

# Manaaki Hauora-Supporting Wellness

## Learning Session 2

### Wednesday 24 June 2015

**Collaborative Name:** Changing  
people's expectations through social  
marketing

# Organisational “Buy in”

**Aim:** to raise the expectation of people so that they are no longer relatively passive recipients of health care, but understand that they can and should be engaged, proactive participants in their health care decisions – motivated and informed.

**Buy In:** Co-design workshops and audience research with a range of stakeholders including clinicians, and local people with lived experience of LTCs

# Measures Summary

Briefly describe what you are measuring and how and why? Include Dashboard

# Change Ideas - Themes

*I used to put everyone before myself, but...I realised that if something is wrong with me who is going to look after my mother?*

*Love yourself first, and then you can help your neighbour*

*It was my decision to start making changes, my choice*

*No one else will come and rearrange my pantry for me, I have to do that*

## Putting myself first...is hard to do

*My sugar levels got really high again, and my doctor said we really want you to go to hospital, and I said I just can't I'm too busy, I don't have time. And he said well, if you don't start managing, you'll have time to do nothing.*

*I remember my wife doing that with our son, setting short term goals for him to achieve, and I thought, I'll try that.*

*I draw on my knowledge as a teacher, to reframe how I think about food*

## Drawing on existing strengths

*In our Indian community, we use a lot oils and spices, lots of meat, instead of vegetables, I'm trying to teach how to cook differently, less oils and spices...*

*I drew on my resources, what I knew as a health professional*

## Me, it starts with me

*It starts with you, if you can't take the first step, no one can do it for you*

*People would say that they would come to exercise with me, but they'd come once, and that was it. I learnt from that...only person who is responsible for this is me...me.*

*My crafts helped me to keep active and take my mind off things*

*Never think about the pain in my body, like to keep on doing my exercise, I am still strong to keep on doing these things*

## Active mind and body

*Being active is an opportunity to gather positive things*

*Working on an exercise programme to keep my mind occupied. And I actually set a goal to lose some extra weight.*

*Keeping myself active helps with stress management, keeps me busy...*

# Change Ideas - Themes

*I organised my medication so I can see it all, and so it's easier to manage.*

*I keep my [food] do's and don'ts on the fridge.*

*I get lots of complaints about the healthy food at our community events....But I say aunty we are doing this because we want you to be around longer, because we love you, it's not going to happen overnight aunty but this is better for us.*

*Each day I set myself a goal and each day I slowly decreased the size of my meals*

*My action plan for me was to eat fruit. That's a start. And I do actually do that now. And walking. And I've kept it, and now it flows into my life, that's my wellness for now, it's a step*

*I didn't have any motivation to do exercise, so I thought, I'll start with food. Exercise just wasn't me at that time... I wasn't ready. I was still 180 something kg, people were saying hey, you need to get out there and do some exercise... but I thought nah, I'll start with food first.*

## Changing the environment

*I am a sweet man, I like my sugar, but we don't have butter or sugar in the house now. We decided to stop getting it in the shopping.*

*For me its about preparing meals for the day. The right meals and snacks. I can't eat out, it makes me sick. I have to prepare.*

*Previously I would have just bought food, now I pack them a lunch, apples, museli bars...*

*My motivation was that I have to tell the class...And then I was sort of like - oo I like it.*

*I found the support from other people in the group really helpful for me.*

*It starts off being a have to do, and then it becomes a want to do.*

*After I'd started losing weight...then that motivated me to go and do some exercise.*

## What keeps me going

*Take some things that I can do that are good, and be an example for the mokopuna.*

*Once my family could see the changes, then the support started to come.*

*The doctor and my nurse are my best friends. I love them to bits. They're a part of my life. They're there at all times for you.*

*When there are cigarettes left...He looks at me, surprised, and says, 'You're doing well, Mum. I'm proud of you.'*



## Small steps, find my own thing

*I even started a food diary... I thought, don't bullshit myself....be honest....someone had told me about it and I thought oh jeez, who'd want to do that... but I thought oh, just try it, just try it....*

*I walk my grandson to school.*

*It is a journey, but don't set such a big goal that you can't achieve it, it's small steps.*

*I made a list for myself that I carry around, small things, a poem, a walk, cultivating silence.*

*I learned how to ask questions of doctors when I went to hospital with my husband when he was dying. Otherwise we're blind to what's happening.*

*I know they [my community] need this, but they couldn't because of barriers like language. So I am doing a [support] group in our language.*

*I say [to my staff], we're going to do a graph around your unwellness and your diabetes, I talk to them about what they're eating, about their bouts of gout.*

*I ask the doctors questions so that I know and I can teach my own.*

## Learning and Sharing

*The dietician gave me a lot of information [pamphlets], but nothing for me to actually look at... I liked how the hospital had the menu laid out..so I asked for a photocopy of the menu, and I did it like that.*

*Not everyone knows what to do, I had to make up my own way...trial and error of different foods*

*I've been a diabetic for years, I never knew I needed a container for my needles...*

# Change Ideas - Themes

*My kids were the only thing that kept me going.*

*I forced myself to do it. Sometimes you have to put yourself into a situation you don't want to be in to get somewhere. I learnt that. I never used to be like that.*

*I have one thing. I get up every day.*

*I just...get out of bed. It's just getting my feet on the floor and getting out of bed.*

*Who was going to look after my grandkids, and my kids. Who will look after them if nanny gets sick?*

*I found exercise really hard, I didn't want to get out of bed early...by it's my kids, motivation for my kids, just have to push myself...*

*I wake up and I play Beyoncé.*

*I wake up and I think about my two beautiful children, and that's what keeps me going.*

## Even when it's really tough

*I'll be honest, I hated it, I hated dieting I was grumpy...I tried everything to keep my mind off it, anything...I had to force myself.*

*I got up again at 6am...hopped on the treadmill, did I want to? No? But, I have a focus for my grandkids...*

*Gods presence and that for me is extremely motivating, I pray every morning.*

*For me it is thinking positive, erase the negative thoughts.*

*I was quite embarrassed to first find out that I might have depression, because in my mind there was a stigma attached to people who had this condition...but now I realise that it is similar to any other long term condition.*

*Educating my family has been really hard.*

*I was a bit shy at first...I didn't want to take my top off at the pool, but there were guys bigger than me in there...*

*Expectations from family, how sick are you, how long will it take to get better?*

## What can make it harder

*Expectations and comments from staff that "I should know better" as a health professional (were really damaging).*

*For me it is money, I'd love to walk around that park - but I can't get there. So I walk around here instead.*

*If we start children from aged one, feeding them the food that gives them long term conditions and then tell them at 16 when they are obese to start jogging ?? I mean really?....*

## One day at a time

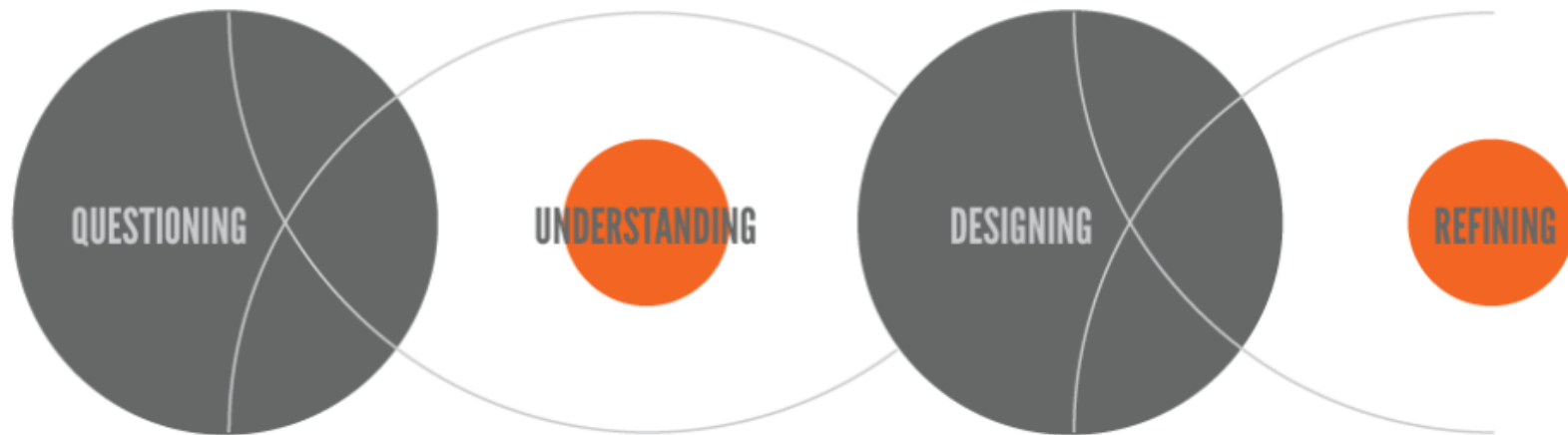
*What sets me for the day is prayer. I ask for strength for whatever the day brings. To get through uninvited negative thoughts.*

*The past is the past...Do what you can do today...*

*I start the day with meditation.*

*I sing - "one day at a time".*

# Most successful PDSA cycles?



## **What do we know?**

Identify key questions and project purpose, what the challenges and opportunities are, and what we already know. Gather and collate a concise set of insights about behaviour change related to improving self management of long term conditions.

## **Who do we know?**

Establish a core group of co-designers. This will include a mix of staff, service users, other stakeholders and creative provocateurs.

## **Key components**

- Information review (what works?)
- Data analysis (population and costs)

## **Understanding What?**

Use the 'what do we know' information to get a deep focus on two key questions:

- What is the change desired (behaviour change goals)?
- Who will make that change (target audience/s)?

## **Understanding Who?**

Ethnographic research to uncover insights into target audience needs, behaviours, and motivations.

## **Key components**

- 2 co-design workshops
- Audience research

## **Designing How?**

*innovation injection sessions* with the co-designers, creative provocateurs, and people affected by long term conditions, to explore ideas and solutions that could be used to get the target audience/s closer to the behaviour change.

## **Key components**

- 3 *innovation injection sessions*

## **Analyse + report.**

Analyse, assess and test ideas with co-designers or others (service users, staff or experts) to determine the most effective ideas. Use rapid prototyping to refine ideas.

Distil the process and outputs from each stage into a social marketing plan. Write, design and present the plan.

## **Key components**

- Idea assessment
- Rapid prototyping
- Social marketing plan

# What Changes have you tested?

	Change Tested	Outcome
1	What do we know about people with long term conditions	<ul style="list-style-type: none"> <li>• More people are positively connected to an individual or group who can support them or who can benefit from their support.</li> <li>• More individuals and families start achieving a small goal that is good for their health.</li> <li>• More local businesses provide environments and activities that promote healthy living.</li> </ul>
2	Who should we be targeting behaviour change interventions to?	The target audience is people who have had more than one long term condition for several years (including at least one of: gout, cardiovascular disease or diabetes). They are likely to be aged over 45 and a disproportionate number are Māori, Pacific and Indian people
3	What solutions could be used to get the target audience closer to the behaviour change?	<ul style="list-style-type: none"> <li>• Online support directory</li> <li>• Buddy / toku hoa campaign</li> <li>• Small steps/big success campaign</li> <li>• Sharing love through food</li> <li>• Family/whanau goals game</li> <li>• Employer health quality mark</li> </ul>



# Highlights and Lowlights

- Highlights:
  - Co-design process – rich insights
  - Joining perspectives of patients with LTCs and healthcare professionals

## Lowlights

- Difficulty in engaging patients who are not yet ‘on the journey to wellness’ and currently struggling to manage their condition within the c-o-design process

# Achievements to Date

- Defined aim statement
- Carried out qualitative audience research
- 2x co-design workshops
  - Defined target audience
  - Defined behaviour change goals
- 2x innovation injection sessions
  - Generated ideas for the social marketing programme
    - Seeking feedback from wider group on proposed ideas

# Collaborative Team Members



- Loretta Hansen, David Harrison (East Health Trust), Claire Naumann
- Co-Design Group led by Emma Blomkamp, Simon Harger-Forde, Penny Hagen (innovate change)
- Co-design group members: Claire Naumann (CMH), David Codyre (East Tamaki Healthcare), David Harrison (East Health), Stephanie Vance (Crawford Medical Centre), Rebecca Stafford (University of Auckland), James Stewart (creative strategist), Ema Tavola (MIT), plus individuals with long term conditions: Soana, Gendy, Peter, Walter, David and Teau.

