

CONFERENCE ABSTRACT

Identifying strategic opportunities for Māori community organisations to respond to pre-diabetes: Building a platform for integrated care to deliver change that matters to communities

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Background: Inequities between Māori and non-Māori are the most consistent and compelling health inequities in New Zealand. Māori are three times as likely as non-Māori to have type II diabetes and are more likely to develop complications. Despite a strong international evidence base for health interventions that improve health outcomes, there has been little progress made in the way of reducing health inequities in New Zealand. He Pikinga Waiora (HPW) is a core project within the Healthier Lives National Science Challenge research programme within New Zealand, which aims to integrate community-based participatory research, kaupapa Māori, systems thinking and implementation science to promote transformational improvements in health service delivery, with a focus on pre-diabetes.

Aims: In partnership with a Māori Development Organisation (MDO), this research aims to identify strategic opportunities to respond to pre-diabetes for the benefit of Māori.

Methods: Key relationships, partnerships, contracts, funding streams, services and organisational strengths and barriers were identified and analysed utilising case study methodology. A range of data sources were triangulated (Yin, 2003) including open-ended semi-structured interviews, observation, documents (vision, mission, values and strategic plan), archival records (contracts and funding reporting information), organisation structure charts and other sources that provide a clearer understanding or corroborate other data. These data will be compared with a pre-diabetes/diabetes systems map to identify opportunities for action.

Results: Case study data will be presented within the context of a wider systems map for the organisation to identify strategic opportunities that may be considered and applied by MDOs to provide a more effective, integrated response to pre-diabetes. A thematic analysis identified the following domains:

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Inter-sectoral integration between health and social services,

Leveraging organisational strengths and data to inform funding decisions and shift organisation-level performance,

Managing barriers and constraints, and mitigating business risks, to improve patient, whānau and health professional journeys in navigating the system and accessing services, and

Enhancing connections with wider public health services, promoting wellness and preventing other long term conditions and complications.

Conclusion: While most integrated care efforts represent a partnership, predominantly led by health services, further exploration of other strategies and models is needed to integrate community-based participatory research, kaupapa Māori, systems thinking and implementation science for improved outcomes.

Lessons learned and suggestions for further research: In many political agendas, integrated care remains synonymous with IT integration and other structural initiatives without paying adequate attention to the outcomes of integration - the patient, whānau and community experience being key. It is important that these aspects are also addressed in ongoing/future research.

Keywords: indigenous; pre-diabetes; community-based participatory research; systems thinking; implementation science
