



Healthy Eating Healthy Action
Oranga Kai – Oranga Pūmau

TARANAKI DISTRICT HEALTH BOARD


Oranga Kai Oranga Pūmau

Community Action Fund



Project Status Evaluation Report





**Oranga Kai – Oranga Pumau
Māori Community Action Project
Project Status Evaluation Report**

Whakatauki

Nāu te rourou, Nāku te rourou, ka ora ai te iwi

With your food basket and my food basket the people will thrive

Mihi

Pataka Kai, Hua Whenua, Hua Rakau
ko te Oranga Kai, Oranga Pumau, e whakakiki ai te pataka kai mai I nga
hua whenua, hua rakau kia ora ai nga whanau katoa

Healthy food from the land and forests together with healthy activities, will
sustain healthy whanau

Matua Ramon Tito, Kaumatua, TDHB

Acknowledgements

The Oranga Kai, Oranga Pumau Healthy Eating, Healthy Action Community Action Project Team, wish to extend their warmest thanks to those who gave their support to develop this report and to those who have contributed in some way over the years to the OKOP kaupapa.

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Abbreviations

ACC	Accident Compensation Corporation
ANA	Agencies for Nutrition Action
CAF	Community Action Fund
CAMH	Chief Advisor Māori Health
CAP	Community Action Project
CAPC	Community Action project coordinator
CFA	Crown Funding Agreement
CAP	Community Action Project
DAP	District Annual Plan
DHB	District Health Board
ECE	Early Childhood Education
EOI	Expression of Interest
HEHA	Healthy Eating – Healthy Action
HRC	Health Research Council
HTDM	Healthy Taranaki Development Manager
MAPs	Ministry Approved Plans
MoE	Ministry of Education
MRG	Māori Reference Group
OKOP	Oranga Kai Oranga Pumau
PA	Physical Activity
PHO	Primary Health Organisation
PHU	Public Health Unit
REOI	Request for Expression of Interest
SPARC	Sport and Recreation New Zealand
THMM	Te Hotu Manawa Māori
TPK	Te Puni Kōkiri

1 EXECUTIVE SUMMARY

1.1 Background

In November 2006 the Taranaki District Health Board initiated the Oranga Kai – Oranga Pumau (OKOP) Healthy Eating Healthy Action Community Action Project. The aim of the project is to develop and implement community action plans in consultation with Māori communities to support and strengthen community action around healthy environments that promote increased physical activity, improved nutrition and reduced obesity. Funding for the project was received through a Crown Funding Agreement (CFA) Variation with the Ministry of Health. This project forms part of the Oranga Kai, Oranga Pumau – Healthy Eating, Healthy Action programme in Taranaki.

1.2 Aims of the Project

Specifically the aims of the project were:

Goal One: Māori communities are actively involved and successful in influencing the availability of, accessibility to, and supporting the promotion of healthy food and physical activity in their communities.

Goal Two: Healthy food and physical activity opportunities are enabled through the implementation, in culturally appropriate ways, of projects funded by Community Action Fund grants.

Goal Three: To increase knowledge and skills in whanau/families and communities about improving nutrition, increasing physical activity and reducing obesity.

Goal Four: To contribute to and build on the objectives of Taranaki OKOP/HEHA Plan and develop linkages within the health sector.

1.3 Purpose of Report

In 2010 an evaluation of the project was undertaken. This report describes the findings from the evaluation in relation to projects and processes engaged during the period June 2007 to June 2010.

The evaluation was led by the Māori Health Team at the TDHB with the support of a Research Evaluator from the TDHB Public Health Unit (PHU) and the Healthy Taranaki Development Manager (HTDM). Methods included a review of evaluation reports of all the projects, funding and database analysis and interviews with key informants.

At the initial set up of this evaluation process it was not clear if future funding was available beyond 2010 for the Community Action Project. Therefore the evidence contained in this evaluation was limited to existing documents and key Taranaki DHB informants. Conducting external interviews may have raised expectations of the community that the fund was ongoing, which was unknown at the time of undertaking the evaluation.

1.4 Key Findings

There is evidence that the Community Action Project has been successful in meeting its objectives to:

- Consult with Māori communities to identify approaches to reduce obesity, improve nutrition and increase physical activity in Māori communities.
- Fund Māori communities to carry out community action projects/activities/ initiatives to reduce obesity, improve nutrition and increase physical activity.
- Contribute to and build on the objectives of the Taranaki District Oranga, Kai Oranga Pumau Plan⁴.

Funding Allocations

- The majority of the grants awarded were between \$670 and \$4,000.
- Of the \$471K Community Action Fund, \$293,350 was allocated to community projects as at June 2010
- 100% of the allocated grants went to 'high needs' groups
- Māori communities were the recipients of proportionately more grants. Other recipients were Pasifika communities
- "Training the trainers" made up 70% of all the Community Action Fund projects undertaken
- Marae, Iwi, Māori Health Providers and Haahi roopu were grant recipients
- Funding per population was fairly evenly distributed throughout the Taranaki region
- Funds were allocated to a Community Action Projects coordination role. This role supported communities to develop and implement projects and was clearly identified as a strength of the Community Action Project process.

1.5 Key Strengths and Weaknesses of the Project with Recommendations:

Goal One: Māori communities are actively involved and successful in influencing the availability of, accessibility to, and supporting the promotion of healthy food and physical activity in their communities.

The evaluation findings show that Māori were involved in all stages of the project, from management within the Māori Health Team, advisory groups which assessed funding applications (OKOP Steering Group, Māori Reference Group and later the Māori Focus Group), Māori Co-ordinator role to assist community groups in developing applications, and

⁴ Taranaki Oranga Kai Oranga Pumau Ministry Approved Plan (MAP 2) final 11 June 2008

the community groups which implemented the project. A strength of the project has been the 'by Māori for Māori' approach and the connections of Māori into Māori communities.

Nearly all (29 out of 32) of the grants were allocated to groups that benefitted Māori. Pacifica groups also benefitted from the fund though the capacity of the Māori Health team did not allow the same level of support in Pacifica communities.

Case studies show positive impacts were achieved through projects such as community gardens through which communities learnt about preparing, planting, maintaining and harvesting produce. Additional benefits were that the produce from the gardens was shared amongst the community, and the communities kept seedlings to sustain further planting.

A weakness identified in the first year of implementation was the duplication of effort at the Māori Reference Group and the OKOP Steering Group level with the same people involved on both groups. This issue was resolved by disestablishing the Māori Reference Group and instead convening smaller purpose-specific focus groups to assess applications to the fund against pre-determined criteria. This streamlined the application process and removed conflicts of interest that had arisen between reference group members and applicants to the fund. The change in approach supported the active promotion by members of the reference group, of community action projects in Māori communities throughout Taranaki.

Recommendations:

- That the 'by Māori, for Māori' approach is an effective way of overseeing and implementing projects to increase Māori communities active involvement and influence in promoting healthy food and physical activity in their communities.
- Established partnerships with Māori communities are an important enabler of Māori community involvement.

Goal Two: Healthy food and physical activity opportunities are enabled through the implementation, in culturally appropriate ways, of projects funded by Community Action Fund grants.

A total of 32 grants were approved. Of these about equal numbers of grants were awarded for nutrition as physical activity, with a high proportion of the projects receiving funding to initiate both. Grants were distributed throughout Taranaki while 63% of the funding was allocated to regional projects. Nearly all the groups funded carried out their activities in areas of high deprivation (NZdep2006 7-10). The grants funded a diverse range of projects, from establishing orchards or gardens, providing resources such as healthy eating charts and information, workshops such as train the trainer approaches, running of events and purchase of equipment such as sports equipment.

With 32 grants made to support a wide range of projects through a variety of settings e.g. marae, schools, sports clubs and sports codes, church groups and other special interest groups, the Community Action Fund has achieved its goal of enabling culturally appropriate approaches to increasing healthy food and physical activities in Māori communities.

A change in approach in Round three (of five rounds evaluated) moved from funding a number of smaller projects to seeking larger projects that through a coordination point, would benefit more people and more communities. Three projects have been funded for this approach however as they are in their infancy at the time of preparing this report, their effectiveness has yet to be assessed.

Recommendations:

- That the Community Action Fund continue to support small community projects as a means of enabling community initiatives to improve healthy eating, and increase physical activity.
- That the impact of the large Round Three projects be evaluated / assessed after, say, 12 months.

Goal Three: Increased knowledge and skills in whanau/families and communities about improving nutrition, increasing physical activity and reducing obesity.

Findings from the database show the projects funded were designed to increase the knowledge and skills of whanau around nutrition, physical activity and reducing obesity. The majority (70%) of the funds allocated were to 'train trainers', with the next most commonly funded projects being the establishment of orchards or gardens. Training trainers is recognised as an effective way of imparting knowledge to communities hence the encouragement of projects which used this approach. The evaluation did not include an assessment of the effectiveness of these approaches.

It is noted that in the early funding rounds one and two there was a greater number of grants for kitchen equipment. The criteria for funding were reviewed after the first two rounds and the focus shifted to encouraging projects that supported attitudinal shifts and

'action' orientated approaches such as training trainers, rather than the purchase of kitchen equipment. Note however that this evaluation does not assess the effectiveness of the different approaches taken.

In the first two rounds of funding the number, range and quality of applications received was not as great as those received in the subsequent rounds. Of note is that the Community Action Projects Coordination role was not in post until midway through the second round, therefore applicants and aspiring applicants did not receive the level of support that was available to subsequent applicants.

When the Community Action Projects Coordinator came on board the ability to support groups to prepare their applications, implement their projects and monitor progress was substantially lifted. The Coordinator role has been key to engaging with and supporting communities to increase the skills and knowledge of whanau with regard not only to healthy eating and healthy action, but also in terms of preparing applications, implementing and monitoring projects.

One of the key weaknesses was the lack of access to qualified professionals to assist in delivering the 'train the trainer' workshops. Whereas it was initially envisaged that having the wide range of stakeholder organisations on the steering group would 'open doors' to a range of expertise this in fact was not the case. Access to dieticians for example was problematic.

A further weakness is that it is unclear as to whether the fund met the requirement of 15-25% (around \$150,000) spend on workforce development. While an exact figure is not known, many of the projects particularly the 'train the trainers' projects incorporated community workforce development while a large part of the Co-ordinator's role was to provide on-the-job training to organisers and participants in the projects.

Recommendations:

- That the OKOP Steering Group consider undertaking an evaluation of the impacts of 'training trainers' and other funded community action approaches, on the communities in which they were undertaken;
- That the Community Action Projects Coordination role remain in place as an important support for communities attempting to change lifestyles;
- Strengthen the linkages with specialist providers such as the TDHB Public Health Unit, Te Hotu Manawa Māori, Sport Taranaki and others to provide specialist input to community action projects;
- That the Community Action Projects Coordinator Identify and quantify the allocation of resources to workforce development activity through 'train the trainer' projects, CAP Coordinator time and other CAF funded participation in training programmes.

Goal Four: To contribute to and build on the objectives of Taranaki OKOP/HEHA Plan and develop linkages within the health sector.

Overall information collected from the key informant interviews indicated that the OKOP/HEHA Steering Group was an excellent example of a successful inter-sectoral group working that both built and strengthened linkages within the health sector. However, towards the end of the three year funding period, Steering Group membership began to wane. This coincided with the withdrawal of the Nutrition Fund and was of concern to respondents.

Other concerns raised by respondents included a reduction in the representation from community members due to the change from the Māori Reference Group to the much smaller Māori Focus Groups, although the majority of the members of the Māori Reference Group still participated as members of the Steering Group.

There was a sense that the linkages between the Community Action Project and other groups such as the TDHB Public Health Unit could have been strengthened to ensure the opportunity for a collaborative high impact approach was not lost. This would have provided professional input, advice, and information to enhance delivery.

Community groups reported that while implementing the projects they had developed linkages with other organisations such as Sport Taranaki, Kiwi Sport, Balance Me and the TDHB Public Health Unit. The Co-ordinator played a key role in linking community groups with appropriate organisations and also advocated strongly on behalf of the community which at times was challenging to these organisations. The Senior Advisor, Service Development (TDHB Maori Health unit) played a pivotal role in nurturing these relationships to support the ability of community groups to tap into their services.

Recommendations:

- That the OKOP/HEHA Steering Group be retained and strengthened to provide on-going impetus to the project. The Steering Group should ideally have 50% Māori/Pacific representation reflecting the priority focus of the Community Action Fund;
- Continue to develop relationships between the Community Action Fund and groups that offer specialist expertise such as TDHB Public Health Unit, Sport Taranaki, District Councils Community Development departments, Cancer Society and others that have an important perspective and expertise to contribute to planning and implementation of community action projects.

Other Outcomes

The findings also show a number of unintended, but positive outcomes. These include raising the skill levels of applicants in using computers and completing application forms and evaluations. This has led to many of the groups going on to be successful in attracting other funding outside of the TDHB.

The Co-ordinator was also able to 'feed back' a number of issues and concerns to the TDHB on behalf of the applicants that were outside of the project, but were impacting on the health and wellbeing of that community. Māori communities were also able to inform the development of new resources to support planning.

The employment of a Co-ordinator increased the number of groups which were able to apply to the fund as the role was a key facilitator of the funding process, development, implementation and evaluation of projects. This had the significant impact of reducing the under-spend that had occurred in the early stages of the project and also had a profound impact on the ability of communities to respond to the invitation to submit applications and implement projects.

A key weakness identified was the contracting process for the larger grants. While respondents acknowledged the contracts were a new fund and followed a new process for all involved, the time taken between inviting the successful applicant to enter contract discussions, to full sign-off of the contracts was inordinately long, in one case almost 12 months elapsed although some of the delay was attributable to the applicant's ability to respond.

Findings from the key informant interviews highlighted the need to conduct an external evaluation of the impacts of CAF projects in communities and effectiveness of models for doing this. Recent research conducted on the OKOP fund programme highlighted the need to take a Kaupapa Māori research approach to evaluation of the project to ensure a Māori lens is applied.

Recommendations:

- Note the importance of supporting community groups with applications and implementation of projects to build capacity;
- Note and endorse the flexible nature of engaging with community groups and acting on 'other' issues for the benefit of whanau and communities;
- Reaffirm the Community Action Projects Coordination role;
- Note that TDHB has streamlined the contracting process to improve timeliness. Future contracts will follow this process;
- Consider undertaking a kaupapa Māori-based process and outcomes evaluation and that the OKOP project allocate a portion of its funding to have this done.

2. BACKGROUND

2.1 Importance of Nutrition, Physical Activity and Obesity for Māori

Sedentary lifestyles, poor nutrition and obesity are a growing international phenomenon. They are major and increasing causes of preventable disease, (i.e. obesity) disability and death in New Zealand (Minister of Health 2002). Rates of obesity are not spread evenly across the population, resulting in inequalities in health outcomes. The highest rates of obesity are experienced by Māori and Pacific peoples. Addressing obesity through improving nutrition intake and physical activity levels represents an important opportunity for reducing health inequalities.

2.2 National Policy Context

In 2002 the Ministry of Health released “He Korowai Oranga – Māori Health Strategy”. In this document the Minister of Health and the Associate Minister confirm the Government’s intent to promote whanau ora; Māori families supported to achieve their maximum health and wellbeing.

Just over \$7 million of the Cancer Control Action Plan funding package was realigned to implement the HEHA implementation Plan in 2005–2006. The Crown Funding Agreement (CFA) was developed to release some of this funding to DHB’s .

2.3 Local Policy Context

Improving Māori health to reduce inequalities in Taranaki is an identified priority for the TDHB in its District Strategic Plan 2005–2015, successive District Annual Plans since 2005, the Māori Health and Reducing Inequalities Plan 2006–2009, Public Health Strategic Plan, Te Kawau Maro Māori Health Strategy 2000–2029, HEHA Plans MAP 1,2 ,3 and also HEHA Programme Structure in Taranaki.

3. Background Context

ORANGA KAI – ORANGA PUMAU MĀORI COMMUNITY ACTION PROJECT IN TARANAKI

The Community Action Project was established to meet the needs of Māori residing in Taranaki. Māori and Pacific communities, groups or organisations, for example Marae, Hapu, Iwi, Kura, Kohanga, Sport Clubs, Church Groups as well as other community groups that support Māori or Pasifika people were eligible to apply for the fund.

Iwi and Hapu

The total Taranaki Māori population is 15,798 which represents nearly 16% of the total Taranaki population. The age profile is comparatively young with more than 50% of the Māori population being under the age of 24.

Māori who whakapapa to Taranaki iwi account for 57 percent of Māori living in Taranaki, around 9,000 people, while almost 43 percent whakapapa to iwi outside of Taranaki. Around three quarters of Taranaki uri live outside of the Taranaki region.

Marae

There are 42 Marae in the region. The majority of Marae are in the southern part of the region across four iwi areas -Taranaki, Ngaruahine, Ngati Ruanui and Ngaa Rauru. The Map following demonstrates the geographical spread of Iwi Boundaries

Kura Kaupapa and Te Kohanga Reo

There are 4 Kura Kaupapa Māori and 16 Kohanga Reo in Taranaki with a majority of Te Kohanga Reo based in South Taranaki.

General

The map attached as Appendix one shows the location of iwi and Marae in Taranaki. This was developed to show areas of importance in planning appropriate interventions for Māori Communities.

3.3 Chronology of the Community Action Project in Taranaki

2005	First 2004/2005 CFA
2007	Healthy Taranaki Development Manager appointed OKOP/HEHA Steering Group established
2008	CAP Māori Reference Group (MRG) established Second 2007/08/09 CFA MOU between P& F & MH signed MAP 1 & 2 complete Grants rounds 1,2, held Project co-ordinator appointed Project manager appointed
2009	Project Management Plan endorsed Involvement and Engagement Plan endorsed Workforce Development component focus MAP 3 REOI released Māori focus groups engaged Grants round 3,4,5
2010	EOIs funded Evaluation completed MAP4 Whanau Ora Principles drafted

3.4 Establishment of Project Steering Group to Project Focus Groups

The CFA service description outlines that the Community Action Project develop projects that are;

- Led and driven by Māori communities
- Sustainable, co-ordinated and monitored
- Build on strengths of existing Māori Services and networks
- Consistent with the DHB's Māori Health Action Plan
- Consistent with MAP (1,2,3,4)

- Consistent with the Ministry's HEHA implementation Plan
- Developed with a view to contributing to the achievement of whanau ora outcomes.

Linking with the requirements of the CFA, in February 2008 Toi Ora Healthy Lifestyles hosted a hui at Oakura Marae at which strong community interest in OKOP was expressed. Participants at that hui were invited to contribute to an MRG forum which at that point consisted of the Māori membership of TDHB's OKOP Steering Group. Hence the Māori Reference Group would be replaced by Māori focus groups to stop duplication.

3.5 Memorandum of Understanding

The Crown Funding Agreement (CFA) required joint accountability for the project from the General Manager Māori Health equivalent position and the District HEHA Project Manager. In response to this a Memorandum of Understanding between Planning, Funding and Population Health and the Māori Health team for the Community Action Fund (CAF) was signed in September 2008. This MOU articulates the accountabilities of TDHB. Management of the Fund was transferred to the Chief Advisor Māori Health (CAMH) with support to meet goals from the Healthy Taranaki Development Manager in recognition of the fund's focus on improving Māori community action, to reduce obesity.

3.6 Funding Available

The Ministry of Health funded TDHB annually \$157,000 with \$471,000 in total. To date (June 2010) \$293,350.88 of funding has been allocated to local community projects.

3.7 Approach to Grant Funding

Grant Rounds One and Two were treated as pilot rounds with the expectation that changes would be required and that a review would need to occur. Round One was advertised and processed prior to the Community Action Projects Coordinator coming on board therefore there was no additional support available for applicants or the application process. Round Two was advertised prior to the appointment of the Community Action Projects Coordinator however the Coordinator came on board soon after advertising and took responsibility for processing the applications received.

Round Three saw the release of regional funding through the Request for Expression of Interest process with Rounds Four and Five utilising focus groups.

The first round of CAP funding occurred from June to August 2008. As previously mentioned, after the second round of funding a review was undertaken. Data was gathered to allow an assessment of funding allocation, project types and implementation.

This identified that focus needed to be on Community Action and the need to stream line processes.

After the first and second rounds of funding a review was conducted on the Community Action Project in June 2009. Changes to the way the fund was administered were adopted by way of endorsement from the OKOP Steering Group on 4 August 2009⁵. It was decided that there would be three funding streams available for Māori communities to apply to. The review resulted in a revised project plan which redefined several components of the Community Action Project. These included:

- Clearer definition of stakeholder roles and responsibilities including advisory and operational functions
- A community engagement plan to maximise engagement of the reach into Māori communities region-wide
- Greater clarity with regard to support of nutrition and breastfeeding projects of OKOP⁶
- Revised models for supporting and dispersing the Community Action Fund
- Three funding pools to allocate funds from:
 - the first of those being a pool of \$70,000 for projects of up to \$5,000
 - the second was for a funding of \$180,000 for up to three large projects
 - the third funding pool of \$10,000 was established for small one off assistance funding
- All projects funded were required to demonstrate a quantifiable workforce development component

3.8 Criteria for Funding

The MRG panel which had 13 representatives from many organisations started as a Māori Caucus from the OKOP Steering Group so members were on both panels. In the initial stages this group provided advice, set criteria, supported with the development of the information and application packs, promoted fund availability to communities and provided guidance during the recruitment and employment of the Community Action Project Co-ordinator.

During the MRG hui it was noted that while members were supporting projects in the community they were also assessing them as members of the MRG and as members of the OKOP Steering Group. After the review and to stop the duplication and any conflicts of interest concerns, this group was disestablished in favour of Māori focus groups where members were drawn from the community due to their expertise and ability to inform the operation team.

⁵OKOP/ HEHA Steering Group minutes Tuesday 4th August 2009

⁶ Taranaki DHB 2009: Community Action Project Review

Meetings were held on a monthly basis to assess funding applications and provide feedback which was submitted in a written report to the OKOP Steering Group. The OKOP Steering Group would then make their recommendations for the application. These recommendations were considered by the Chief Advisor Māori Health (CAMH) before approving or declining an application. REOI applications exceeded the delegations of the CAMH and therefore required the approval of the CEO to proceed to contracts on the recommendation of the OKOP Steering Group and CAMH.

A flow chart is provided that outlines the current process for applications received. (Refer Appendix two.)

3.9 Engagement Planning

The initial success of this project needed to ensure that communities were well informed while building community capacity to have input into their own health and wellbeing. Because of this, a formal Involvement and Engagement Plan was also endorsed on 4 August 2009. This ensured that the Community Action Project Co-ordinator (CAPC) would identify and work with priority groups to assist them to identify nutrition and physical activity projects, develop project plans, complete application forms, implement projects and complete evaluation reports.

3.10 Project Co-ordinator and Manager Roles

The Community Action Project Co-ordinator was employed in October 2009 with the Senior Advisor Service Development employed a month later.

The Community Action Project Co-ordinator's role is to work with Māori communities, provide information, promote the fund, assist communities to identify their needs, collate all of the applications received, support effective mechanisms for assessment, build community capacity and support the process to deliver the outcomes agreed in the CFA.

The Senior Advisor Service Development manages the project and supports the CAPC, reports to the CAMH along with developing and completing Project, Involvement and Engagement Plans, reports on progress to the OKOP Steering Group through written reports and hui attendance, contributes to the overall OKOP/HEHA activity and to Ministry of Health reports.

3.11 Approach to Workforce Development

In order to meet the requirements of the CFA to spend 15–25%, a workforce development component was included in the revised application and as part of the

application process the groups were required to state how they expected to build capacity.

During 2009 Māori Community groups and especially those that had applied for funding were encouraged to attend workshops and engage with expert trainers from outside of the district. Examples of these workshops were Ki o Rahi - Traditional Māori Games and the ANA. Promoters of these workshops were encouraged to consider travel costs for participants and provide travel vouchers for volunteers travelling from a distance. Communities were linked to other local agencies as required and introduced to support staff which broadened their knowledge for future wellbeing needs.

3.12 Other Research

Findings from National evaluation of HEHA programmes in Māori and Pacific Communities in Aotearoa

Recent findings:

A recent evaluation of healthy eating and physical activity programs in Māori and Pacific communities by Hinkle, 2010⁷, identified that;

- Māori and Pacific nutrition and physical activity workforce levels need to increase
- Māori and Pacific youth and adolescents' should be more engaged in programmes
- Community Action Projects are too heavily focused on individual behaviour
- Physical activity programming (especially on Māori projects) focuses too heavily on competitive sports and games


The research also highlights the need to:

- Allocate funding to support community organisations so that they can attend coordination and strategy development meetings
- “Just Implement it!” Resist the urge to conduct more studies: instead work on the challenges involved in implementing quality, culturally relevant health eating and physical activity programmes in Māori and Pacific communities that suffer disproportionately from health inequalities.

Kaupapa Māori Approach:

This excerpt was taken from the HEHA Strategy Interim report:

Evaluation of the HEHA Strategy thus requires a Māori lens that can examine how Māori-specific and mainstream initiatives have involved Māori and improved Māori health outcomes. Drawing on He Korowai Oranga: the Māori Health Strategy, as well as on Mason Durie's Te Pae Mahutonga,(23)Hua Oranga, (24)and He Taura Tieke(25), a set of seven



evaluation principles have been identified, through which the Māori objectives of HEHA can be considered in a comprehensive and culturally aligned manner. The key principles are: Māori Development; Māori Autonomy; Māori Delivery; Māori Leadership; Māori Integration; Māori Environmental Perspectives; Māori Responsiveness.

⁷Nationally recognised research prepared by Arnell J Hinkle 2010 had input from Taranaki recipients of the CAF. This research titled Examining Healthy Eating and Physical Activity programmes in Māori and Pasifika communities in Aotearoa. Publisher Fullbright New Zealand.

4. EVALUATION AIMS and OBJECTIVES

4.1 Aim

To assess the effectiveness of the CAF in meeting its Service Specification requirements.

4.2 Objectives

This aim is supported by the following objectives:

- To collect information on the number of grants rounds held, number of applications received, number of grants awarded and the total value of grants
- To investigate the geographic spread/reach of the grants within the region
- To investigate the proportion of grants allocated to Māori projects
- To investigate the range of different project types and their outcomes in their communities
- To investigate whether the project was delivered as planned or were changes made
- To investigate the project acceptability with key stakeholders
- To identify and summarise strengths and weaknesses with the project and to make recommendations to inform further implementation of the project

4.3 Timeframe – Period Covered

This evaluation is for the June 2007–June 2010 timeframe. At the time of the evaluation no extra information was collected from stakeholders as the fund was expected to be discontinued and it was considered that this may raise expectations that further funding will be available in the future. Since this time we have become aware of continued funding that will allow the project to continue until 2012.

4.4 Methodology

This evaluation uses a multi-method approach. Strong emphasis has been given to existing information as the CAPC has gathered action research data over the years and each project group on completion have provided an overall project evaluation report.

Methodological tools can be broadly categorised into three parts:

a) Secondary Analysis of Project Database

- Secondary analysis of the administrative database to assess geographical spread, proportion of grants for Māori, types of project and value of projects
- Total number of applications received and number and summary of reasons for declining applications
- Summary of all evaluation reports that have been submitted by grant applicants
- Summary of all project documentation, including MoH audit

Demographic data and information relating to funding and project types for grants awarded during Rounds 1–5.

This evaluation was carried out as a desk-top exercise. Information was obtained from the information database and evaluations received at the completion of each funded project. This resulted in the following samples:

- Approved Sports Clubs/Community Group Applications (n= 15)
- Approved Kohanga/schools/ECE (n= 03)
- Approved Māori Health/Iwi Providers/Trusts (n= 05)
- Marae (n= 09)
- Total (n= 32)

b) Document Review

Use of information gathered for the June 2009 review of the project to assess project acceptability with key stakeholders. This included:

- Notes taken from the planning meeting of the Māori Reference Group held in December 2008
- Interview feedback received from the Ministry of Health audit 2009 with information shared by the CAP Operational team, members of the HEHA Steering Group and Community Project Leaders
- Summary of Community Action Evaluation Reports

c) Key Informant Interviews

Key informant interviews with project staff to assess if the programme was delivered as planned, strengths and weakness and lessons learnt. This was an analysis of their perception. A limited number of key informants were interviewed August 2010 on goals achieved, grant funding processes, projects and outcomes was undertaken.

d) Limitations of this Methodology

Data Analysis

Information analysed were recipients' of Community Action Funding

Document Review

This involved analysing Project evaluation reports that were submitted by those communities that were recipients' of the Community Action fund and that had successfully completed their project. It also considered existing information received during a visit from MOH from a limited number of informants.

Key Informant interviews

While the interviewer was from outside of the project and was considered neutral, interviews were held with staff intimately involved in the project.

General

The owner and main authors of this report are those TDHB staff who were responsible for the establishment, co-ordination or oversight of the Community Action Fund. Some of the recommendations have been included due to the literature however this was not a systematic approach and could not include all information.

5. ANALYSIS OF COMMUNITY ACTION FUND DATA (Against Stated Objectives Secondary Analysis of Grant Rounds to June 2010)

The findings are based on information on approved grants as at the beginning of June 2010. The overall findings show that:

a) Number of Grants

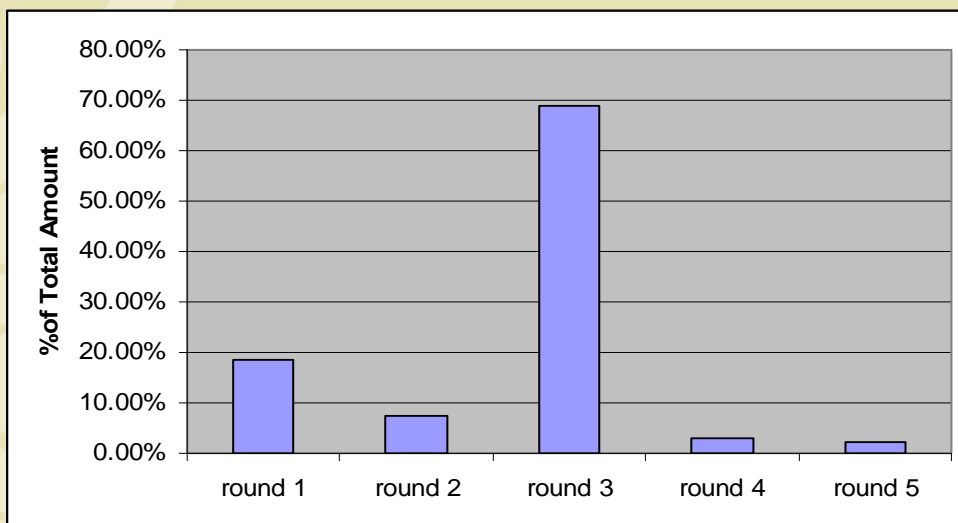
A total of 32 grants were awarded totalling \$293,350.88.

b) Amount of Grants

The median amount was \$3,862.50. The smallest grant being \$670 and the largest grant being \$90,000.

When analysed by the percentage of the total amount available, larger grants were allocated in Round Three. As shown below Round Three had the greatest range of \$79,076.00. This was due to the three projects from the Request for Expression of Interest being allocated at this stage along with the smaller project funds.

Graph One: Mean Amount of Grant by Round



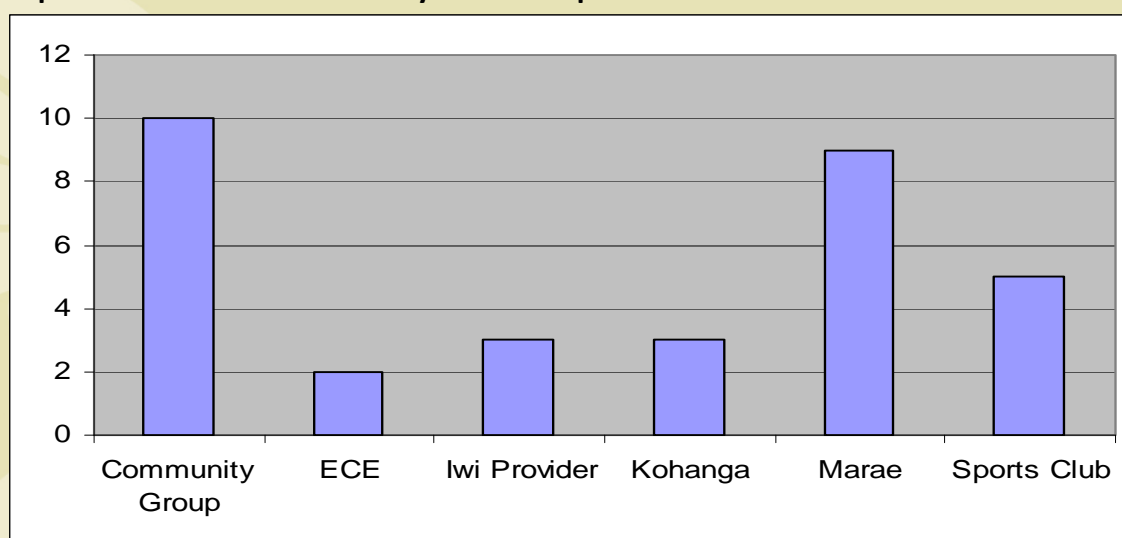
c) Recipients of Grants

- Nearly all (29 out of 32) of the grants were allocated to groups who benefited Māori. Of these groups 17 reported to work with 'Māori only' and the remaining 12 stated they worked with 'Māori and Others'.
- The remaining three groups worked with Pasifika people. In the early stages a small percentage of Pasifika people in Taranaki accessed funding and three Community Church Groups providing service for Pasifika people were funded to provide workshops, sports days and gardens.

- All (32 out of 32) of the allocated grants went to 'high needs' groups. This was defined from the PHU 7-10 deprivation scale as supplied by the research evaluator.

The findings show that a wide variety of groups were successful in receiving funding from the Community Action Fund. Overall, Community Groups and Marae made up the majority (19 out of 32) of grant recipients

Graph Two: Number of Grants by Grant Recipients

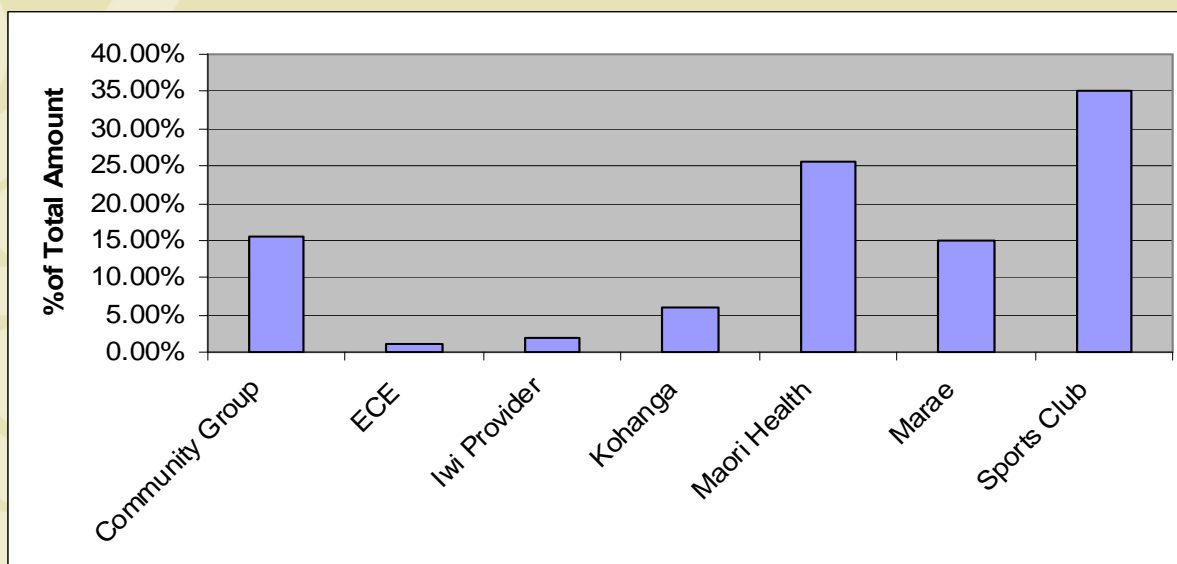


When analysed by the total amount received, Māori Health groups and Sport Clubs received the largest amount of funding, due to a few larger funding grants. Community groups and Marae, while having the highest number of grants approved, tended to receive smaller amounts.

a) Te Kohanga Reo Support/ECE

- While funding from the Community Action Fund to Te Kohanga Reo and Early Childhood Centres appears minimal, many of these communities were informed of the Nutrition Fund by the Senior Advisor Service Development who utilised networks within these groups to encourage appointments for face to face hui.
- The CAPC and the Nutrition Fund Co-ordinator met with these groups to empower them to identify their projects and submit applications to the nutrition fund.
- Four Kura Kaupapa and 13 Kohanga Reo received nutrition funding.
- Some of the Nutrition Fund recipients along with the few that have been funded through the Community Action Fund are currently being supported by the CAPC to finish their projects and complete their evaluation reports.

Graph Three: Percentage of Funding by Group



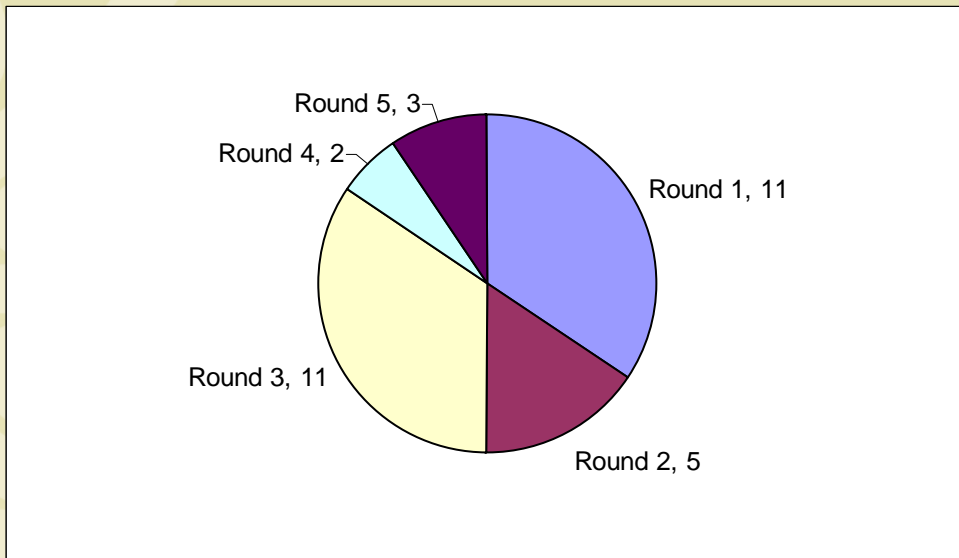
a) Uptake of Grants

- As at June 2010, two of the projects under \$10,000 were still in the implementation stages. Some projects required extensions and others were unable to access their allocated funds with delays due to group capacity.
- 24 out of 32 of the groups had completed their projects with evaluations, three had withdrawn their projects due to lack of capacity and three larger projects from the Expression of Interest process were in various stages.
- Since June all smaller projects have been completed and the three larger ones have had contracts signed and are now in implementation stages.

b) Number of Approved Grants by Round

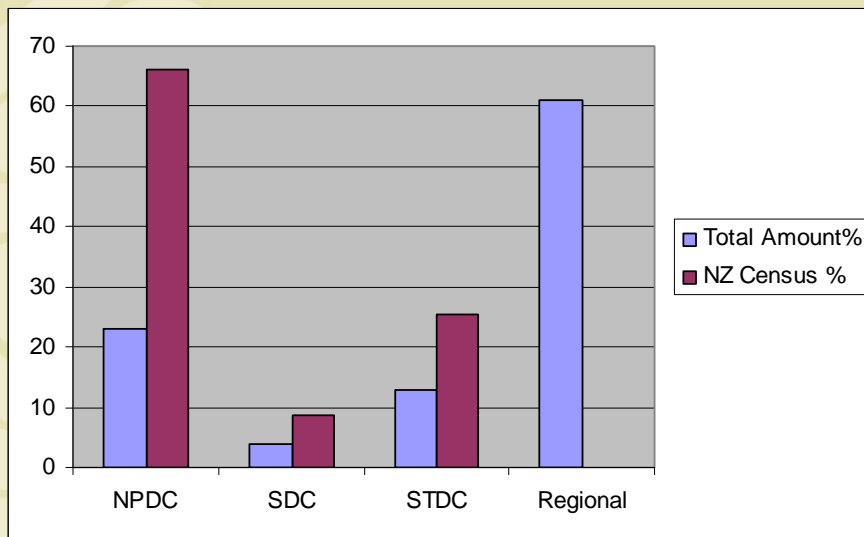
- The majority (22 out of 32) of grants were approved in Rounds One and Three.
- Round Five, the last round for evaluation in this report, saw recommendations endorsed at an OKOP/HEHA Steering Group hui held on 30 May 2010.

Graph Four: Number of Approved Grants by Round



5.1 Geography

Graph Five : The Percentage of Total Funds Allocated Across the Region



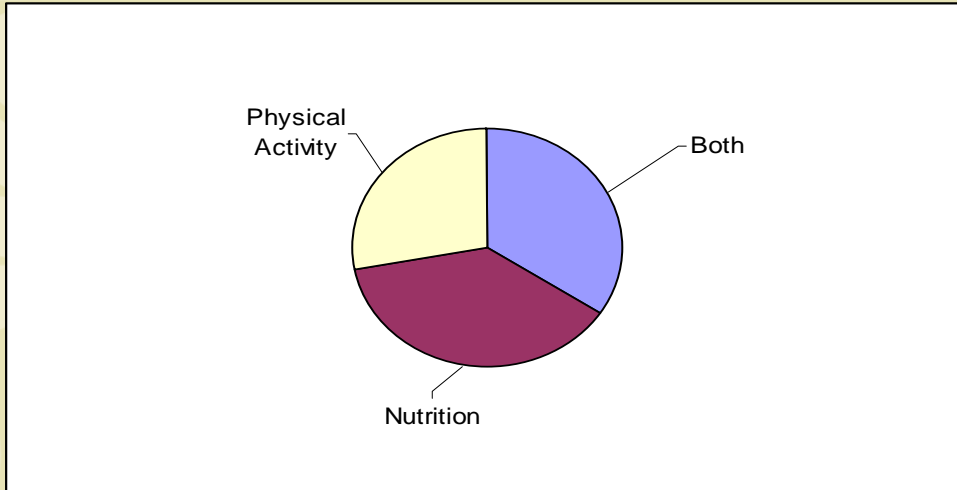
Source: NZ Census 2006

These findings show that 63% of funding was allocated to projects that have regional reach. With 23% to the New Plymouth District Council area and other areas receiving 14% of the funds.

5.2 Project Type

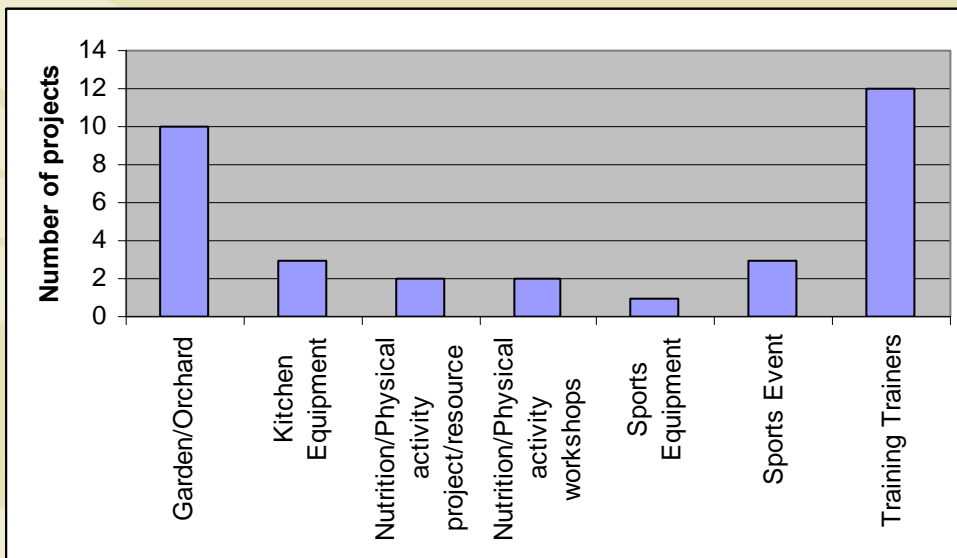
The findings show that about an equal number of the grants were awarded for nutrition as physical activity, with a high proportion of projects receiving funding to initiate both.

Graph Six: Number of Grants Allocated by Project Type



When analysed by the total amount spent, slightly more money was allocated to physical activity projects than nutrition projects with the same amount being allocated to both.

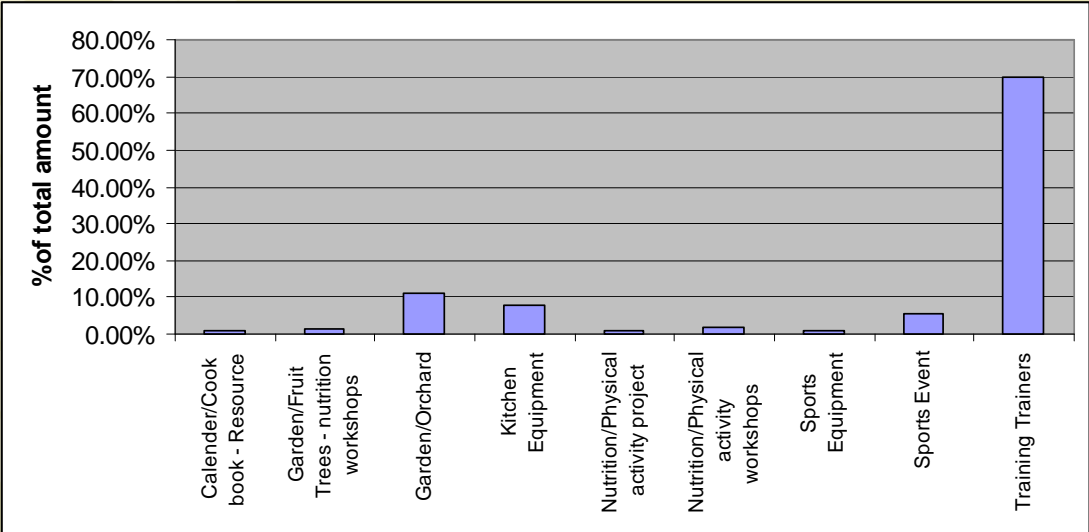
Graph Seven: Number of Grants by Individual Project Types



When the type of projects were analysed by percentage of total amount, 70% of the fund was allocated to 'training the trainer' projects. This again was due to the fact that two of the

Expressions of Interest were clearly focused on training trainers. As highlighted in both graphs 7 and 8.

Graph Eight: Percentage of Total Amount by Individual Project Type



A summary of all successful applicants to the Community Action Project 2007-2010 is attached. (Refer Appendix three.)

6. DOCUMENT REVIEW

Summary of Evaluation

All groups /individuals who received money from the CAF were asked to complete a simple evaluation template, (Refer Appendix four).

While only 8 participants completed the evaluation template, the rest of the groups provided their own evaluation report as per their contract. This provided evidence of outputs and outcomes but made it difficult for analysis of all projects for this evaluation.

From the 8 questionnaires received many themes were identified such as access to resources or fruit and vegetables, eg food security and CAPC. There was also community awareness built around HEHA, community links were developed and behavioural change ongoing with education or workshops and health plans developed.

Recommendation:

Provide all recipients' of the CAF standard evaluation forms and encourage use by providing evaluation training

Case Studies:

Below are some examples of case studies of different projects collected from their evaluations.

6.1 Goal One: Māori communities are actively involved and successful in influencing the availability of, accessibility to, and supporting the promotion of healthy food and physical activity in their communities.

Of the 32 projects approved 10 were for garden or orchard projects. Once these were developed community groups had easy access to fruit and vegetables. Many of those that participated in the project gained knowledge on how to grow vegetables for themselves and utilised this knowledge with their whanau. Feedback from end of project evaluation reports suggested that some groups were able to share their produce and provide for other members of the community offering those with high needs a valuable food supply during the recession. Community gardens also encouraged groups that would not usually work together to combine resources supporting each other to ensure positive outcomes.



Another project in a decile two school enabled the purchase of equipment to provide each class with a new resource. This allowed students to “experience new physical activity programmes, encourage more participation and improve self motivation in a positive and supportive environment”.



The majority of the applicants mentioned that during the implementation stage of their project they gained improved access to information around healthy food choices and physical activity. This enabled them to think about how and what they were cooking , the food they were eating and the importance of doing more exercise. Some examples of this was the Kapahaka workshop held in Hawera, attendance at the Taranaki Tu Mai event and Samoan HEHA workshop.

“I have seen a change in attitude especially with our parents now that they are aware of the health implications from not exercising and eating well.”

Mataiva Robertson Project Co-ordinator, Samoan Methodist Church



The findings also indicated that some of the more successful projects were able to advocate for more support from other community groups and agencies. For example they were able to create partnerships with District Councils, Businesses, Social Services and Sports groups. These groups also spoke about links with healthy homes, security people, education providers, and other local Māori support networks.

6.2 Goal Two: Healthy food and physical activity opportunities are enabled through the implementation, in culturally appropriate ways, of project funded by Community Action Fund grants.

The findings indicated that 32 Māori and Community groups were successful in accessing funding to influence their Communities actions towards healthy eating and to improve physical activity.

While many applicants were encouraged to submit applications by members of the MRG, in the initial stages they found that once funding was received those that had only one person driving the project lacked the capacity to complete and required support during all stages.

The Māori for Māori approach and the face-to-face hui with the CAPC strengthened their motivation to continue to completion and to evaluate their projects.

6.3 Goal Three: Increased knowledge and skills in whanau/families and communities about improving nutrition, increasing physical activity and reducing obesity.

Increased community support as a result of the fund provided groups with links into other services that allowed support as required. These offered supply of resources, training opportunities and information. Links were provided to the Nutrition Fund, Balance Me, Kiwi

Sport, Sport Taranaki, the Public Health Unit, ANA conference, and the Traditional Māori Games workshop.

Links to training workshops offered some community groups the opportunity to become up skilled in the areas of improving nutrition, increasing physical activity. According to the database, those that participated enjoyed the opportunity to be part of these events and the knowledge gained was shared with their whanau and their communities.

The feedback acknowledged the link with the CAPC and how some communities were informed about the fund and upcoming training while gaining support during the development, implementation and reporting stages of their project.

6.4 Goal Four: To contribute to and build on the objectives of Taranaki OKOP/HEHA Plan and develop linkages within the health sector.

Community Action Fund database, noted, in particular the 'issues' area and that the project has contributed to reducing other areas of concern for groups. While most of these issues/concerns sat outside the scope of the CAP but within the Whanau ora model these were identified and actioned to enhance the wellbeing of the group.

Those that identified problems with certain areas of their wellbeing were supported either through advocacy or guidance from the CAPC on how to get the best outcomes.

Communities also appreciated the links to other supportive agencies such as Sport Taranaki, District Councils and Māori Health Providers when required.

Existing Information Received from MOH Feedback

Below is a summary of the feedback received by TDHB from the MOH interviews with Operational, Steering and Māori Reference Group representatives and with some Community Project Co-ordinators.

On 21 July 2009, the Ministry of Health (MoH) requested an interview with key respondents that have been involved with the “Taranaki Community Action Project” over the three previous rounds.

Table 4: Respondents Roles within the Community Action Project


Role	Number of Respondents (n=9)
Interviewers MoH x 3	
TWPK Māori Advisory Group	3
Community Recipients	2
Operational Team	2
TDHB Management	2

The purpose of these interviews was to provide the MoH with an overview of:

- Internal and external management/ infrastructures
- Implementation and engagement, process, procedure internal and external pathways frameworks
- Social and community well-being and their outcomes achieved
- Gaps and resources available for support
- Networks and stakeholder buy-in
- Issues and barriers

Below is a summary of those findings:

- The TDHB’s process for implementing the Community Action Project is consistent with the CFA.
- The decision making processes are Māori led and driven. Led and driven by the Māori Health Unit staff (Māori Community Action Project Co-ordinator, Senior Advisor Service Development and General Manager Māori Health,) and the Māori Reference Group.
- Rounds one and two were evaluated and round three implemented changes.
- Awareness of where communities are at and while the passion is there for the initiatives they may not have the capacity to implement , working within their boundaries is required.

- 
- Whanau ora lends itself to taking a view of health from a broader view, they are not limiting the scope of a project to one aspect. So the linkages can easily be made with primary care and the target areas.
 - Future funding round applications include a workforce development aspect. This may vary from increasing knowledge and skills through to developing leaders and an evaluation process is being set up with indicators to measure progress and success

From this feedback suggestions have been included in the process and applications.

7. KEY INFORMANT INTERVIEWS

Summary of Key Informant Interviews

A total of three key informant interviews were conducted with four staff from the DHB who were responsible for the establishment, co-ordination or oversight of the Community Action Fund. The interviews were conducted between 17–20 August 2010. The views expressed are only from a DHB perspective and do not represent the views of those community groups that were involved in the Community Action Fund as applicants or recipients. One out of the three interviews was conducted with two respondents who had previously received evaluation information, and the remaining two interviews were conducted with single respondents.

Keeping in mind the goals of the Community Action Project, as listed previously, questions asked of participants included:

- **Do you think the project goals and objectives have been achieved?**
- **Were there any changes made to the original plan of how the programme would be organised and delivered?**
- **Were there any differences in the level and types of resources planned with those actually used?**
- **Do you think the way the fund has been organised is meeting the needs of the community?**
- **What do you think are the strengths of the way the fund has been organised?**
- **What do you think are some of the weakness of the way the fund has been organised?**
- **What have been some of the outcomes?**
- **What lessons were learnt?**
- **Do you have an additional comments?**

Answers to these questions are included below;

Do you think the project goals and objectives have been achieved?

Overall, half (two out of four) of the staff interviewed felt the goals and objectives had been achieved while the remaining two respondents felt that the project goals and objectives had only been partly achieved and further work was required.

Goal One: Māori communities are actively involved and successful in influencing the availability of, accessibility to, and supporting the promotion of healthy food and physical activity in their communities.

All respondents felt having a dedicated fund had enabled more engagement on the issues of nutrition and physical activity. Three respondents felt the Project co-ordinator role had increased the number of community groups that were able to apply for the grants. Two respondent felt this goal had been achieved, while the remaining two respondents felt there 'was longer to go' to meet this goal. Of these respondents, one explained that the overall vision of addressing the wider issues of the Māori community around nutrition and physical activity was still to be reviewed. This respondent felt that those communities, or people that had participated in the projects, certainly have a better understanding of these, but added that considerably more support to drive sustainable behavioural change would be required. What had been achieved was an understanding of these issues from a project or individual community perspective.

Goal Two: Healthy food and physical activity opportunities are enabled through the implementation, in culturally appropriate ways, of project funded by Community Action Fund grants.

All respondents felt this goal had been achieved. Three out of four of the respondents felt the strength of the project had been 'by Māori for Māori'. The remaining respondent commented on the time taken to reach a common understanding of what was meant by 'culturally appropriate' and 'community action'. The respondent stated that the definition of these terms were questioned in the first few rounds, but then people 'moved on'.

Goal Three: Increased knowledge and skills in whanau/families and communities about improving nutrition, increasing physical activity and reducing obesity.

There was a mixed response from respondents regarding whether or not they had felt this goal had been meet. Two respondents felt it had, another respondent felt one would expect this to be the case given the aims of the CAF and that many people had participated in the projects, but the evaluation would give us a better idea as to whether this had actually been the case. A further respondent felt it had been met to some extent, but not completely. One respondent commented that although each grant contained a workforce development

aspect there was no over-arching strategy to build skills in the Māori community to the extent that it had been hoped for. The respondent further commented that although skills had been developed at an individual project level, there still remained a skill gap in the health workforce. It is noted that other skills individuals developed included being able to understand and write a funding application, using computers and conducting evaluation of projects.

Goal Four: To contribute to and build on the objectives of Taranaki OKOP/HEHA Plan and develop linkages within the health sector.

The majority (three out of four) of the respondents felt this goal had been achieved. The remaining respondent felt this goal had been achieved 'to some extent'. One respondent commented on the success of the OKOP/HEHA Steering Group as a good example of an intersectoral working group. The respondent felt that the OKOP/HEHA Steering Group itself had formed intersectoral linkages. Another respondent felt the Community Action Fund had been a 'DHB lead' project rather than lead by external partners like the wider OKOP/HEHA Steering Group. The respondent had the perception that the access to other agencies or areas were sometimes limited by the capacity of those to deliver the services or the knowledge of the community.

Were there any changes made to the original plan of how the programme would be organised and delivered?

Overall there were a number of key changes to the way the fund was administered that resulted after a review of the first two rounds. The key changes were moving from a Māori Reference Group (MRG) to a smaller panel or focus group, the employment of the Project Co-ordinator, and including the larger Expression of Interest (EOIs) as a way to increase the value of individual grants.

Disestablishment of the Māori Reference Group

All respondents noted the change regarding moving from a Māori Reference Group comprising of 13 people down to the Māori Focus Group or panel of four people to assess the applications. Two respondents also proposed that the Māori Focus Group would also be disestablished in favour of an operational group of two people, but noted that this had not yet been agreed upon. Three respondents felt moving towards a smaller panel had a positive impact on the fund due to increasing the speed that applications were processed and being able to select panel members who had knowledge of those communities who were applying and good community development expertise. The key reason given for the disestablishment of the Māori Reference Group was the issue of duplication, i.e. the same members were also on the OKOP/HEHA Steering Group and the resulting conflict of interests with members applying, accessing and endorsing applications. The remaining

respondent felt moving to the smaller panel approach, while necessary, had decreased the inclusion of stakeholders in the project.

Employment of the Project Co-ordinator

Three respondents noted the employment of a Project Co-ordinator after the first two rounds as a major change to the project. Overall this was seen as having a positive impact on the project regarding assisting community groups to apply and developing forms and processes.

Inclusion of the larger EOI grants

Three respondents mentioned the change in the way the funding pool was distributed. The EOI grants were introduced in the third round of funding as a way to allow regional coverage. It was felt this would have a positive impact on the project as it would improve the reach of the programme.

One respondent also mentioned that in the first two rounds Pasifika groups were also invited to apply for funding. This will continue as decided by MRG that this fund can support Pasifika communities but it will be unable to provide the same support through the CAPC.

Were there any differences in the level and types of resources planned with those actually used?

All respondents commented on the amount of 'under-spend' in the first few years of the fund. Three respondents felt the under-spend was due to a lack of capacity. The respondents also commented that the project was 'a year behind' and 'no money was spent in the first year'. All respondents agreed that the fund had now caught up and the 'under-spend' was no longer a problem. Three respondents mentioned the role of the Project Co-ordinator in assisting communities to make applications, and therefore 'up the spend'.

Do you think the way the fund has been organised is meeting the needs of the community?

All respondents were hesitant to state that the way the fund had been organised had met the needs of the community. Two respondents qualified their answer explaining that with the employment of the Project Co-ordinator the fund was now accessible to a wider range of community groups, rather than other those who had the capacity. The other two respondents felt the way the fund was organised was meeting the needs of the community to 'some extent, but could do it better'. One respondent suggested having more grants that organised activities across the region. Another respondent suggested conducting a Needs Assessment so there would be a clearer idea of the need of the wider community. One

respondent also suggested increasing the number of key informant interviews conducted in the evaluation to gather the view of external stakeholders.

What do you think are the strengths of the way the fund has been organised?

The most commonly (three out of four) mentioned strengths of the fund included the fund being 'Māori led' or 'By Māori for Māori', the role of the Project Co-ordinator and the operational team. The Project Co-ordinator had assisted community groups to apply for the funding and therefore build capacity within the community. A further three respondents also mentioned the expertise of the Healthy Taranaki Development Manager who had assisted with developing processes to manage the fund.

Other strengths included:

- DHB is a regional body so no North/South split (two respondents). It was noted that some Iwi providers or community providers have geographical limitations and this could have impacted on the funding
- Having an open application process – can apply at anytime (one respondent)
- Having a diverse Steering Group [OKOP/HEHA Steering Group] (one respondent)

What do you think are some of the weakness of the way the fund has been organised?

All respondents agreed that the contracting process for funds over \$10,000 had been problematic and needed improvement. While acknowledging it was a new process for all involved, the time taken between the application being received and when the organisation got the funding was very long. All commented that the contracting process itself seemed very long and difficult with 'a lot of hoops to jump through'.

Other weakness included:

- Lack of input from those who had Nutrition and Physical Activity expertise (two respondents). One respondent commented this was a problem for the assessment of the applications and another respondent commented that expert assistance to help run education sessions with community groups was not available.
- Lack of representation from external stakeholders, e.g Focus groups were limited and ad-hoc (one respondent). The respondents further commented that this had led to a very 'DHB lead fund'.

What have been some of the outcomes?

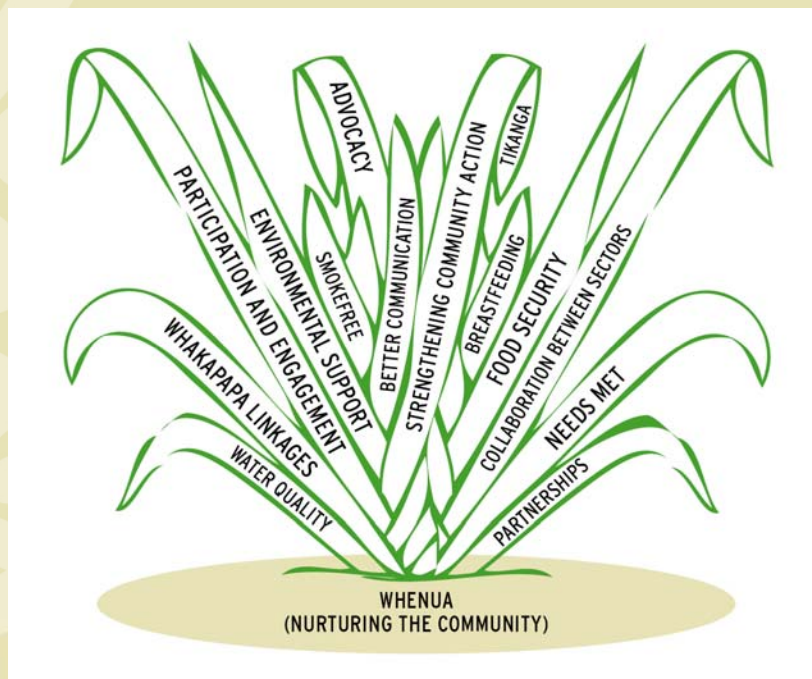
Only two respondents who had been able to read the project evaluations were able to answer this question fully. Of the two remaining respondents, one respondent assumed that the funding had led to a raised awareness of the importance of nutrition and physical

activity and improvement in practice, and the other respondent stated they 'did not know'. However, knowing how the project had been run this respondent would assume we had achieved what we set out to do but would expect that the evaluation report would inform us at its completion.

One general theme to emerge, mentioned by three respondents, was that the fund had led to better linkages between organisations and community groups. It had also given the communities the ability to do things they would have not have done without the funding, e.g. to have sporting equipment to engage in new sporting activities.

One respondent answered this question by drawing a picture, the picture shows Harakeke that emphasised the main outcomes of the fund and other unexpected outcomes. See below;

The following diagram below depicts links and strengths of some projects. It shows a Harakeke diagram that represents our example of the growth from a small amount of putea and support at the beginning, building capacity and providing links to other members of the community ensuring involvement and engagement across all sectors.



Other unintended outcomes included:

- Development of an up-to-date map showing Iwi and Marae throughout Taranaki (two respondents), (Appendix One).
- Ability to deal with other concerns raised by community groups, by passing on to relevant individuals in the DHB or other organisations (2 respondents).
- Community linkages with other organisations as shown in the Harakeke diagram as shown above.

What lessons were learnt?

All respondents commented that lessons had been learnt regarding the contracting process for grants over \$10,000.

Other lessons included:

- Community groups need to work together – if projects are reliant on just one person they are likely to ‘fall over’ (two respondents)
- Need to move to regional-wide projects to improve reach (one respondent). In first two rounds there was too much emphasis on equipment rather than community action

Do you have an additional comments?

All respondents acknowledged that although there had been challenges there was a desire to see the project succeed, and that there had been a reasonable level of success.

One respondent expressed that they felt the OKOP/HEHA Steering Group were now ‘dropping off’ and this could be due to the closing of the Nutrition Fund. This comment suggests the need to re-vitalise the Steering Group or seek other options of managing the fund.

One respondent also commented about the DHB’s compartmentalisation of ‘issues’ into for example community action, nutrition, breastfeeding and so on is an approach at odds with the Māori view of life. Given that the OKOP/HEHA strategy is targeted to Māori communities, match that against the relative achievements of the Nutrition fund and the CAF in Māori communities, then it is clear where the greatest traction has been made in and for Māori communities. Taking this to its natural conclusion, there is a case for the Māori Health Team to manage the whole OKOP/HEHA strategy as happens in other DHB’s.

8. Discussion

Goal One: Māori communities are actively involved and successful in influencing the availability of, accessibility to, and supporting the promotion of healthy food and physical activity in their communities.

- The Māori Health Team through the Community Action Project engaged with Sport Taranaki, the District Councils and the Healthy Taranaki Development Manager to contribute and support the development of the Ministry Approved Plans for HEHA and other strategic plans.
- They have also contributed and participated in the Breastfeeding Whangai U Network and have co-ordinated hui to upgrade the food served to breastfeeding mothers in the Hawera hospital.
- Communities building their own capacity and then in turn advocating for others.
- Community leadership roles and ongoing commitment to further education.

Goal Two: Healthy food and physical activity opportunities are enabled through the implementation, in culturally appropriate ways, of project funded by Community Action Fund grants.

- Internal and external assessment timelines and processing pathways were developed, reviewed, streamlined and refined during the 2007 -2010.
- The Letter of Agreement enabling TDHB to contract with the Māori communities for grants under \$10,000 worked effectively.
- The Expression of Interest pathway requires more work to streamline processes however, the assessment timelines and processing pathways for both grants should be considered.
- Support ongoing to assist communities with forms and evaluation reports

Goal Three: Increased knowledge and skills in whanau/families and communities about improving nutrition, increasing physical activity and reducing obesity.

Knowledge and Awareness

- The fund has raised awareness of health food choices and being more active. This is reflected in the training the trainer's workshops. The Community Action Fund has had a positive influence on the education and knowledge gained from applicants.
- Marae based projects appreciated the funding for food preparation equipment to improve the quality of food served and safety for the Marae kitchen staff.
- Since completing their Community Action Project, 50% of grant recipients had reviewed their nutrition and physical activity environments.

- By supporting one major Iwi sporting event where over 900 people participated the increased physical activity was evident.
- The allocation of funding to three region wide projects has seen major support given to train the trainer projects in nutrition, education and physical activity. These three projects alone will have an impact on reducing obesity in Māori communities.
- Attendance at Māori nutrition and physical activity training such as the 'Ki o Rahi Māori Games' and 'Agencies for Nutrition Action' supported to promote the Oranga Kai Oranga Pumau (OKOP) messages concisely and consistently within each setting.
- Workforce opportunities through the application process allowed smaller communities to identify innovative opportunities to grow capacity.
- Face-to-face hui to support the development of projects was effective.
- More culturally appropriate learning sessions and resources to support sustained behaviour change required.

Goal Four: To contribute to and build on the objectives of Taranaki OKOP/HEHA Plan and develop linkages within the health sector.

- Extensive collaboration with internal staff throughout the TDHB and in other organisations provided strong links to communities and other professionals that have supported the kaupapa.
- The Māori Health Unit, MRG and members of the OKOP Steering Group links into the community supported communication and offered members of the community many opportunities to engage in the project.
- Other projects, people and departments that strengthened the delivery of the CAP were the Nutrition Fund Assessment Group, Health Promotion Unit, Māori Caucus, Fruit in Schools Program, Breastfeeding, Sport Taranaki, Te Puni Kokiri etc...

9. RECOMMENDATIONS

Generally, the Community Action Fund has been an effective tool in its contribution to improving nutrition, increasing physical activity to reduce diabetes for Māori and lower socio-economic communities in Taranaki. Based on the findings of this evaluation, recommendations for the TDHB are to:

Goal 1

- That the 'by Māori, for Māori' approach is an effective way of overseeing and implementing projects to increase Māori communities active involvement and influence in promoting healthy food and physical activity in their communities.
- Established partnerships with Māori communities are an important enabler of Māori Community Involvement.

Goal 2

- That the Community Action Fund continue to support small community projects as a means of enabling community initiatives to improve healthy eating, and increase physical activity.
- That the impact of the large Round Three projects be evaluated / assessed after, 12 - 24months

Goal 3

- That an evaluation be developed to assess the effectiveness of the 'training trainers' and other approaches of funded CAF projects;
- That the Community Action Projects Coordination role remain in place as an important support for communities attempting to change lifestyles;
- Strengthen the linkages with the TDHB Public Health Unit, Te Hotu Manawa Māori and other relevant teams to provide specialist input to community action projects.
- Clarify and quantify the allocation of resources to workforce development activity through 'train the trainer' projects, CAP Coordinator time and other CAF funded participation in other training programmes.

Goal 4

- That the OKOP/HEHA Steering Group be retained and strengthened to provide on-going impetus to the project. The Steering Group should have at least 30% Māori/Pacific representation reflecting the priority focus of the Community Action Fund;
- Maintain relationships with Sport Taranaki, District Councils and TDHB Public Health Unit to contribute to planning and work alongside kaimahi for positive outcomes

Other Recommendations'

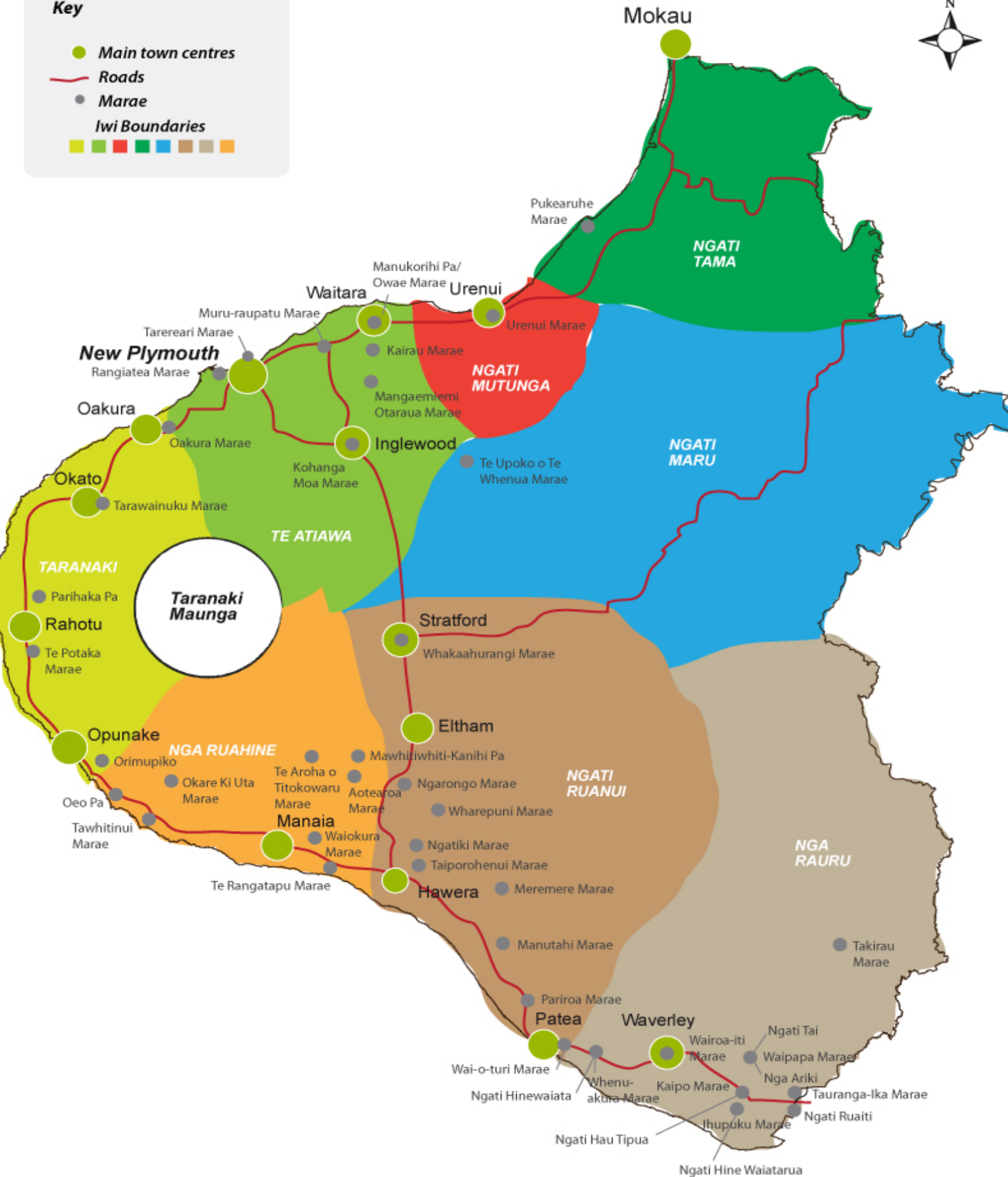
- Agree in principle that a kaupapa Māori-based process and outcomes evaluation be commissioned and that if funding from other sources is unavailable, that OKOP allocate a portion of its funding to the conduct of the evaluation;
- Note the importance of supporting community groups with applications and implementation of projects to build capacity;
- Note and endorse the flexible nature of engaging with community groups and acting on 'other' issues for the benefit of whanau and communities;
- Note that TDHB has streamlined the contracting process to improve timeliness of the contracting process. Future contracts will follow this process.

Taranaki Marae Mapi

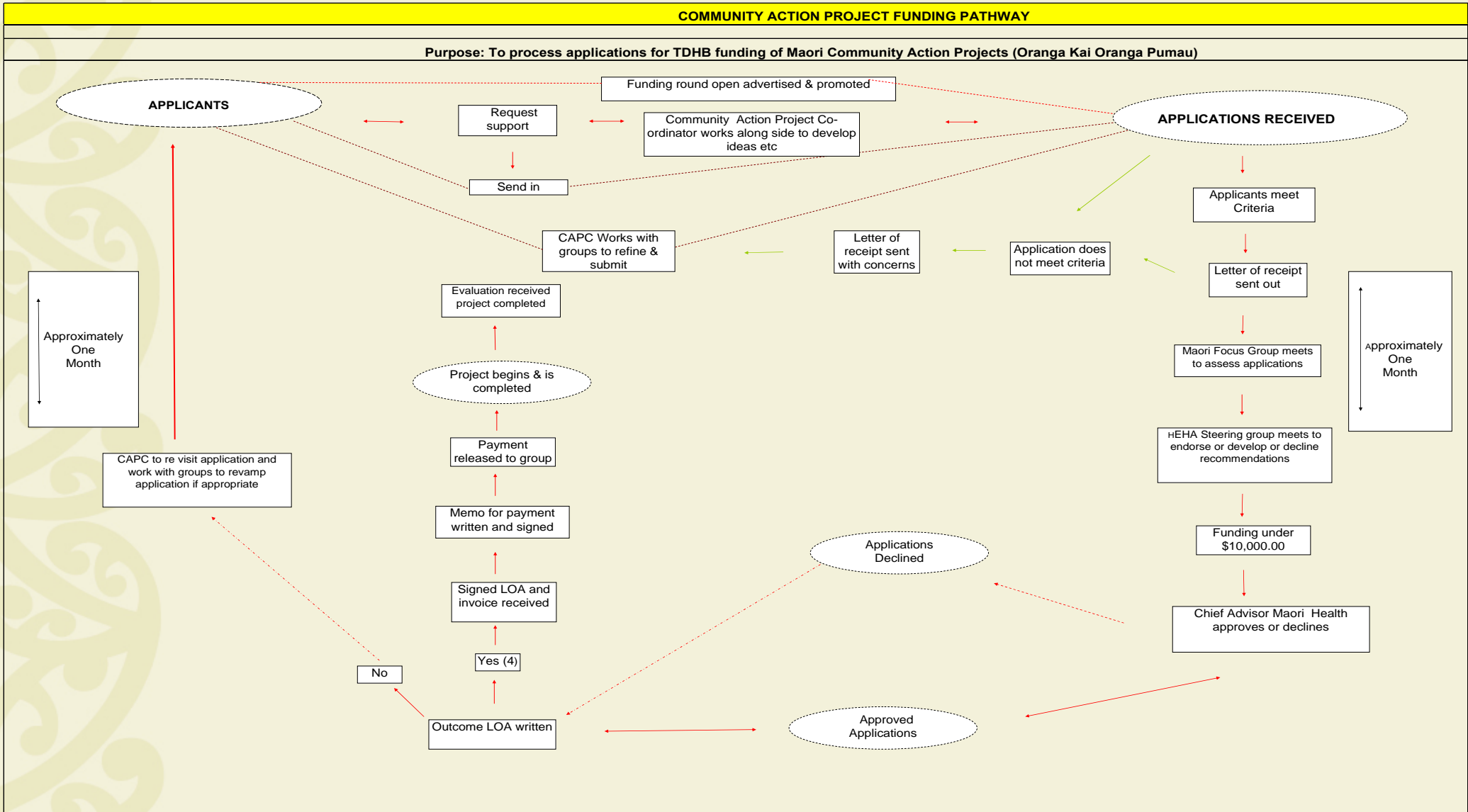
Appendix One: MAP of Taranaki

Key

- Main town centres
- Roads
- Marae
- Iwi Boundaries



Appendix Two: Application Process Flow Chart



Appendix Three: Summary of Successful CAP Applicants

	Community Group	Project	Project Type
1	Ngâ Ruahine Iwi Health Services	Recipe /Calendar	Nutrition/physical activity project resource
2	Te Pae Pae Projects Trust	Cooking equipment	Kitchen equipment
3	Manukorihi Pa Trust (Owae Marae)	Electric combi-steam oven	Kitchen equipment
4	Mururaupatu Marae	Marae garden/orchard	Garden orchard
5	Ramanui School	Sports activity resources	Sports equipment
6	Mururaupatu Marae	Chest freezer	Kitchen equipment
7	Taiporohenui Marae	Marae orchard & garden	Garden/orchard
8	Marfell Combined Community Trust	Community garden	Garden/orchard
9	City of Refuge A.O.G Church	2-day cultural sports event	Sports event
10	Otaikokako Waka Ama Club	Waka Ama training coaches	Training Trainers
11	Toroanui	Marae orchard	Garden/orchard
12	Samoan Methodist Church	Healthy lifestyle workshop	Training Trainers
13	Taranaki Ruby League Incorporation	Smokefree JETS Programme	Training Trainers
14	Parihaka x Trust	Marae orchard	Garden/orchard
15	Taranaki Pacific Service Trust	Raised garden beds	Garden/orchard
16	Whakaahurangi Marae	Mau Rakau Wananga	Training Trainers
17	He Toro Kahawai	Region wide swimming programme	Training Trainers
18	Back2Back Fitness Professionals	HE REAL Workshop/Mentoring Programme	Training Trainers
19	Te Niho o Te Atiawa	Cooking classes/garden	Nutrition/garden orchard
20	Come-Uni-Care	Community garden	Orchard/garden
21	Waves Youth Health Service	Nutrition Workshops	Training Trainers

			Nutrition/physical activity resources
22	Te Rangiora o Te Kohanga Reo	Kohanga/Community garden	Orchard/garden
23	Taranaki Tu Mai	Ra Hakinakina - Iwi sports (event)	Sports event
24	The Hanger Charitable Trust	Teen Mum's Lounge	Nutrition workshop
25	Te Kopea Piripono	Regional wide swimming lessons	REOI Training Trainers
26	Manaaki Oranga	Balance me Programme	REOI Training trainers
27	Taranaki Rugby League	Community Development Programme	REOI Training Trainers
28	Aotea Netball	Māori National Netball Wellness Program	Training Trainers
29	Patea Youth Trust	Zumba/cooking workshops	Training Trainers
30	Ngamotu Kindergarten	Community Sports Awareness Day	Sports event
31	Tahupotiki Māori Club	Kapa Haka Wananga	Training Trainers
32	Whakaahurangi Marae	Community garden	Orchard/garden

Appendix Four: Evaluation Questionnaire Template

Evaluation Form Community Action Fund

Ref:

Applicant:

Project Coordinator

Project Description:

Amount

When the project is completed please complete the questions below and in return it in the self addressed envelope provided.

1. Explain how the Community Action Fund has improved the health or physical wellbeing of your community.

Comments:

2. What information has been provided as ongoing education of the project around Oranga Kai Oranga Pumau

Comments:

3. Do you require any resource materials to display promoting healthy eating and exercise at the Marae.

Comments:

4. Please provide evidence (photos, receipts, hui minutes) to show that your project is complete.

Along with the evidence of project completion we would like to receive a small one page report on the changes that have been made since the funding has been received and any future plans.

Thank you

