whānau-based lifestyle intervention for addressing pre-diabetes and diabetes. https://www.tekohaohealth.co.nz/

## Poutiri Charitable Trust

Poutiri Charitable Trust was established in 1997 to contract and develop Maori Health Providers within the Bay of Plenty region to deliver on a variety of health and wellbeing services. Poutiri Charitable Trust also delivers Mental Health, Nurse led and Podiatry clinics to address chronic conditions and support for whanau, hapū and iwi. They have been involved in the He Pikinga Waiora project and framework since its inception and are partners in the development of a lifestyle intervention for addressing pre-diabetes and related conditions for men and their whānau. https://poutiri.org/index.html

## Healthier Lives National Science Challenge – Our funder

The Healthier Lives National Science Challenge is a national research collaboration dedicated to achieving healthier lives for all New Zealander. Healthier Lives is working on the prevention and treatment of four of New Zealand's main non-communicable diseases:

- Cancer
- Cardiovascular disease
- Diabetes
- Obesity

Its vision is of Aotearoa New Zealand with equitable health outcomes and a substantially reduced burden on non-communicable diseases (NCDs). Its mission is to enable delivery of the right preventions and treatments to the right populations, communities and individuals. https://healthierlives.co.nz/

# RESOURCE INDEX

# Moving from the Theoretical to Praxis: Resource Toolkit

The resource toolkit is designed to help move from the theoretical basis of the HPW framework to the practical implementation of the framework. The foundational principles are important to guide our work and they also can be hard to put into direct practice. This toolkit is organised around a checklist about five core questions to put HPW into practice. They are put into development over time.

## Linking Resources to HPW Components

To help you link the resources to each of the HPW components, we list the key components that are addressed in each resource.

### Linking Resources to HPW Principles

| Resource Tool Kit | He Pikinga Waiora Principle |
|---|---|
| **What's Going On?** | |
| Systems map | Systems thinking |
| Readiness to change measure | Community engagement |
| Partnership capacity measure | Community engagement; integrated knowledge translation |
| Health Equity Assessment Tool (HEAT) | Kaupapa Māori, cultural centredness; systems thinking |
| **Who Will We Work With?** | |
| Stakeholder analysis guide | Integrated knowledge translation; community engagement |
| Ensuring partnership represents the community | Community engagement; cultural centredness |
| How to approach community members and organisations | Community engagement |
| How to run a co-design meeting? | Community engagement; systems thinking; integrated knowledge translation |
| **How Will We Engage?** | |
| HPW visioning tool | All Principles |
| Creating values and principles | All Principles |
| Reflexive dialogue and critical self-reflection | Cultural centredness; community engagement; Kaupapa Māori |
| Developing partnership agreements | All Principles |
| **What Will We Be Doing?** | |
| Viable systems model | Systems thinking |
| Soft systems methodology for setting purpose and design | Systems thinking |
| Power mapping | Systems thinking; integrated knowledge translation |
| **How Can We Evaluate and Reflect on What We Are Doing?** | |
| Stakeholder hui evaluation | All Principles |
| HPW process evaluation framework | All Principles |
| Outcome evaluation | All Principles |

## The Checklist

This checklist identifies five key questions that evolve along the development of a health intervention. They are presented as a circle as each question influences the others and the process is a continuous cycle. We present these questions one at a time and explain the purpose of the question and provide resources that can help address the question.

The checklist is designed as a series of issues that a partnership should consider as they are developing their projects and answer the main questions. It provides a simple format for ensuring that major issues are considered.

## FIVE QUESTIONS TO CREATE CLARITY AND STRUCTURE

1. What's going on? (context and system). We need to have a good understanding of the nature of the problem and the current system including gaps.

- ☐ What are the key issues?
- ☐ What does the system addressing these issues look like?
- ☐ What are the gaps in the current system?
- ☐ How ready are we to address this problem?
- ☐ Is there capacity and willingness to address this problem?
- ☐ Do we have the community's view on what is going on?

2. Who will we work with? (stakeholders, partners, and end users) We want to make sure to include those who have influence and are affected by what happens.

- ☐ People who will deliver the intervention
- ☐ People who will fund it
- ☐ People who will receive it
- ☐ People who can create roadblocks
- ☐ People who can make it sustainable
- ☐ Do we have a good representation of these groups?

3. How will we engage with each other? (process) We need to think about how we are going to work together.

- ☐ Principles and values to guide your partnership
- ☐ Assess whether we want to work together
- ☐ Value the mātauranga (knowledge) of the local community
- ☐ Shared decision making
- ☐ Shared communication responsibilities
- ☐ Mutual learning and listening
- ☐ Agreements for sharing resources and responsibilities
- ☐ How can we build trust and manage conflicts?
- ☐ Reflect on how we are working and ensuring we are following our principles

4. What will we be doing? We need to think about the intervention and how we develop it.

- ☐ What evidence is available on what works and what doesn't?
- ☐ How can we make what is available fit with cultural values, perspectives, and local knowledge?
- ☐ Make sure the community is involved in the design, implementation and evaluation (those who will receive or deliver the intervention)
- ☐ Take a systems view in the design (multiple perspectives, multiple levels, and understanding boundaries and constraints)

5. How can we evaluate and reflect on what we are doing? (outcomes, evaluation and reflection). We need to think about what we want to accomplish and evaluate its impact and how we did it. Then, we need to reflect on how we did it and what we learnt going forward.

- □ What are the key outcomes, thinking holistically?
- □ Implementation and process evaluation
- □ Have we improved equity (or at least not made it worse)
- □ Reflect on what happened and use as learning for next steps.

# A. What's going on?

This question provides the background information about the health issue or issues that a community is facing. This information is the foundation for determining whether an intervention is needed or wanted. It also provides the information for whether we have the right capacity to address the key issues.

1. Systems Map (Systems Thinking)

Wicked problems' such as the prevention of chronic conditions are characterised by high levels of complexity, uncertainty and conflict. These problems are not easily understood nor are they tackled successfully using a reductionist approach, which breaks complex problems into smaller simpler problems. Constructing a systems map is intended to stimulate dialogue between stakeholders and prompt learning about the mix of policies, strategies, programmes and actions necessary to improve health outcomes and reduce health inequities. There are two resources available here. The first is a resource for how to construct a systems map. The second is a policy brief with a systems map from one of our projects to provide an example.

Appendix references: 1.1 Systems Map Instructions

1.2 Systems Map Example

2. Readiness to change measure (Community engagement)

Just because a health issue is important to address, the community or key organisations may not be ready to make changes for whatever reason. This measure helps partners reflect on whether there is readiness to make changes.

Appendix reference: 2.1 Readiness to Change Measure

3. Partnership capacity measure (Community engagement; integrated knowledge translation)

Another key element about moving forward to address a health issue is whether the partnership has the capacity to address the problem. We need to make sure we have all the right people and resources to develop an effective intervention. This measure helps partners reflect on whether the partnership has the capacity to create and implement and effective intervention to effect change.

Appendix reference: 3.1 Partnership Capacity Measure

4. Health Equity Assessment Tool (HEAT) (Systems thinking; cultural centredness)

In identifying what is going on in Indigenous communities, it is important to explore health inequities and why they exist. Understanding these inequities helps to direct partnerships in developing effective interventions. The Health Equity Assessment Tool provides a set of questions to encourage partnerships to keep an equity focus and better understand the larger context of health issues. It was created by researchers at the University of Otago, Wellington and is available at the following website:

Appendix reference: 4.1 Health Equity Assessment Tool

# B. Who will we work with?

This question addresses who should be a part of the project—this includes partners we work directly with and stakeholders who have a say or influence on what we are doing. When we work with communities, we need to select representatives. The resources in this section consider who represents the community and how we should approach potential partners.

5. Stakeholder analysis guide (Integrated knowledge translation; community engagement)

We often engage a variety of stakeholders prior to forming a partnership. We can hold a series of meetings (hui) that explore the issues and the interests in addressing the issues. This resource provides a set of guidelines for how to analyse and engage stakeholders.

Appendix reference: 5.1 Stakeholder Analysis Guide

6. Ensuring partnership represents the community (Community engagement; cultural centredness)

We are often asked by people who engage with communities, "how do we ensure our partnership represents the community?" This resource provides questions and issues for answering this question.

Appendix reference: 6.1 Representing the Community

7. How to approach community members and organisations (Community engagement)

Building a trusting relationship is key to effective partnership. This resource provides some tips for starting the relationship on the right track.

Appendix reference: 7.1 Approaching the Community

7.2 How to run a codesign meeting (hui)

# C. How will we engage?

This question addresses the manner in which a partnership can engage. The process by which we work together is key for developing and maintaining trust and synergy. There are several resources in this section to provide the foundation for a good process and also ensuring the process continues to work effectively.

8. HPW Visioning tool (All components)

One approach for developing a process is to engage in a visioning exercise to identify what the partnership should look like. This tool provides an introduction and steps for developing a vision.

Appendix reference: 8.1 HPW Visioning Tool

9. Creating values and principles (All components)

All partnerships are grounded in a set of values and principles although we don't always articulate them and thus we aren't sure if we share the same values and principles. This resource provides some key values and principles that ground effective community engagement and collaborative processes. These can be useful for starting a conversation about the key principles by which your partnership operates.

Appendix reference: 9.1 Creating Values and Principles

10. Reflexive dialogue and critical self-reflection (Cultural centredness; community engagement)

Reflexive dialogue is a key way to ensure that the partnership follows the HPW framework and also maintains and effective process. There are many challenges and power issues that result during the development and implementation of health interventions and reflexivity helps to address these issues and improve the partnership process. We offer two approaches to guide reflexive dialogue: a) River of Life and b) Critical self-reflection. The use of evaluation tools can also guide reflexive dialogue and that is discussed in another section.

Appendix reference: 10.1 River of Life

10.2 Critical Self-Reflection

11. Developing partnership agreements (All components)

Partnerships are often aware of agreements for how to share resources and for scope of work. However, agreements can include a variety of aspects about partnering includes who owns the data, how we resolve conflicts, and strategies for disseminating the research. This resource provides some suggestions for creating a partnership agreement.

Appendix reference: 11.1 Developing Partnership Agreements

# D. What will we be doing?

This question addresses the content of the work—the intervention itself. Many times, the intervention is developed to address the key issues and challenges identified. However, health problems are products of complex systems and it is easy to forget about this complexity. The resources provided help to consider the complexity in developing and implementing a sustainable and effective intervention.

12. Viable systems model (System thinking)

The viable system model sets out the necessary and sufficient conditions required for high performing organisations. The VSM presents a generic model of organisation and can be applied 'systems' including teams, organisations, partnerships and communities. We recommend its application for complex public health interventions such as those developed using the He Pikinga Waiora framework.

Appendix reference: 12.1 Viable Systems Model

13. Soft systems methodology for setting purpose and design (Systems thinking)

This resource introduces Soft Systems Methodology (SSM). SSM is an approach to address ill-defined problems or problematic situations are 'messes'. SSM is used to:

1. Gain insights into problematic situations
2. Set intervention purposes and develop strategic objectives
3. Develop shared understanding about issues and buy-in to actions

Appendix reference: 13.1 Soft Systems Methodology

14. Power mapping (Systems thinking; integrated knowledge translation)

Power mapping is being increasingly used by partnerships that wish to shape or change the local, regional and national policies. Power mapping involves the identification of key organisational, community and individual players in the policy making environment. This resource describes a small group exercise for making and using a power map.

Appendix reference: 14.1 Power Map

# E. How can we evaluate and reflect on what we are doing?

Reflective processes have a foundation in the empowerment literature common to community psychology and public health and are a key element of Cultural Centeredness in the HPW framework. While Reflexivity does take time, it is worth the effort to ensure high functioning processes. A large-scale study of 294 partnerships in the USA (Oetzel et al., 2018 BioMed Research International) reported that the higher the quality of partnering processes, the higher the levels of intermediate and distal outcomes.

We developed three evaluation tools to help follow the framework. Two of these are geared toward process evaluation and help ensure that we are using reflective processes to following the implementation framework. Summative evaluation is focused on outcomes and includes a holistic approach to evaluating outcomes framed from Durie's work with whare tapa wha and te pae mahutonga.

Evaluation is a key part of ensuring that the work if following HPW principles and also having the desired impact. This question addresses how we can do this evaluation effectively. The tools in this section help to evaluate process and outcomes.

- Key issue is that researchers needs to be open to being told that everything isn't going well and be ready to make adjustments. This process can be key to building meaningful trust to ensure high functioning partnerships.

- Two tools have been developed, a process evaluation tool and a Stakeholder hui evaluation tool. Both of these have been designed is a way for different parties involved to reflect about the systems thinking elements from the early stages of development through to the implementation of interventions.

15. Stakeholder Hui Evaluation (All components)

We often engage a variety of stakeholders prior to forming a partnership. We can hold a series of meetings (hui) that explore the issues and the interests in addressing the issues. The stakeholder hui evaluation tool provides a series of questions to determine the effectiveness of the meeting for moving the partnership forward. The resources include the evaluation form and also instructions for using it.

Appendix reference: 15.1 Stakeholder Instructions

15.2 Stakeholder Evaluation

16. HPW Process Evaluation Framework (All components)

Once a partnership has been formed, it is important to conduct regular evaluations of the process to ensure it is staying true to its principles. The HPW process evaluation tool provides a set of questions organised around the key principles. The responses provides feedback what is working and what might need to be improved. This tool can be useful for reflexivity as well. The downloads include the evaluation form and also instructions for using it.

Appendix reference: 16.1 Instructions

16.2 Process Evaluation

## 17. Outcome Evaluation (All components)

We all want to know whether our health intervention produced desirable outcomes. This evaluation tools provides a series of questions to assess a variety of outcomes. These outcomes reflect a holistic model of health that is relevant for Indigenous communities (e.g., physical, mental, social, and spiritual). It also considers outcomes at multiple levels such as individual, family and community.

Appendix reference: 17.1 Outcome Evaluation Framework