

## Partners in Care co-design case study

---

### He waka eke noa – We are all in this together

**Chadwick Healthcare Tauranga – Western Bay of Plenty Primary Health Organisation (WBOPPHO)**

#### Context

Chadwick Healthcare is a leading medical practice committed to providing high quality health care and is supported by a team of trusted health professionals. With four locations across Tauranga, Chadwick Healthcare has been serving the community for over 50 years and offers a comprehensive range of medical services.

This project was created by the Chadwick Healthcare Equity team. We focused on improving our health services to better meet the needs of our Māori population and improve health outcomes. We aimed to increase engagement with our Māori consumers, as well as increase our enrolled Māori patient population.

We achieved this by working in partnership with our Māori patients and local Māori service providers to recreate our services and close the inequity gap.

#### Problem statement

The overall Māori population in Tauranga is 16 percent. At the start of our project we had an enrolled Māori patient population of 10 percent. This suggests a lack of effective engagement with Māori in our community.

#### Equity aim

Achieving equity is a key priority across health care organisations in New Zealand.

We know that the health system is not working for Māori.

In July 2019, the Health Quality & Safety Commission released *A window on the quality of Aotearoa New Zealand's Health Care 2019*, which focused specifically on Māori health equity. The report shows a pattern of inequities between Māori and non-Māori over their lifetimes, noting that 'health services are less likely to be accessible for Māori compared with non-Māori over the life course' (Health Quality & Safety Commission, 2019, p. 9). We know Māori are not currently accessing our services, and we aim to work with them to understand how we can change that. We want to increase enrolment of Māori across our services. To achieve this, we need to understand how to better engage with them.

#### Start up

The start-up phase included bringing together a project team, reviewing the current enrolment data that is relevant to our focus on equity, and preparing for engagement with consumers and health professionals to capture and understand their experiences.

The project team included:

- Nurse: Laina Bolton
- Primary Care Practice Assistant: Gabby Bookhorn
- Health Coach: Toni Hansen
- Manager: Joe Rosser
- Director: Dr Marshall Hollister-Jones.

WBOPPHO support included:

- Equity Programme Lead: Kiri Peita and Equity Programme Support: Michaela Kamo
- Co-design Consultant: Suzanne Board

As at September 2020 the enrolled population of Māori was 11 percent, which did not reflect the overall Māori population for our area, which is 16 percent.

## Engage

To introduce the project to staff, patients, family and whānau (family or wider community), three 'elevator pitches' were prepared. These provided a short narrative to help people understand what we aimed to achieve.

### Elevator pitches

#### 1. For Chadwick Primary Care practice staff

We are working on an exciting project that aims to improve engagement with our Māori patient population and increase Māori enrolment at the practice. We want to ensure we provide a welcoming environment for our Māori population. We hope to achieve equitable health outcomes for Māori here at Chadwick. To do this, we need your support.

We will be working in partnership with a small group of patients and local Māori service providers.

We also want to hear your ideas on how to achieve a more welcoming environment and initially would love you to share your ideas by email to (*x person*).

We will update you throughout the course of our project and let you know of our progress and anything else you can do to help.

#### 2. For hauora (health and wellbeing) Māori providers

We are working on an exciting project that aims to improve engagement with our Māori patient population and increase Māori enrolment. We hope to achieve equitable health outcomes for Māori here at Chadwick.

Our Equity team is leading this project with support from our wider staff.

We will be working in partnership with a small group of patients to redesign our services and ensure we are doing the best we can to cater to the needs of our Māori patient population.

We would like to extend an invite to your team to join our focus group. We would love to have your input and support throughout this project.

At this stage we are looking at having monthly hui (meetings) to discuss innovative ideas and implementation strategies.

Please let us know if you are interested by contacting X ( *person*) by Y ( *date*).

### 3. For consumers

We are working on an exciting project that aims to improve health outcomes for Māori here at Chadwick. We want to increase our level of engagement with Māori by working together with you to improve our services to ensure they are working for you. We hope that by making these improvements we will be able to care for a larger population of Māori and, in turn, improve Māori health in our rohe (region).

To do this, we need your support. At this stage we are looking at holding monthly hui with a small group of patients to get ideas on how our services have worked for you so far, and what we can do better.

We are open to suggestions and welcome you to come along at 1 pm on Thursday 29 October 2020 at our Greerton location on Chadwick Road, Greerton, and share your thoughts. If you are interested in being part of this project, please contact us on (*contact details*).

‘Nāku te rourou, nau te rourou, ka ora ai te iwi’

‘With your basket, and my basket, our people with thrive’

## Capture

During our capture phase we used two engagement methods: hui and a patient/staff survey.

### Hui

We originally hoped to hold monthly hui; however, the time challenges and the restraints of the COVID-19 pandemic meant we were only able to hold two hui over the course of this project.

Interest in participating in the hui was gained using the elevator pitch above shared during nurse appointments with Māori patients.

Our first hui took place on Thursday 29 October 2020. Participants included two patients, three whānau members, and five staff/support, including our co-design consultant, who was able to facilitate the hui, the WBOPPHO Equity team and our Chadwick Healthcare Equity team.

We gathered valuable feedback from this hui from both patients and their whānau who had previously been enrolled with us but had subsequently chosen to change providers. During the hui a comment was made by whānau saying how important it is to have management staff at hui to listen to the conversation, especially their concerns.

Our second hui took place on Wednesday 2 December 2020. This was a larger group of 10 consumers (five patients and five whānau) and 10 staff, including our co-design consultant, who facilitated the hui, and members of WBOPPHO Equity team and the Chadwick Healthcare Equity team. In addition, the Chadwick Healthcare manager and director were present following the suggestion made at the previous hui.

We also gathered valuable feedback from this hui; however, we found it much harder to stay on topic and manage conversations given the amount of people present.

## Survey

A survey was sent out to 3,000 patients by email on Tuesday 2 February 2020, with a request that people respond within a three-week period. We received 687 responses: 32% male and 76% female. A limitation of this survey was that we didn't ask patients to disclose their ethnicity; therefore, we were unable to differentiate the responses.

We asked an opening question about the general perception that patients had of our services. Responses included:

'I feel the practice considers Maori tikanga' [a Māori concept incorporating practices and values from Māori knowledge]

'Holistic care of the individual should be increased.'

'The value of non-Doctor based healthcare & natural options should be considered more.'

'My cultural values are considered the status quo in most NZ circumstances. I would like to see kaupapa Māori (collective vision, aspiration and purpose of Māori) values more evident across the board, including use of Māori language for regularly used phrases (e.g. appointment, health).'

'I believe that my healthcare provider is already considerate of the many cultures in our community.'

'I am treated as a person and not just another person who brings in funding.'

This was followed by more specific questions. We asked whether they felt their cultural values were considered. The results were:

Always	35%
Sometimes	4%
Rarely	2%
Never	1%
N/A	45%
Unanswered	13%

We also asked patients to rate the importance of each pillar of Te Whare Tapa Whā (a Māori health model developed by Mason Durie (1994)) on a scale of 1 to 10. This included Taha Wairua – spirituality, Taha Tinana – physical health, Taha Hinengaro – mental health, Taha Whānau – family. We also asked patients to rate the importance of Whenua (connection to land, roots and culture). The results were as follows.

How important is...	Average rating
Tinana (physical health)	8/10
Wairuatanga (spiritual connection)	8/10
Hinengaro (mental wellbeing)	9/10
Whānau (family)	9/10
Whenua (connection to land, roots, culture)	7/10

## Understand

Most of the feedback we received indicated that we needed to create an environment that was more culturally aware and inviting, and it highlighted the importance of whanaungatanga, which can be described as a close connection between people or kinship.

One specific question in the survey asked: **What cultural values, concepts, beliefs or considerations would you like your health care provider to understand?**

This question resulted in a lot of discussion and agreement on suggestions for improvement. Responses included:

‘Patients would like to have the difference in culture acknowledged from the moment they enter the surgery, especially from the front reception staff.’

‘Using “Kia ora” as a greeting both in person and on the answerphone. Kia ora is used as a general greeting within New Zealand, however significantly it includes wishing a person good health which is very fitting in this context.’

‘Music is important to us; if there was music in the waiting room it would feel calmer.’

‘Including more than one space on our online enrolment forms for patients to record their iwi affiliations [Māori community or tribe that people belong to]. Most Māori identify with more than one iwi and didn’t like the thought of having to choose a single one.’

‘Having Māori artwork in the waiting room to create a more culturally welcoming environment.’

## Improve

From the feedback received, we have worked to increase staff awareness and understanding of Māori culture, values and tikanga through regular intranet updates, including information on pronunciation, unconscious bias, and the background on significant days such as Matariki (which signals the Māori New Year and is a time of renewal and celebration) and Waitangi Day (which commemorates the signing of the Treaty of Waitangi, the nation’s founding document).

We heard from the survey that patients would like our team to acknowledge Māori culture more. Together as a team we enabled staff to participate in the online culture and equity learning modules available to increase cultural awareness.

We have also undertaken activities such as labelling items throughout the practice in te reo (Māori language). We created fun learning, including a bingo challenge where activities included visiting a pā site (Māori village or defensive settlement) to learn about its history. Staff also committed to learn five new words in te reo. Staff participation was good and the activities proved popular, especially with the reception team.

Interest has been expressed by 10 staff who have committed to a year-long te reo course.

We have also implemented the following changes:

- A beautiful piece of Māori artwork was chosen by our owner and hung in the waiting room at our largest clinic (Figure 1). We are looking into sourcing more pieces for our smaller clinics. Patients have since commented that they are so amazed by the art put on the wall.
- Our answerphone greeting has been changed to 'Kia ora' and staff have been encouraged to use this greeting more often.
- Our online enrolment forms have been updated to include three spaces for iwi, which was a point specifically identified within the feedback. It also aligns with the three spaces available on our practice management system.

Figure 1: Māori artwork positioned in the waiting room



## Measure

Table 1: Comparison of enrolments of Māori patients between September 2020 and April 2021

	Māori	Non-Māori	Total Māori and non-Māori	% Māori
Enrolled patients September 2020	1,328	11,331	12,659	11.7%
Enrolled patients April 2021	1,421	11,885	13,306	11.9%

	Māori enrolments	Non-Māori enrolments	Total new enrolments	% new Māori enrolments
New enrolments September 2020 to April 2021	93	554	647	16.8%

Since this project began, we have seen a greater increase in Māori enrolments than we have ever seen before. We know Māori have very strong relationships and that they appreciate organisations who make progress in focusing on their health needs and their cultural needs. We believe that the work of this project has influenced an increase in enrolments.

## Working as a co-design team

Working as a co-design team has provided us with the skills and tools to ensure that any changes we implement have been discussed and tested with members of our community and staff. We enjoyed hearing the feedback and navigating ways to address what was shown to be important to the patients.

We expected our thoughts about what needed to be improved (that we need to make changes to create a more inviting environment for Māori) would be different to the feedback from patients, but we found that there were many similarities. What was unexpected was a number of very specific suggestions from patients that we would not have thought of – for example, having more space to

add extra iwi on the enrolment form, and having music in the waiting room to make the environment feel calmer.

The difference in working as a co-design team was the fact that all parts of the process involved patients as part of the team, and that solutions came through both staff, patients and whānau rather than staff just assuming what would work.

## The project team

Name	Email	Organisation	Role
Laina Bolton	<a href="mailto:laina13@outlook.co.nz">laina13@outlook.co.nz</a>	Chadwick Healthcare	Nurse
Toni Hansen	<a href="mailto:toni1.hans@yahoo.co.nz">toni1.hans@yahoo.co.nz</a>	Chadwick Healthcare	Health Coach
Gabby Bookhorn	<a href="mailto:gabbywhitneyx@hotmail.com">gabbywhitneyx@hotmail.com</a>	Chadwick Healthcare	Primary Care Practice Assistant
Joe Rosser	<a href="mailto:joe@chadhealth.co.nz">joe@chadhealth.co.nz</a>	Chadwick Healthcare	Manager
Marshall Hollister-Jones	<a href="mailto:marshall@chadhealth.co.nz">marshall@chadhealth.co.nz</a>	Chadwick Healthcare	Director
Kiri Peita	<a href="mailto:kiri.peita@bopdhb.govt.nz">kiri.peita@bopdhb.govt.nz</a>	WBOPPHO	Equity Programme Lead
Michaela Kamo	<a href="mailto:michaela.kamo@bopdhb.govt.nz">michaela.kamo@bopdhb.govt.nz</a>	WBOPPHO	Equity Programme Support
Suzanne Board	<a href="mailto:suzanne@inospire.co.nz">suzanne@inospire.co.nz</a>	Inospire	Co-design Consultant

## Reference

Durie M. 1994. *Whaiaora: Māori health development*. Auckland: Oxford University Press.

Health Quality & Safety Commission. 2019. *He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa 2019 – he tirohanga ki te ōritenga hauora o te Māori | A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity*.

[https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Window\\_2019\\_web\\_final.pdf](https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Window_2019_web_final.pdf)