## Contents

Foreword – Colin Dale, Convenor of the Creating a Better Future Community Partnership Group and Strategic Advisory Group .................................................. 5
Foreword – Tracey Barron, Group Manager – Healthy Lifestyles, Counties Manukau District Health Board ................................................................. 6

---

### About Creating a Better Future

#### 1. Enhancing Community Leadership, Capacity and Action

- **1.1 Workforce Development**

  - Scholarships:
    - Hooked on Health Promotion – Kahurangi Taylor
    - Sports Scholarship Success – Sione Faamu
  - Train the Trainer courses:
    - Pacific Nutrition Course – Mele Loloahi Talakai, Franklin Tongan Community Association
    - Te Hotu Manawa Maaori – Valerie Teraitua, Papatuanuku Marae
    - Nutrition Support Network
  - Diabetes Prevention – Diabetes Projects Trust
  - Workforce Development – Counties Manukau Active

- **1.2 Community Action**

  - Maaori Obesity Community Action Grants:
    - Community Garden - Manurewa Marae
    - Community Garden - Papatuanuku Marae
    - Manukau Community Day - Manukau Urban Maori Authority
    - Community Garden - Whare Tiaki Hauora
    - Whanau Oranga Whanau Hauora – Otara Health Charitable Trust
  - Pacific Fonua Mo’ui, Tupu and LotuMoui Grants:
    - Potu Mahutafea – Franklin Tongan Community Association
    - Peteli Community Garden Project – Papakura Tongan Community Association
    - Fonua Mo’ui Health Project – The Manukau Tongan Parish of the Methodist Church of New Zealand
    - Life – Faith City
    - Bodz in Motion – Tamaki ki Raro Trust
    - Ola’anga Lelei – Pukapuka Community of New Zealand
    - LotuMoui
  - South Asian Swasth Jeevan Grants:
    - Community Garden – Hope N Help Charitable Trust
    - Sports Coaching – Auckland Tamil Club
    - Bollyworx – Sports and Recreational Outdoors Trust
    - South Asian Lifestyles Coordinator – Parul Dube
2. Developing Personal, Family and Whaanau Capacity and Leadership for Active Engagement in Being Healthy ............ 37

2.1 Self Management Education ................................................................................................................................. 37
   Tu Whatukura – Men to Stand Tall – Maaori Self Management Education with Dr Richard S Cooper ............... 38
   Maaori Self Management Education – Tangi Takie ............................................................................................... 39
   Pacific Self Management Education with Pulaloa Fatupaito ............................................................................ 41
   Pacific Self Management Education – Salafai Elisara ......................................................................................... 42

2.2 Providing Children with the Best Start to Life ........................................................................................................ 43
   Smoking Cessation Service for Pregnant Women and their Families .............................................................. 44
   B4Baby Plus – Turuki Healthcare ....................................................................................................................... 45

2.3 Cardiovascular Risk Screening and Annual Review ............................................................................................ 46
   Cardiovascular Risk Screening and Annual Review – Mangere Health Centre ............................................... 47

2.4 Intensive Smoking Cessation Support .................................................................................................................. 48
   Community-based Smoking Cessation Services ............................................................................................... 49

2.5 Education and Support for Minimising Harm Through Alcohol ................................................................. 50
   Alcohol Education and Support - Penina ............................................................................................................ 51

2.6 Weight Management ............................................................................................................................................. 52
   Live Well ............................................................................................................................................................. 53

3. Working with Intersectoral Partners to Create Environments that Support Healthy Living.......................... 54

3.1 Physical Activity Initiatives ................................................................................................................................. 54
   Active Families – Otara Health Charitable Trust ............................................................................................... 55
   Getting Started – Otara Health Charitable Trust .............................................................................................. 56
   Counties Manukau Active ................................................................................................................................. 57
   League4Life ....................................................................................................................................................... 58

3.2 Schools and Early Childhood Education Services ............................................................................................. 59
   Mangere College ................................................................................................................................................ 60
   GetWise2Health and WiseEnvironment Tuck Shops – Diabetes Projects Trust ............................................. 61

3.3 Healthy Food Choices at Events and Within the Community ........................................................................ 62
   Give It A Go ...................................................................................................................................................... 63

3.4 Workplace ............................................................................................................................................................. 64
   Auckland Regional Public Health Service .......................................................................................................... 65
   Workplace Wellness Programme – Diabetes Projects Trust .......................................................................... 66

3.5 Community Gardening ....................................................................................................................................... 67
   Gardens4Health ................................................................................................................................................. 68
   Community Garden – Stairways Trust ................................................................................................................ 69
   Community Garden – Auckland Spinal Rehabilitation Unit ............................................................................ 70
3.6 Vulnerable Families

Smokefree Support at the Manukau Community Link Office – Todd Bell
Support for Healthy Eating - Mangere Budgeting Services Trust
Healthy Eating on a Budget – Diabetes Projects Trust

4. Improving the Quality of Clinical Interventions for Common Disease

4.1 Brief Interventions for Reducing Lifestyle Risk Factors
Smoking Cessation at Middlemore Hospital
Sustainable Trainer Education to Promote Smokefree

4.2 Accreditation by Middlemore Hospital within the Baby Friendly Hospital Initiative
Baby Friendly Hospital Initiative
Baby Friendly Community Initiative

4.3 Breastfeeding Support Training
Breastfeeding Support Training – La Leche League

5. Facilitating Health and Social Care Integrated Around the Needs of those Affected by Diabetes, Cardiovascular Disease, Chronic Respiratory Disease and Cancers and their Family and Whaanau

5.1 Health Promoting Practices
Health Promoting Practices – Mangere Health Centre

5.2 Supporting Whaanau Ora Models
Whaanau Ora

6. Advancing the Knowledge Base for Action

6.1 Communications Strategy

Acknowledgements

Cover photo: Macleans Primary School student at the Give It A Go event (page 63), March 2011
Counties Manukau District Health Board has adopted the Tainui spelling of Maaori and whaanau where appropriate throughout Our Stories
Greetings and Kia Ora,

It is my pleasure to introduce readers to Creating a Better Future – Our Stories.

Since the strategy got underway at the beginning of July last year, substantial work has taken place to build on the progress made by the Let’s Beat Diabetes campaign. In Our Stories you will read about numerous initiatives that have got off the ground in a range of settings: with community groups and schools, in primary care and at Middlemore Hospital, with aspiring students and people managing their long-term conditions, and in workplaces and at community events.

Such work could not have progressed without the support and leadership of both community groups and partners of Creating a Better Future. The pages of success stories in Our Stories are testament to the collaborative effort between all the individuals and organisations involved in the strategy. Congratulations and thank you to all the community groups and partner organisations that have shown leadership in their respective areas and worked with the strategy to bring about real change for the people of Counties Manukau. That spirit of partnership is the key to tackling preventable health conditions in Counties Manukau and indeed creating a better future for our population.

Having been involved with Let’s Beat Diabetes since 2006, I am so pleased to see how this work has evolved and continued to go from strength to strength through Creating a Better Future. The funding commitment from the Counties Manukau District Health Board (CMDHB), as well as funding from other agencies, has enabled this very effective strategy to be implemented. Undoubtedly there will be challenges ahead but I encourage people to continue working together and empowering each other to make meaningful changes towards healthier lifestyles.

I would like to express my very sincere appreciation to all the members of both the Strategic Advisory Group and the Community Partnership Group. Our work could not be fulfilled without your tremendous contribution.

I hope you enjoy reading Our Stories and find it both inspiring and thought-provoking. It reflects your successes and the milestones you have reached, all of which are greatly appreciated by all those involved with the strategy.

Colin Dale
Convenor of both the Community Partnership Group and the Strategic Advisory Group
Warm greetings,

Welcome to *Creating a Better Future – Our Stories* – a celebration of the many successes those linked to this strategy have enjoyed over the past 10 months. I am immensely proud to see so many inspiring stories brought together on these pages. They demonstrate just how the people of Counties Manukau have been creating a better future for themselves and their family and whaanau.

*Our Stories* is very much an overview of our progress to date and does not capture every piece of work that has been taking place. For every story shared here, we know there are many more still behind the scenes in the community. I would like to acknowledge all the individuals, community groups and partner organisations involved with Creating a Better Future and thank them for their support. With such enthusiasm, dedication and partnership, we know that we are indeed making progress towards a better, and healthier, future for Counties Manukau.

Finally, I would also like to acknowledge the Creating a Better Future team. To the CMDHB staff who work on the strategy, to partner organisations from the wider community, to members of our Community Partnership Group and our Strategic Advisory Group, and to our clinical partners Dr Brandon Orr-Walker and Dr Doone Winnard – thank you. Alongside great excitement, the last 10 months have brought plenty of challenges and lots of new learnings for us all. With *Our Stories* it is clear that it has all been absolutely worthwhile.

Wishing you all continued success,

**Tracey Barron**

*Group Manager – Healthy Lifestyles, Counties Manukau District Health Board*
About Creating a Better Future

Creating a Better Future is the response to the burden posed by diabetes, cardiovascular diseases, cancers and chronic respiratory diseases on the community of Counties Manukau. Led by CMDHB, it has been developed alongside primary healthcare and a range of intersectoral partners from Let’s Beat Diabetes, drawing on that five-year initiative while broadening its reach.

The long-term strategy, which began on July 1 2010, has a whole-of-life approach. It is aimed at combating the significant burden of disease caused by poor nutrition, lack of physical activity, tobacco use and the misuse of alcohol. By addressing these risk factors, we hope to prevent or delay the onset of type 2 diabetes, cardiovascular diseases, chronic respiratory diseases and cancers.

The strategy is also about improving the management and lives of those already living with these conditions.

Creating a Better Future has an emphasis on Maaori, Pacific and South Asian communities within Counties Manukau. This is because lung disease related to smoking, cardiovascular diseases, cancers and diabetes are among the main causes of death that contribute to the differences in life expectancy between Maaori and Pacific peoples, and others in Counties Manukau. Currently those life expectancy gaps are more than 10 years for Maaori and between five and seven years for Pacific peoples. South Asian groups are over-represented in diabetes and cardiovascular disease.

Creating a Better Future has two governance groups – the Community Partnership Group and the Strategic Advisory Group, both of which are convened by Colin Dale. The Strategic Advisory Group provides stewardship for Creating a Better Future. Specifically, it promotes Creating a Better Future within Counties Manukau, provides strategic governance and guides strategy development, identifies funding and support for Creating a Better Future going forward, and fosters collaboration between all those involved with the strategy.

The Community Partnership Group’s role is to strengthen collaboration and the implementation of Creating a Better Future. Comprising representatives from a range of partner organisations, it fosters networking, supports the development of the Creating a Better Future Operational Plan, guides and monitors how the plan is implemented, and identifies ways in which community engagement and leadership can be enhanced.

Our Stories is structured according to the framework of the Creating a Better Future Operational Plan 2010/2011. Further information about Creating a Better Future, including copies of the Strategic Plan and Operational Plan 2010/2011, can be found at www.betterfuture.co.nz.
1. Enhancing Community Leadership, Capacity and Action

The foundations for the long term reduction in diabetes, cardiovascular diseases, chronic respiratory diseases and cancers require real, sustainable change and support from our whole society. It is individuals within families and whaanau, and within communities, who make decisions about their lives. Empowered communities change their environments through action, advocacy, local democracy and consumer choice. Significant capacity and leadership already exists within our community, families and whaanau. Creating a Better Future will need to support and enhance this capacity, leadership and action.

1.1 Workforce Development - Scholarships: Creating a Better Future is supporting numerous Maaori, Pacific and South Asian students from Counties Manukau to work towards tertiary qualifications. Each student will be supported up to a maximum of $5000 towards their 2011 tuition fees, with about $40,000 contributed from the strategy so far. The range of qualifications being undertaken by these students includes Bachelors of Sport and Recreation, Bachelors of Science in Human Nutrition, a Post Graduate Diploma in Maaori Sport and Exercise, a Bachelor of Physical Education, a Masters in Dietetics and a Post Graduate Diploma in Nutrition and Dietetics. Among those to receive assistance with their tertiary qualifications this year are Kahurangi Taylor and Sione Faaumu.
From modelling on the world stage to studying psychology, Kahurangi Taylor has explored various career paths.

But it is her current challenge - finishing a Bachelor of Science majoring in Human Nutrition and using it to help others - which this 19-year-old is truly passionate about.

Kahurangi, who is from Ngati Te Ata, received a scholarship towards this year’s tuition fees from Creating a Better Future. She hopes to eventually specialise in dietetics and use the qualifications to work in health promotion in a marae setting.

While at high school, Kahurangi was singled out on a social networking site to compete in a modelling competition. She was crowned Miss Teen New Zealand aged 15 and went on to be named Miss Model of the World in China and Miss New Zealand. This almost overnight success saw her compete in Miss World 2008 in South Africa – a trip she says was amazing and “the best I’ve ever been on”.

But a long-term career in modelling was not Kahurangi’s dream. Instead she studied psychology at Waikato University for a year after finishing high school. It was while she was at Waikato that she discovered something she now has a real passion for.

A relative offered her the opportunity to work in health promotion on her marae, Tahuna. She left Waikato and discovered that she really enjoyed the health promotion work, particularly helping run a weight loss challenge for local whaanau.

“It was really rewarding to see the results,” she says. “It was really cool just being amongst all that and seeing all the difficulties with obesity at the marae. It was good to be part of the solution and try to help fix this problem.”

Hooked on health promotion, Kahurangi took the plunge and began her Bachelor of Science degree at Massey University at the beginning of last year. Now in her second year of the three year qualification, she is studying papers like biostatistics and biochemistry of cells.

“It’s been so much harder than I expected. When you think of nutrition you think eat an apple not a pie, but when I saw the subjects I was in shock.”

She says she will be studying hard this year and spending lots of time in the library as she grasps the new subjects. But it is all worthwhile as she moves towards her long term goal of helping whaanau at the marae.

“My sisters – one wants to be a doctor and the other a physiotherapist – so together with me as a dietitian, we hope to one day open a clinic at the marae. I am really keen to get back to the marae and use what I am learning to help others to lead healthier lifestyles. That would be great.”
Sione Faaumu dreams of working for the All Blacks.

The 20-year-old has just started a Bachelor of Sports and Recreation majoring in Sports Science at the Auckland University of Technology (AUT) thanks to a scholarship from Creating a Better Future.

Sione, who likes all sports, particularly tag rugby and touch, says he is enjoying his studies this year. He spent some time last year “shadowing” sports coaches, trainers, physiotherapists and support staff to get an idea of their roles and now cannot wait to be one himself.

“Hopefully for the All Blacks,” he says. “I’m a big fan of playing sport but it’s always good to have something else to fall back on.”

Sione, who has Tongan heritage and lives in Mangere, has already completed a Diploma in Fitness Training with AUT. Old injuries made him consider a return to study.

The Bachelor of Sports and Recreation is a mixture of theory and practical work, including working with people who are rehabilitating and learning about strength and conditioning training. It is as a strength and conditioning trainer that Sione would like to work for the All Blacks.

When he graduates with the degree, which will take about three years to complete, Sione will be the second of his five siblings to receive a university qualification. His parents, he says, are “happy and really humbled” by this opportunity.

“Without the scholarship, it was going to be really hard financially. I’ve got massive loans and I’m sick of paying them. I wasn’t going to let financial difficulty stop me but I think the scholarship will not only help me but help me help others.”
Workforce Development – Train the Trainer Courses: Participation in Train the Trainer courses is offered to members of all community organisations which are contracted through the Creating a Better Future community grants. The CMDHB has also been developing a support network to assist graduates of such courses to continue sharing their knowledge with others beyond the completion of their training. There is a range of Train the Trainer courses and initiatives available which are supported by Creating a Better Future, including Te Hotu Manawa Maaori, Pacific Heartbeat, workforce development with Counties Manukau Active and diabetes prevention by the Diabetes Projects Trust.
Mele Loloahi Talakai is sharing her newfound knowledge about nutrition with Franklin’s Tongan community.

The Tongan woman, who is a member of the Franklin Tongan Community Association, attended a two-day Pacific Nutrition Trainer course last year. The course is delivered by the Heart Foundation and Mele Loloahi was supported to participate through Creating a Better Future.

She says the information she learned over the two days has helped her better understand about food and nutrition – information she is now sharing with the wider community.

Mele Loloahi is responsible for preparing some of the food for events in her community including for the rugby club and for church functions. Now that she is aware of how important it is to eat more fruit and vegetables every day, she prepares salads and other healthy dishes.

“It’s very hard to talk the nutrition for the Pacific people, for the Islanders, because we have our own menu with our own food. But when we have some function together at the church or in the community, they can tell how simple it is. They’re happy to have it - the recipe we get from the course is really simple and easy for us to spend a little time to make it.”

As well as learning new recipes and having the opportunity to prepare a meal on day two of the course, participants also learnt other practical skills like reading food labels and knowing which healthy options to buy when at the supermarket.

Mele Loloahi is also putting her new skills and knowledge into action around her home, making healthy meals for her family and cut lunches for her children. She has lost 10 kilograms through making changes to what she eats.

“I think before I love myself but when I just attend the course, I feel sorry for myself… because of the meals. I just ate until I already full up, but still eating,” she says of her old habits.

She says she now has more energy and also finds it easier to get up in the mornings.

“We are lucky to attend the course, to have that time,” she says. “Now I want to share what I have from the course to everybody. Whatever I get there, I want to use to do the cooking everyday.”
Big changes have taken place at Papatuanuku Marae over the last year. Water is favoured over fizzy drinks, white bread has been replaced by brown and light milk can now be found in the fridge.

Such healthy changes are thanks to marae manager, Valerie Teraitua, who, with the support of Creating a Better Future, completed a three day Train the Trainer course with Te Hotu Manawa Maaori last year.

At that stage, she was new to the marae and wanted to do some training to improve her knowledge and skills, and realise her long-term goal of being able to deliver healthy changes at the marae.

She also hoped to learn things that could improve her lifestyle and that of her whaanau.

“I have been through fad diets and they didn’t work. I weighed 125 kilograms,” she says.

Valerie explains that she lived a hectic lifestyle managing and coaching sports teams for her children. A lot of time was spent in the car so the family was often eating on the run or getting home late and ordering takeaways.

“To be honest, it was very difficult to fit a cooked meal in.”

The course, she says, was an opportunity to create change for herself and her community.

“One of the things that really touched me was actually learning about the history of our tupuna (ancestors). Being provided with that knowledge sort of empowered my inner wellbeing. It dealt with my wairua (spiritual wellbeing).”

The course also covered aspects of nutrition and different physical activities including traditional Maaori games, which Valerie, who readily admits she is a competitive person, relished.

“The practical stuff – that’s what I really liked about the training. Like knowing how much sugar is in certain things or how much you actually have to work out before you lose that one teaspoon of fat.”

Since the course finished, Valerie says she can read food labels, is careful about what she buys at the supermarket, plans her meals regardless of how busy her days are and swaps foods for healthier alternatives.

She has lost 25kg.

“The lifestyle changes still exist today and people have noticed the effects they’re having.”

Because Valerie is leading by example and being a role model for those around her, the 24 families within the marae community are also open to making healthier changes. Fizzy drinks are banned from the marae, only light milk and brown bread are available, families have access to an extensive garden to grow fruit and vegetables, and hui (meeting) or other events onsite are provided with healthy kai.

“Being provided with the knowledge and the resources through the training was awesome. I’m using that to show leadership to those who come to the marae and together, it works. At the end of the day, the results are here.”
Supporting people beyond their completion of Train the Trainer courses has been the motivation behind a newly established Nutrition Support Network.

Facilitated by Creating a Better Future dietitian Jane Johnsson, the network is aimed at graduates from the Pacific Heartbeat and Te Hotu Manawa Māori nine-day Train the Trainer courses, some of whom are supported to attend these courses through the strategy.

“Through consultation, discussion and needs assessments, we identified that there was a gap, that graduates wanted support and guidance beyond the programme,” says Jane. “This network focuses on supporting graduates to use the knowledge they have gained by enabling them to competently and confidently deliver nutrition sessions within their communities.”

The network was established late last year and has so far met twice. A third meeting is planned for later this year to develop the network and further define how it can most effectively serve the participants.

Sixty nursing students are among those to benefit from the completion of the Diabetes Projects Trust’s (DPT) Train the Trainer course.

The interactive course, which is delivered over six hours, is designed to support people who work with individuals and groups that are at risk of diabetes and/or related health issues. The topics it covers include discussing what diabetes is, how it can be prevented through healthy eating and physical activity, and different ways to manage the condition.

The third year nursing students from the Manukau Institute of Technology were among about 150 people to complete the course last year.

“That was very useful for them to look at diabetes in a different way and learn about the role they can play in preventing the condition,” says DPT clinical projects manager, Kate Smallman. “Being qualified as a nurse does not necessarily mean you know what diabetes is or how your clinic is equipped to deal with it so it’s very useful for these students to realise their role and how a brief intervention can make a difference.

“It’s about upskilling our workforce and making sure that people who are working with others who have diabetes or are at risk of it have the right information to be able to support them.”
Community leaders who have received training through Counties Manukau Active may soon be able to use their new skills to work towards a national qualification.

CMActive, which is part-funded by Creating a Better Future, offers workforce development training to community leaders of physical activities throughout Counties Manukau. During CMActive’s first two and a half years, 290 community leaders received some form of training and 132 community leaders are delivering physical activity initiatives in the community.

The training programmes, some of which are delivered by CMActive staff, range from first aid (which is compulsory) to specialist courses such as Māori games, mini sports competitions and Zumba.

Now CMActive is working with Skills Active to enable community leaders to credit courses they have completed towards a level two Certificate in Recreation – a qualification which will be accredited by the New Zealand Qualifications Authority.

“Getting this certificate will enable the community leaders to then go into tertiary training if they want to,” says CMActive project manager, Helen Gallagher. “This process is well worth it. It’s about bringing together everything we have given the community leaders and using it to enable them to achieve something further if they want to follow that path.”

CMActive staff are currently going through the process of becoming assessors which will enable them to do on-the-job accreditation with the community leaders. Depending on confirmation from Skills Active, CMActive is hoping to begin offering community leaders this opportunity by July.

Of the community leaders who have received some form of training, 23% have been Māori, 41% Pacific and 15% South Asian. The target was for 144 people to have received training over CMActive’s three year contract.
1.2 Community Action

Support has been offered to the community to develop and implement healthy lifestyles initiatives through the Maaori Obesity Community Action grants, the Pacific Fonua Mo‘ui, Tupu and LotuMoui grants and the South Asian Swasth Jeevan grants – all of which fall under the Creating a Better Future strategy. The stories included in this report showcase the work carried out by groups who received their funding last year or early this year. Additional funding rounds have recently been made available for both Maaori and Pacific community organisations. The contracts for these two funding rounds are currently being progressed and details of the recipients have yet to be finalised.

**Maaori Obesity Community Action Grants:**

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<thead>
<tr>
<th>Community Organisation</th>
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<tr>
<td>Whare Tiaki Hauora</td>
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<td><strong>Total</strong></td>
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Health and wellbeing are flourishing at Manurewa Marae. The marae is introducing a range of initiatives with the aim of being able to provide whaanau with all the services they need. The result is a space that is flourishing, with tamariki (children) and rangatahi (teenagers) dancing in the hall, a large garden bursting with vegetables onsite and a kitchen serving healthy food for lunches.

The marae received about $89,000 from Creating a Better Future to address Maaori obesity and promote healthy lifestyles. Included in this grant was money to develop an education garden led by a garden project coordinator, employ a healthy lifestyles coordinator and introduce mau rakau and tae kwon do programmes.

The garden, in partnership with the Manukau Institute of Technology (MIT), has been a noticeable success. The marae offered the site to MIT as a teaching garden and last year two National Certificate in Horticulture (level two) programmes were held onsite, involving 40 students.

The results have transformed both the site and the people involved with the project.

Lorraine Byers, the health programme coordinator of the marae, says some students had not been involved with formal education since leaving school while others had literacy difficulties or other personal issues. Through their involvement in the programme, students gained the opportunity to demonstrate whakawhanaungatanga (create relationships and connections) and as a result, developed themselves physically, mentally and spiritually.

“It became so much bigger than just a gardening class. People were able to support each other in all areas of their lives and without judgment. We have found it’s actually broadened their lives. Their confidence has really taken off.”

The programmes had a higher overall passing rate than classes based at the MIT campus and 9.0% of graduates have gone on to establish gardens at their own homes in addition to ongoing voluntary involvement at the marae. Other whaanau connected with the marae have also learnt from the garden, with many getting involved or setting up their own garden at home. The marae is also able to use produce grown onsite in its kitchen or to offer to local whaanau through Te Rau Korowai, its onsite service which helps people access other services they require, including fresh vegetables in times of hardship.

Marae manager Mary-Ann Harris describes the change as “a domino effect”.

“We had no knowledge of how big this would get. Now whaanau all go over to each other's houses and share and say ‘I've got this growing’ and ‘What's working well?’ They've learned what to do with different vegetables. I know that they are eating vegetables daily now so that's a great thing. It’s about helping our people to get healthier and it's a benefit for us to be able to do that for our community. As a marae, that's what we feel we should be doing.”

Alongside this focus on healthy eating, the marae has also introduced some physical activity initiatives as part of its holistic approach to health and wellbeing. Whaanau can take their pick from line dancing, tai chi, Zumba, mau rakau and tae kwon do.

Average class numbers have been growing steadily, with 60 people now doing regular Zumba, 50 involved in tae kwon do and 35 learning mau rakau.

“People are hearing about physical activity and wanting to be a part of it,” says Mary-Ann. “We have seen families take their tae kwan do really seriously and save for their uniforms because they are so motivated and keen. We know that’s a huge thing – uniforms are around $50 and it doesn’t sound like a lot but some of the families, there’s Dad and a couple of kids involved, so there’s a little bit of money required there.”

Lorraine says whaanau have been very grateful to be able to participate in the physical activity classes for free, enabling tamariki, parents and grandparents to all be involved.

“The energy of the whaanau coming together was astounding. It created an excitement within the community to the level that they are keen for this year’s sessions,” she says.

The marae is excited about being able to provide all the services its families need and creating a space of holistic health and wellbeing that incorporates Maaori tradition by drawing on the past to enrich the future.

“Our marae really needs to take our hat off to CMDHB because they’ve assisted us to create a very holistic place which we hope to see in the very near future as a one stop shop for our community,” says Mary-Ann. “Our community is gaining so much from the marae now. They have realised that the marae is a place to be, even if they just want to come and sit under the trees. Our funding from CMDHB has opened a window that people are starting to look through.”
Papatuanuku Marae is taking on the fast food industry with slow food of its own.

The marae sits alongside a substantial organic garden – a project which is helping change local attitudes towards fast foods.

Hineamaru Ropati, a trustee of the marae, says the aim of the garden was to raise awareness around physical activity and healthy eating. The marae is already a smokefree space and has also banned fizzy drinks onsite.

“If you don’t get the message around nutritional eating and healthy lifestyles and being physical and being creative, then you get swallowed up into the culture of fast foods,” she says.

To combat this, local kaumatua (elders) and rangatahi (teenagers) have got involved in the garden, which is divided into 11 tribal plots and Te Kura Kaupapa a Rohe o Mangere. Families connected with each tribe, sometimes up to 190 people per plot, are free to decide on their own planting techniques and crops. Over the last seven months these gardens have attracted over 500 whaanau from all over the world.

Hineamaru says the rangatahi have proved great role models while learning themselves about fruit and vegetables.

“The classroom with walls is not necessarily the only place to learn,” she says. “For our families today, it’s easier to buy a bag of carrots for $2 than to plant, harvest and put in a pot. We, New Zealand, have a lazy culture and things are easily accessible. But why wouldn’t you eat what you planted? When you go through the slow process, it’s like art on a canvas.

“Produce grown at Papatuanuku is particularly special because the garden is organic. A range of crops are grown according to the maramataka (ancient Māori lunar calendar) such as silverbeet, cabbage, strawberries, corn, kamo kamo and pumpkin. An emphasis has been placed on reviving the kumara species with six different varieties grown onsite including a very rare variety not commonly grown in New Zealand which has a white exterior and purple flesh.

The marae received about $63,000 from Creating a Better Future to address Māori obesity and promote healthy lifestyles. This was used to fund its organic community garden, a garden project coordinator, maramata and wananga (shared learnings), and organic certification. It is a member of Te Waka Kai Ora, the National Māori Organics Authority of Aotearoa.

It has also been offering nutrition workshops and physical activity programmes for local whaanau, such as dance, kiorahi and Māori games. About 190 people have so far completed such programmes. The marae gives away produce to families and also pickles or preserves some of the excess.

“Because of the CMDHB funding, the number of families involved has really tripled in size. It’s not just the funding behind it, it’s opened the opportunity for more whaanau to be involved, to have some more coordination when it comes to something like this and has allowed us to extend further our own expertise.”
Bringing the community together has been the focus of two community days held in Mangere by the Manukau Urban Maaori Authority (MUMA).

Held in January and February this year, the community days were an opportunity for local organisations with an interest in addressing Maaori obesity to provide education and motivation to participants.

Stallholders included various marae from around Counties Manukau, the Waiuku Maaori Women’s Walking Club, assorted healthcare providers and providers of other services such as Manukau Interpreting Services. Participants were able to learn more about a range of topics, such as healthy eating, physical activity and gardening for health, and take part in Zumba, tai chi, health checks and other activities for free.

Tania Rangiheuea, MUMA coordinator, says the days were well attended and received good feedback from the community, with more than 200 people at each event.

“Everyone was saying that this is what our community needs,” says Tania. “It was clear to people who came to the marae what we were doing and why we were doing it.”

The days resulted in new Zumba classes being offered for free at Nga Whare Waatea Marae, people receiving free health checks and 40 people signing up for fitness courses.

“People who came along were really excited about the different things that they could learn about and the information they could get.”

MUMA has also coordinated the development of the Mangere Leadership Hub – one of five leadership hubs intended to promote a greater sharing of knowledge and expertise among various Maaori organisations.

“Having the leadership hub has been fantastic,” says Tania. “Not only has it enabled us to do the work and connect up with others in the campaign against obesity, but it’s meant that we can start building relationships.”

“We’ve got a really good relationship with Manurewa now. If you’re not working together you know each other exists and you go to each other’s hui (meeting) sometimes but what has come out of this is the strengthening of relationships and working together.”

The 15 members of the Mangere Leadership Hub are able to network and share information, such as how to incorporate healthy kai at community events.

“It’s such a valuable tool and it’s a credit to the CMDHB for conceptualizing it and funding it and pushing it.”

MUMA received about $58,000 to address Maaori obesity and promote healthy lifestyles. This has been used to mobilize Mangere community leadership through the establishment of six leadership forums and deliver two community events.
A community garden has been a catalyst for change at Whare Tiaki Hauora.

The Otara community, neighbouring Whaiora Marae, staff and most importantly clients at the Maaori mental health service have all benefited from the installation of the garden at the Otara site.

Whare Tiaki Hauora received about $35,000 to address Maaori obesity and promote healthy lifestyles through the garden, employing a garden coordinator and the development of a healthy lifestyles plan.

The site now occupied by the flourishing community garden used to be a dumping ground for rubbish and was also used by several homeless people for shelter.

“We had the fire brigade out several times because they would start a fire in the trees and it would get out of control,” says Whare Tiaki Hauora chief executive Marion Solomon.

“It was a dumping ground so we brought bins in to clean it up. We cleared the land and could finally see the space that was there.”

A security fence, funded out of the CMDHB grant, was the first step to creating a garden which was safe and secure.

Marion says the 11 clients living onsite were then keen to develop a garden that would enable them to experiment with a range of growing techniques. Old bathtubs and containers are now utilized alongside the garden to grow watermelons, pumpkins, beans, tomatoes, Maaori potatoes, celery and silverbeet. Clients have learnt how to harvest fruit and vegetables, cook healthy meals and recycle organic waste for compost.

“This has all been a dream for me and something that I am passionate about” says Marion. “I started off working in mental health as a garden coordinator and it was there that I learned about how a balanced tinana (body), wairua (spirituality) and whaanau can support the hinengaro (mind).”

Gardening has also enabled clients to be involved with the wider community through gardening workshops and field trips.

“Everybody loves the garden and the clients are quite proud of it. They’ve got increased confidence and they just like being in their own space. They have got to be fitter too because they’re working in the gardens.

“I’ll see them at dinner time go out and grab whatever’s around. That’s really cool – we like to see that when we are trying to get them to eat better, balanced meals.”

The garden has also created a wave of change amongst Whare Tiaki Hauora staff. Almost all staff who were smoking have now given up while others are doing more physical activity and eating more healthily themselves. Whare Tiaki Hauora has also supported the development of 25 backyard gardens by families in the wider Otara community.

“The garden has been really successful for our clients, staff and community,” says Marion. “I am really happy with what we’ve achieved.”
Seated waka ama was one of the highlights for participants in Otara’s Whanau Oranga Whanau Hauora (WOWH) programme.

The Otara Health Charitable Trust delivered the WOWH programme to address Maaori obesity as one component of a grant worth about $120,000 from Creating a Better Future. WOWH ended in October last year, with 48 people participating and a further 35 whaanau members involved for support.

Otara Health Charitable Trust health promotion service manager, Lueyna Barnard, says WOWH was a great success, especially the land-based waka ama which was unique to the three-month programme. The instructor incorporated traditional waka ama with 21 tai chi movements to help participants strengthen their core muscles.

“That was a huge hit, people loved it. While they were in the waka, they played music as if they were travelling down water. It provided a cultural and spiritual experience, and was one part of the journey WOWH participants were on.”

The WOWH programme aimed to provide opportunities for Maaori to learn about physical activity and healthy eating, and raise awareness about diabetes and self management of disease. The programme covered healthy eating ‘Wise Kai’ information sessions, physical activity sessions, guest speakers and Self Management Education (SME).

A large majority of participants had health conditions such as diabetes, heart disease and obesity.

All participants who graduated from WOWH left with a smaller waist measurement than when they began the programme. They were also all able to recall at least eight of the 10 healthy eating tips that were covered in the programme.

One middle-aged Maaori woman lost five kilograms and 11 centimetres from her waist over the programme’s three months. She could recall all of the Wise Kai messages, completed six weeks of SME and knew with confidence how to read food labels and pick the correct portion size.

Participants commented on the “good information”, “excellent work” and “brilliant team” in their feedback.

“We are being given the tools to keep ourselves and our families healthier,” commented one participant.

Another said: “I have found this programme tino pai mo toku tinanga (excellent for my physical health and wellbeing).”

The supportive atmosphere of WOWH has continued beyond the programme, with participants then forming their own peer support groups to talk and share ideas.
Pacific Fonua Mo‘ui, Tupu and LotuMoui Grants:

### Pacific Tupu
#### Gardening for Health Community Grants
(Funding for these grants was awarded in previous years but the work has largely been undertaken during 2010/2011)

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### Pacific Fonua Mo‘ui Grants

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The LotuMoui grants for Pacific churches have also been funded through Creating a Better Future. See page 30 for further details.
An ordered garden nestled on a hillside on the outskirts of Pukekohe is providing a cherished link to home for local Tongan families.

The one acre site, which is used to grow a range of fruit and vegetables, is a reminder of Tonga for families who have moved to the Franklin area.

"Some have been here for more than five years but they are still fresh in their minds," says Siosiua Talakai, president of the Franklin Tongan Community Association.

"They are used to a garden and planting their own so doing this reminds them of home. Everybody is keen to plant kumara and watermelons because it's what they used to do back in the islands.

"Whenever they come here, they spend most of the afternoon and they talk about the islands, what they want to do there. They really enjoy feeling they have something to do."

The association received a $9000 Fonua Mo'ui grant and an $8000 Tupu grant to help establish the garden, Potu Mahutafea. This support was used to convert the previously unkempt, rural site into fertile soil and buy necessary materials.

"We started from the very beginning with land preparation, preparing the soil for the crops, materials. We've had to buy everything here.

But the $8000 was a great help. With the previous crop, I think the whole community, more than 600 people, got a share."

Potu Mahutafea, which is neatly divided into rows, is now flourishing with a wealth of cabbages, watermelon, sweet corn, kumara, beans, tomatoes, cucumbers and other plants grown onsite. The 40 families involved each tend six or seven rows, most visiting two or three times a week and taking what they have grown home to eat. Excess produce is also distributed to the wider community, as far afield as Manukau, through the Salvation Army.

Siosiua says winter and summer crops are rotated in the garden, ensuring an ongoing supply of fruit and vegetables for local families.

"Feedback from people is good. It's free for them so they always say how wonderful to have a free supply of green vegetables and that will help them. Instead of having meat alone, we have now got the meat and vegetables together."

CMDHB funding also helped the association deliver a physical activity programme for Tongan youth.
It took just one month for the Peteli Community Garden Project to become a reality in Papakura.

The expansive garden, located in Papakura’s Red Cress Reserve, was ploughed and planted in four weeks in November last year. The Papakura Tongan Community Association received about $13,000 from the Fonua Mo’ui fund to establish the project.

“Our people, when they have things like this, they work hard for it,” says association spokeswoman Tiulipe Hunt of the work that went into establishing the garden so quickly. “People very keen, very happy. It’s like a new life for Papakura.”

About 42 families have a share of the garden, each looking after three rows of crops. Another 15 families want to be involved but cannot because of a lack of space.

“The community’s happy to do this because some of them said that’s a good way of bringing people together and also we can eat vegetables. Some of them, they don’t have enough money. They just eat the meat only,” Tiulipe says.

For the families with rows and for those on the waiting list, the garden has become a focal point with people gathering at the reserve to tend their crops, harvest or simply talk and enjoy each other’s company. During a Wednesday morning site visit, families continually arrive to garden, or lay out mats to share some food together.

“This is a good time,” says Tiulipe. “The first for Pacific Tongan community to know each other and that way we work together in the garden so we know each other and help each other. Not just a garden.

“Also our action. Here we do work instead of staying home for nothing. Physical work together.”

Families have chosen a variety of plants to grow including kumara, tomato, silverbeet, bok choi, watermelon, corn, spring onion, capsicum, celery, cabbage, bean, lettuce, taro and pumpkin.

“And people are learning to love broccoli,” say Tiulipe.

The garden’s success has seen it outgrow the space available, with produce literally overflowing and families waiting to be included.

“Some people have watermelon but the kumara cover it. It’s too small. We need more space to separate the kumara from vegetables.”

In addition to running nutrition courses to teach people how to use the food they grow, the association is also encouraging people to plant gardens at home, which may help address the lack of space. The CMDHB grant was spent on preparing the land, buying plants and installing a fence around the site.
Bringing back the past is well within reach for Salote Vaotangi, a Tongan woman who is inspiring her parish by slimming down to the weight she was almost 10 years ago.

Salote has lost 20 kilograms from her 113kg frame thanks to her participation in an adult weight loss programme through the Fonua Mo’ui Health Project. She is now aiming to lose a further 13kg which would bring her weight down to about 80kg – close to her original body size when she arrived in New Zealand from Tonga in 2002.

Salote is a member of the Manukau Tongan Parish (Lotofaleia) of the Methodist Church of New Zealand. The church received $18,000 from the CMDHB for its Fonua Mo’ui Health Project, which has delivered youth and adult weight loss programmes, and a healthy lifestyles competition in Manukau.

Salote says she had tried to lose weight before but ended up frustrated by her size.

“I don’t like seeing my clothes tight. Very hard to find a size,” she explains. “I don’t like seeing I’m too big and heaps of my sisters, they say to me ‘you’re oversized.’”

She joined the weight loss programme, which involved a 12 week healthy weight loss competition led by a Pacific dietitian who is also a member of the parish, from October to January this year.

“It was very hard for the first few weeks but because I put on my mind that I really want to lose weight, it make it easier.”

She started doing regular physical activity and made changes to what she was eating. She ate less traditional Tongan foods, more fruit and vegetables, and smaller portion sizes. She also started regularly walking round the block in her neighbourhood.

“When I know I lost heaps of kilograms, it makes me just try to lose some more. It’s very, very helpful for me, knowing the programme. I learnt a lot about food – how to eat the right food and how to exercise.”

She says the programme also helped motivate her, meaning she has enjoyed better results than her previous attempts at dieting.

Asked how she feels now, Salote says she is very happy.

“I’m good,” she says, smiling. “I feel good and more active. I still do exercise. I eat lots of vegetables now. I can eat our Island food but maybe once a week. Like Sunday lunch. I can eat it but I make sure I work hard. The more I eat those wrong foods, the more I go for my exercise.”

And her simple lifestyle changes are also motivating others in her parish, with many people asking her how she has lost weight.

“I want to prove to them it’s possible. I work hard for lose weight but I really enjoy it and I can’t wait to go back to another programme. I do it because I know it’s good for me.”

The church also received an $8000 Tupu grant from CMDHB which was used in its existing garden to establish an irrigation system, enhance the propagation facility and diversify the food garden.
Niva Retimanu used to baulk at the thought of running the length of a room.

Now she is enjoying exercise so much that the Samoan lady, who had done no serious physical activity for the last decade, hopes to run the New York Marathon.

Since completing the *Life* challenge with Manukau’s Faith City Church late last year, Niva has done a half marathon, several running events and even helped deliver a five-week physical activity course for others in the community.

She is one of about 30 women who completed *Life* – an intense 12 week challenge delivered by Faith City which involved training four times a week, sessions with a nutritionist and three weekend retreats to help address the psychological reasons behind obesity and unhealthy lifestyle choices. Last year’s female challenge was a pilot programme, with its success leading to another *Life* challenge, for males, also being offered.

Faith City received about $10,000 from the Fonua Mo’ui fund to deliver *Life*. Entry is by invitation and it is targeted at people who are very overweight and keen to eat more healthily and be more active. The church also runs other challenges aimed at people with different fitness levels.

When Niva started the challenge, she had not done any serious exercise for at least 10 years and is the first to admit she was leading an unhealthy lifestyle. She had been smoking socially for the previous decade.

“I thought ‘right, this has to stop’. But I’m not a gym person. I’m not going to be wearing lycra.

“At Faith City, the first day I was there I felt comfortable. There were bigger women than me. I wasn’t in a room full of size eight women in the latest gears. I thought ‘wow, I can do this. These are real women – mothers and grandmothers from all different walks of life.’

*Life* is primarily targeted at Pacific Islanders but also attracts Maaori and European participants. Training sessions involve a variety of activities such as gym workouts, weights, running, boxing, aqua aerobics and hill running.

“The first day when we got there, we were pushing vehicles. And they weren’t Minis,” says Niva. “We were pushing four wheel drives, six or seven times around the Manukau Supa Centre carpark.”

Such extreme physical activities helped forge strong friendships in the group, with women now staying in contact and continuing to train with each other. Niva says the sense of camaraderie was strong and no individual was ever left behind during training sessions.

“We saw each other at our worst in terms of pain. We were training to the point where some of us wanted to give up and cry. But there was a real sense of belonging and we never let anyone fall behind on their own. We were going to finish it all together.”

Niva credits the challenge with helping her change her lifestyle – changes she has sustained beyond *Life*’s 12 weeks.

“When I first started I could not run. If I ran from here to the back of the room, I would have been out of breath. Now I call myself a runner and I’m hooked. I really enjoy exercise and I really enjoy running.

“I did the Auckland Half Marathon last year. I would never have done that before. I haven’t had a cigarette in nine months and
that’s because of this. I’m now an early morning person and I have more energy.”

On average, each participant lost 3.3 kilograms during the 12 weeks, with one woman shedding 18.4kg and 13 centimetres from her waist. Niva is now seven kg lighter than she was when she started Life and she trains five or six days a week in preparation for more running events.

If they can get enough money together, Niva and a group from Life are hoping to one day complete the New York Marathon – the ultimate event for women who once could not envisage running the length of a room, let alone 42 kilometres.

“Mind-wise, we are already there in our heads. I think we can do it. We are continuously training and using all the other events like the Auckland Run Series to stay motivated.

“The 12 week challenge has given us all confidence. There’s the whole lifestyle change and the energy we have got but it’s also the mental fortitude. We just don’t give up as easily as we used to and we are definitely on a roll which we hope will take us all the way to New York.”

Faith City project manager Essendon Tuitupou, who also led most of the Life training sessions, says participants have called the challenge “life-changing”.

“With all the negative stereotypes about South Auckland and all the statistics, we can either bury our heads in the sand and do nothing about it, or we can move elsewhere, or we can put our best foot forward and do something, even if it’s a little thing.

“The biggest thrill for me is when those ladies go away and continue with physical activity themselves. It’s about a lifestyle, as opposed to a programme, and the community fixing the community’s problems.”

Niva Retimanu and other Life participants
Harmonee Manuel-Togiatau knows what it is like to win.

The 23-year-old has recently completed a weight loss challenge - *Bodz in Motion* - with the Tamaki ki Raro Trust. Thanks to her dedication and commitment to the programme, she not only ‘won’ by losing the most weight of all the participants, she also trumped her family at their own weight loss challenge.

The family of Harmonee’s partner had decided to each contribute $50 to a fund which would be given to the person who lost the most weight at the end of seven weeks.

Harmonee, a pharmacy technician who lives in Mangere East, decided she had had enough of being “big”.

“I looked at a few photos and I was like ‘look at that huge person’. That actually made me do it.”

With this motivation and the family challenge in mind, she signed up for *Bodz in Motion* – an eight week programme involving training sessions three times a week.

Every Monday, Wednesday and Saturday morning, Harmonee could be found boxing, running, lifting weights or doing other forms of physical activity with the other programme participants. She also changed her eating habits – ditching fast food for fresh and eating smaller portion sizes.

“It was hard work,” she says. “And I was nervous but I saw people of different ages and ethnicities there and I thought ‘man, if they can do it, I can do it’.”

In six weeks, Harmonee shed eight kilograms – enough to win the programme and take home a free six week gym membership. Thanks to her ongoing physical activity routine, she then lost further weight to win her family’s challenge and pocket $350.

“It was Christmas,” she says, “so I used the money to buy Christmas presents for family.”

Now Harmonee is aiming to get down to 85kg. She is involved in another programme and says she incorporates physical activity into her daily routine.

“It has been getting heaps of comments so that’s good. And I have three people – two cousins and a friend – coming along to the new programme. I do something every day and when I try clothes on now, I’m like ‘yes, I can fit it’. There were things in my wardrobe that I didn’t throw away and now I can fit them. That’s awesome. It feels good.”

She says “a huge thank you” to other people involved in *Bodz in Motion* for helping her through the challenge, making it fun and for their support and encouragement as she made changes to her lifestyle.

The Tamaki ki Raro Trust received $16,000 to deliver four healthy lifestyles programmes in Mangere Bridge.
Pana Ngametua's family faces a healthier future thanks to her involvement in the Ola’anga Lelei programme.

The Cook Island woman, who has lived in New Zealand for the past six years, joined the programme run by the Pukapuka Community of New Zealand Inc. in October last year. The 10 week healthy lifestyles programme has helped her incorporate physical activity into her daily routine, change her eating habits, lose weight and most importantly, she says, create positive changes for her nine children.

“There’s lots of change, especially the food at home,” she says. “Before the programme when I went home, we ate the fastest food but since I started the programme, I have to make sure that my kids and my family eat healthily. We have a rule in our family – if I eat salad, everybody eats salad.”

Pana says the programme helped her make big changes in her life – changes which have seen her weight drop from 129 kilograms to 96kg. It encouraged her into regular physical activity and she now exercises five days a week. She has changed her eating habits and now eats breakfast every day, no fast foods and smaller portion sizes.

“These are the things that changed in my life. The programme also gave me more confidence to share with others – not just the community but also my other friends.”

In actual fact, Pana stepped up to a leadership role as a result of her involvement in the programme and now helps encourage, motivate and support others participating in the programmes run by the Pukapuka Community.

Aileen Wuatai, Pukapuka Community programme co-ordinator, says Pana is a role model for many, including her children and her community.

“It’s awesome, definitely awesome. It shows that if she can do it, anybody else can too.”

The Pukapuka Community received a Fonua Mo’ui grant worth about $12,000 to deliver a range of healthy lifestyles programmes. It also received a $7000 Tupu grant which was used to develop a community garden and emergency house garden.
LotuMoui

Since July 2010, Creating a Better Future has strengthened partnerships between CMDHB and Pacific churches by funding church grants for the LotuMoui programme.

LotuMoui works together with Pacific churches to improve the health status and wellbeing of Pacific people in Counties Manukau. It delivers health messages and programmes in a biblical framework through strong active partnership with church leaders, communities and provider organisations.

The funding for LotuMoui is overseen by Pacific programme manager, Vicki Evans, who sits within the Creating a Better Future team.

“CMDHB recognises the value of engaging with influential members of the Pacific community, such as church ministers, when promoting a healthy environment,” she says. “Churches play a significant role in promoting healthy eating and physical activity to Pacific communities and we are grateful for their support in improving the health of this population.”

Fifteen churches were funded by Creating a Better Future in August last year, with a further 14 funded last December:

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South Asian Swasth Jeevan Grants:

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<tr>
<td>New Zealand Tamil Society</td>
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<td>Hope N Help Charitable Trust</td>
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Community Garden
Hope N Help Charitable Trust

A grant has provided a vital lifeline for the community garden of the Hope N Help Charitable Trust.

With the help of Gardens4Health, Hope N Help developed a community garden in Papatoetoe last year and up to 30 families have since become involved. But the garden lacked basics, like having enough tools available for people to use, until Hope N Help received a Swasth Jeevan grant through Creating a Better Future this year.

“We had squeezed pockets and we could not buy tools. It’s hard land and you need tools to work it but all the youth used to have to dig with their hands,” says Indu Bajwa of Hope N Help. “Like the dying plants that look for rain, this funding is like a few drops of water to keep our dreams alive - dreams to buy equipment and tools. It will also help us run workshops on a bigger scale.”

Hope N Help is also hoping to add a water tank onsite to enable rainwater collection and watering of the garden.

The concept behind the garden is to encourage families to grow their own vegetables.

“Many of our Indian people have diabetes or high cholesterol so we want to encourage them to have their own garden in their backyard,” says Karnail Singh of Hope N Help.

“We are trying to teach people that gardening has many benefits,” Indu says. “If you put in the effort, you improve your health and save yourself from sickness.”

To this end, the families involved in the garden are welcomed every Friday night for a “coffee club” where people can garden, socialise and take home spare vegetables. Hope N Help also runs workshops such as making school lunches for young mothers, physical activity and container gardening or backyard gardening for people who cannot easily access the Papatoetoe site.

Spare produce is shared with the wider community when available. A range of vegetables are grown organically, including bottle gourd and bitter gourd, capsicum, sweet corn, tomatoes, chillies and cucumber.

Families have really benefited from having increased awareness about gardening and vegetable consumption, says Indu.

“We’ve had three men in their sixties really change their way of eating and their pattern of living, and another woman who has started a backyard garden and said to me ‘thanks for pushing me to start a garden because I save so much money now’.

“It’s motivation for people. We have motivated them and they are motivating others.”

Hope N Help members are primarily South Asian but anyone is welcome to be involved.

Hope N Help received a Swasth Jeevan grant worth about $18,000 from Creating a Better Future to develop its garden and deliver two healthy lifestyle programmes.
Many Auckland Tamil Club members now have the confidence and competence to compete in regional sports tournaments thanks to the introduction of specialised coaching.

Using its Creating a Better Future Swasth Jeevan grant (worth $10,000), the club has employed two professional netball coaches and two professional badminton coaches to develop the skills of its junior members. Plans are also underway to offer badminton coaching for senior club members.

Club president Alfred Jude Pushpakumar says this has helped revive the club as members, both young and old (sometimes as young as four years old), enjoy developing their skills. Junior members have even been competing in several netball and badminton tournaments, such as those organised by the Auckland Badminton Association.

“We’ve got loads of good talent and weekly coaching has given them the confidence and courage to face competition. Our juniors have put their feet forwards and participated in a few tournaments.

“That’s very appealing for me as president to know my club members are having a go. Participation is so important and it’s great to see this comeback after recent years when the club was not doing as well.”

Coaching is offered once a week. Netball coaching is followed by casual games in which parents also play, while a total of six hours of both badminton coaching and games is offered over several days each week.

“It’s early days but the interest is huge. We didn’t have any parents coming to participate in these things – now they are coming and doing some activity, and their interest is almost higher than their children’s.

“Participation has almost doubled since we began offering professional coaching. Our members are becoming fitter, upgrading their skill levels and leading healthy lifestyles. Whole families are participating and enjoying the games, and they go home in a happy mood with a good spirit.”

The Auckland Tamil Club has about 120 members. About 30 are attending regular netball coaching and games, 20 are participating in badminton coaching and 55 or so regularly play on the club night.

In January this year, club members competed in an annual tournament with the Wellington Tamil Club. Twenty-six games of badminton were played during the weekend, as well as netball and cricket. The club is also organising further badminton tournaments, with one planned for May.
Mohammed Alim credits Bollyworx with changing his life.

Not only has he lost weight and discovered an activity he cannot get enough of - the Fijian Indian, who operates carparking and car rental businesses, has become a voluntary Bollyworx instructor.

Twice a week he can be found in front of a crowd, which averages about 200 people per session, helping lead the Bollyworx activity.

"It is quite a change for me but I love the concept and I wanted to help my own community at the same time. I thought this would be a great idea."

The Bollyworx sessions held in Papatoetoe are delivered by the Sports and Recreational Outdoors Trust (SPROUT) thanks to a Swasth Jeevan grant worth about $17,000 from Creating a Better Future. This money is also going towards employing a project coordinator and a community event.

Bollyworx is an “Indian-style” physical activity which incorporates moves with Bollywood music.

Mohammed says he first tried Bollyworx with his wife last year.

"We have tried the gym and things before but you do it for a month and then it becomes boring. We decided to give this a go and straight away, it was great."

After his wife nominated him to be an instructor, he did a four-day community coaching course with NetFit to acquire the skills necessary to lead classes. Now he is thrilled to be helping others help themselves.

“My Mum had heaps of joint problems and things like that. She was quite sickly. I tried telling her to do exercise but she would never do that and she passed away last year. I couldn’t help my Mum but this is one opportunity I have been given to help other people.

“By going to the front, it’s like I’m raising my hand and setting the example. I get personal satisfaction from getting others to do a good thing. I’m motivating other people, getting them to move. If you see others are sweating and doing all this exercise, then it’s good.”

Mohammed has lost nine kilograms and says both his fitness and confidence levels have improved. He also says it helps him deal with stress from his job.

“Bollyworx really works. This whole thing has changed my life. It’s like a new dimension and I look forward to Thursdays. Neither my wife nor I ever miss a class.”

SPROUT delivers Bollyworx once a week in Papatoetoe using its Swasth Jeevan grant. Mohammed also teaches at one of the other weekly sessions which are held by SPROUT in Auckland outside Counties Manukau.
Nine new physical activity opportunities are now available for Counties Manukau’s South Asian community thanks to the South Asian Lifestyles Coordinator.

Parul Dube was appointed to the role, which involves promoting physical activity and nutrition to South Asian communities and linking them up to activities and training opportunities in their area, in September last year. In her first six months she has initiated nine new activities including soccer, cricket, move to music sessions, two walking groups, volleyball, throwball, rock climbing and off-road biking.

“I’m taking the activity to the group. For people who wanted to play volleyball, we got them a net and a ball. Now it’s so much easier for them to actually play as having the equipment facilitates the activity which in turn makes the community more readily active.”

Parul, who is a registered nutritionist in New Zealand, also delivers workshops about healthy eating to the South Asian community.

She says she is trying to work across the many ethnicities and religions within the South Asian community, and generally caters activities to meet demand such as a males-only swimming sessions for the Ataqwa Muslim Youth Group and a females-only aerobics session.

“There can be obstacles in terms of culture or religion but I enjoy trying to be the solution finder,” says Parul. “It’s a great feeling when you can tailor the physical activity to meet the specifications and expectations of the group.”

Parul has also been linking individuals within the South Asian community with training opportunities to further develop their skills and enable them to become leaders in their communities. Twenty-nine leaders have received first aid training, of which three leaders have also been trained in group exercising and two have learned about running mini sports competitions.

“We haven’t done any formal measurement about how the amount of physical activity South Asian people are doing has changed but all the training and the increased availability of opportunities has definitely resulted in a change of attitude. People are more willing to go out and get active, and several groups are approaching me for more. That’s a big change.”

Parul’s role is supported by Creating a Better Future, East Health Trust, Otara Health Charitable Trust, ProCare and Counties Manukau Active.
2. Developing Personal, Family and Whaanau Capacity and Leadership for Active Engagement in Being Healthy

Developing and enhancing personal, family and whaanau capacity and leadership for active engagement in being healthy requires an understanding of the implications of making healthy choices, the ability to make informed decisions and the knowledge, skills, tools and resources to take action to protect and promote their health. These same skills and resources are important in better managing disease and promoting a better quality of life.

2.1 Self Management Education: Self Management Education is offered by CMDHB Master Trainers Dr Richard S Cooper and Pulaloa Fatupaito as well as through primary health organisations across Counties Manukau. Tangi Takie and Salafai Elisara have completed courses offered by CMDHB with Richard and Pulaloa.
The Tu Whatukura – Men to Stand Tall programme is extending this year, taking Self Management Education (SME) to more Māori men and their whānau throughout Counties Manukau.

Dr Richard S Cooper, Māori SME Facilitator and Master Trainer, is this year delivering the successful programme at eight marae throughout the district: Oraeora Marae at Port Waikato, Mangatangi Marae, Nga Hau e Wha Marae in Pukekohe, Tahuna Marae in Waiuku, Manurewa Marae, Papakura Marae, Mataatua Marae in Mangere and Whare Watea Marae, also in Mangere.

Participation numbers in the programme have increased over the past few years, from 120 people attending some form of SME in 2007 to 1054 last year. Between July and December last year, 191 people were registered as newcomers to the programme.

Tu Whatukura – Men to Stand Tall is based on the kaupapa (purpose) that “E hara taku toa, I te toa takitahi engari he toa taku tini” (My strength is not from myself alone, but from the strength of the group). Challenges for men seeking help with their health are that they are often too shy, embarrassed or busy to do so.

“Men – they don’t go to the doctor unless they’re ready to drop dead,” says Richard. “We are trying to break those barriers down so men feel ok talking about health issues in a bigger group.”

The programme, delivered at each marae once a month, incorporates several activities. Richard, who is also a sculptor, leads art sessions as well as activities like eeling, floundering, Māori games and cooking. Specialists also talk through different topics such as gout, podiatry, nutrition, endocrinology and ophthalmology.

“The activities might be little things but they are quite awesome. They work magic in helping men take more responsibility for themselves and their conditions.”

Richard, who has been running SME for almost five years, uses his own experience as both an artist and the only person amongst his 10 siblings with diabetes to enrich the programme delivery.

“It breaks down a lot of barriers when I sit and talk with them. We are all in the same boat.”

Whānau participation and support is also an important part of Tu Whatukura – Men to Stand Tall. Partners and family are invited to sessions to assist participants with their SME journey.

“Whānau is an important factor for men. Quite a common reason why men do SME is that they have grandchildren, mokupuna, and they want to enjoy life longer with them.”

The programme has resulted in many noticeable benefits for participants, says Richard, including fewer missed appointments with healthcare professionals, better use of medication, lower blood pressure, regular monitoring of sugar levels, less fat and alcohol, weight loss, more physical activity and higher self esteem which is reflected in improvements in behaviour.
**Maaori Self Management Education**

**Tangi Takie**

Tangi Takie is a 44 year old Maaori man from Mangere who was diagnosed with type 2 diabetes 11 years ago. He regularly attends the *Tu Whatukura* Self Management Education run by Dr Richard S Cooper. This is his story in his own words:

"Ko Huruiki te Maunga
Ko Whangaruru te Moana
Ko Ngati Wai te Iwi
Ko Tangi Takie ahau
Tena ra koutou katoa"

"In 2000, I was diagnosed with diabetes, aged 33. I knew nothing about diabetes or that I was at risk before I was diagnosed. Growing up I'd never been to the doctor much. With our people, and I'm talking about Maaori people, we like to brush things under the carpet. We don't like to look at it. It means hospitals, doctors, medicines and changing your life. I lot of us are not ready to do that.

"And so when I was diagnosed I really didn't look into it. I didn't do any homework around what diabetes was all about and I pretty much ignored it. It just meant taking another pill – that's all it meant to me for a long time. I was pretty sick but I wasn't accepting it. The mind is so strong it can will itself through anything but the body keeps breaking down.

"I got to the stage, about two years ago, where I found I needed to educate myself about diabetes and what it was doing to me so I started doing Richard's courses at Mataatua Marae.

"The first year with Richard was around healthy eating. He showed us how to prepare the food, what foods to eat and all this type of thing. He took us through what sugar does to us and talked about insulin. Just learning about this helped me to change some areas in my life. That was a really good thing.

"The year after that we started doing physical activities, things like Maaori sports and kiorahi. And we went fishing. We caught no fish but it was good to go out there anyway and think that we were fishermen.

"The good thing was being together. It is mainly men. Men don't really open up so it was good for us. It took a long time for the guys to start talking about diabetes but once they started talking about it we could all relate to the things we were saying and it was good to voice those. People who were listening to you valued what you were saying and you could support each other. It was an opportunity to whakawhanaungatanga (create relationships and connections). We shared numbers and now ring each other and just give each other a bit of moral support sometimes.

"I have been bringing a tai chi element to the group. We go to the pools every Thursday and do laps walking. After that we do a bit of tai chi. Some of our men are not used to exercising in a pool. They're not exactly looking like Olympians or anything. But we have a group of guys that feel comfortable about doing activity. That's been another good part of the course because we are extending ourselves. We are coming out of our little boxes and getting out into the community.

"I still struggle with areas like eating and my mental state where I might not have such a good day. You do have your bad days but I just take it as it comes. I just go with it and the next day I start again.

"For me, it's about recognising that I have got this thing and trying to manage it the best I can with what I'm working with. I do neglect things like putting cream on my feet or eating a doughnut. But even though I go away from the mark, I always find a way back. Before, I just stayed out there and didn't come back.

Tangi Takie is studying a Diploma in Visual Fine Arts at Te Wananga O Aotearoa
“Since I started looking after myself I have increased my exercise. It's been a developmental thing. I started with walking, then joined tai chi and last year I started swimming. With my food, I’m aware of what triggers me off now. And I’m strict with myself about keeping my doctor’s appointments.

“I have been trying to lead by example. My Mum has diabetes and my sisters are at risk. Without Richard’s information and without his class, I wouldn’t be able to speak to my family about diabetes – what it is, what are the dangers and what they can do to help themselves. They don’t always listen but if they don’t start thinking about it or start looking after themselves, when they get to that point where they do have it, then they’ll feel really uncomfortable and ignore it as well until it’s too late.

“Richard always says ‘our time is precious, we can't waste it’. I always think about that now. Before, I didn’t value my time. I didn’t think it was worth anything but when somebody says that to you, it’s quite profound.

“I've had an interest in art for a long time and I found when I was getting through my sickness that that was the only thing that was helping me mentally. So three weeks ago, I started studying for a Diploma in Visual Fine Arts (at Te Wananga O Aotearoa) which will take two years. This is another step forward for me in terms of feeling confident enough to go for a diploma.

“I’ve decided that I have got to live my life and try to help myself. I'm passionate about my art work and I'd like to do something with it. I seem to be developing slowly but I'm getting there.

“No reira tena koutou tena koutou tena koutou katoa.”
Samoan Self Management Education (SME) graduates are using their new skills to help others.

The emphasis with the Pacific SME programme is on finding people within the pool of graduates who want to become voluntary course leaders themselves, working towards delivering the programme in their community and empowering others to manage their own health.

Pulaloa Fatupaito, Pacific SME facilitator and Master Trainer, says graduates are a great resource as they can teach others new ways of managing their condition while sharing their journey and experience. Demand for SME from the Pacific community, particularly SME delivered in Samoan, is high.

Between February and December last year, 223 people completed a six week Pacific SME course.

In order to identify and train graduates to become course leaders, a five-level process has been put in place. At level 1, newcomers complete the six weeks of SME. Those who are interested in becoming a course leader are then trained, in English, over four days at level 2. Level 3 sees these newly trained leaders delivering SME over six weeks to new participants with the assistance of a qualified Master Trainer. At level 4, certified course leaders are able to deliver the SME programme in partnership with other certified course leaders. Finally, at level five, course leaders may be able to work towards Master Trainer status themselves.

According to Pulaloa, six Samoan people are currently at level 2 - the first step in realising this long-term process which will help make Pacific SME sustainable and able to meet demand.

"Because long term illness is for life, it won't leave a person until they die, we need more leaders," Pulaloa says. "I see myself and other SME leaders as bridging the gap between our people and health professionals. If it takes our people to go back and learn basic skills to be able to live longer with a long term condition, then they have to. It is so important. We need more and more Samoan and Pacific people to work in this area."

The Pacific SME programme is delivered in churches over six weeks in both English and Samoan. Participants learn skills to help them manage their chronic conditions such as how to handle difficult emotions, the safe use of medication, effective communication with family and health professionals, safe levels of physical activity and healthy diets. Through this content, they are empowered to manage their own health issues, symptoms and treatment, and to achieve better physical, social, mental and spiritual wellbeing.

"The benefit is that the person will be relying on themselves, utilizing their knowledge and skills at home rather than relying solely on a health professional."

Participants in Diabetes SME are also taken on a site visit to the dialysis unit at the Manukau Super Clinic. It was during one such visit that the group came across a Samoan man receiving dialysis treatment.

"He said to the group 'eat your planned food of the day, never miss being physically active daily and take your medications as prescribed by your doctors or you'll end up in this dead bed. If you don't self manage it yourself, if you don't utilize all the educations taught, and actioning it yourself, you will end up in this dead bed soon."

"I think that made people wake up and realise this is very real to our lives," says Pulaloa. "Now they are talking and owning their own health themselves. There's a difference between learning the knowledge and knowing how to practically apply those self management skills in daily living but the success of the programme with the Samoan people that have gone through all the trainings is phenomenal."

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Success for Salafai Elisara means self-managing her diabetes and being able to reduce her medication dosage.

The Samoan lady completed a six week Pacific Self Management Education (SME) course with Pulaloa Fatupaito last year at the recommendation of the bishop at her church.

She was diagnosed with diabetes during her first pregnancy in 1997, at which time she says she did not understand much about the condition. Fortunately that changed last year, thanks to her involvement in the SME course.

Salafai, whose mother also has diabetes, has been in New Zealand nearly 20 years. She says she now understands how lifestyle changes associated with the move from Samoa to New Zealand contributed to her condition.

"In Samoa we got food from the land but when we moved away, there was a lot of change. Suddenly, as long as you had money, there were simple ways to get food. And they didn't involve doing a lot of exercise or doing the garden. Your garden's now the shop and your fishing is also from the shop. It's very shocking.

"The training was really good. It was helping me understand my diabetes and also things that would help my family. All those things they were telling us were what I went home and did for my family.

And Salafai has been making big changes. She controls what and how much she eats, does more physical activity and manages her feelings and emotions relating to her condition.

These changes have helped control her diabetes, to the extent that her doctor has recommended she reduce her medication dosage.

"Before, I had to take lots of tablets. I knew I had to do something to get away from that. Then at my last check-up, they dropped my medication down. I feel really great that it's easier to manage my diabetes now.

"Before the training I was not quite sure how I could control it but now I manage. If I eat something unhealthy I'll do a lot of exercise. And I try to control what I'm eating so I'm still on that journey to self management."
2.2 Providing Children with the Best Start to Life
A new smoking cessation service has just commenced in Counties Manukau for pregnant women and their families.

It is the first time a smoking cessation service focused on pregnant women and their families will be funded by CMDHB. The 27 month contract, funded by Creating a Better Future, will be delivered by the Christchurch-based organisation, SmokeChange, together with the Otara Health Charitable Trust. They will also be supported by their principal partners Maori SIDS, TAHA Pacific, and Change for our Children.

Smokefree programme manager Ingrid Minett says the service will have three components – to provide women who are pregnant with cessation support, to provide their partners and family/whaanau with support to also become smokefree and to build community link champions to increase awareness of the importance of smokefree pregnancies and educate the community.

"About 1/3 of pregnancies in Counties Manukau are smoke-exposed, putting the pregnancy at high risk and also exposing the developing foetus to toxic chemicals while depriving it of the oxygen and nutrients required for optimum growth and development."

"We hope this new service will not only reach at least 200 pregnant women but also support their families to become smokefree and develop a community around each woman that is more aware of the importance of a smokefree environment, especially during pregnancy. It's about building a wider environment that understands the need to support women and address this important issue."

Ingrid says the importance of smokefree pregnancies cannot be overstated for the unborn baby or its mother. Smoking in pregnancy has been associated with a range of adverse pregnancy outcomes including stillbirth, preterm birth and intrauterine growth restriction. Smoking in pregnancy also carries serious adverse outcomes for children and is a key risk factor in Sudden Unexpected Deaths in Infancy. It also puts the infant and child at higher risk of glue ear, colds, asthma, bronchitis and pneumonia, and is associated with neurobehavioural problems such as attention deficit disorders, hyperactivity and learning difficulties. Children born to parents who smoke are also more prone to start smoking themselves later in life.

"This service is about helping every child have the best start to life possible. The best way to achieve this is firstly to ensure that they have an optimum environment in which to grow during the crucial nine months of their development in the womb, and secondly to see that all children are raised in smokefree homes with smokefree families."
A greater number of new mothers in Counties Manukau will receive free support to breastfeed and education about child wellbeing with the introduction of the B4Baby Plus service by Turuki Healthcare.

Funded by Creating a Better Future, Turuki Healthcare is extending its existing B4Baby service through the introduction of B4Baby Plus. Once the 18 month contract is finalised, this service will be fully available during 2011/2012.

Through antenatal referrals, B4Baby has been providing breastfeeding support and education for Māori and Pacific women by kaiawhina (breastfeeding advocates) and lactation consultants using a community-driven, home-based service delivery model. Beginning before the baby is born, these home visits continue until the baby is at least six months old to ensure a mother feels fully supported to breastfeed.

B4Baby Plus will build on that by extending the service to also include South Asian mothers and postnatal referrals. In addition to the breastfeeding education already carried out by the kaiawhina, the new service will also have an emphasis on nutrition, safe sleeping, immunisation, alcohol and other drugs, and smokefree education so that during each home visit, the mother is supported in all elements of child wellbeing.

Turuki primary healthcare manager Renee Muru says B4Baby Plus will result in a more holistic service.

“Breastfeeding is still absolutely vital but we know those other issues also need to be dealt with. And our kaiawhina and lactation consultants are perfectly placed to be talking with these women about related issues. They’ve already established that trust relationship and they have got an ear so to speak. It makes sense to utilize and optimize that relationship to both encourage and support breastfeeding, and promote related elements of child wellbeing.”

B4Baby Plus will bring the workforce to six kaiawhina and two lactation consultants. With the introduction of B4Baby Plus alongside B4Baby, these staff hope to make home visits to about 1470 women in Counties Manukau over the next 18 months.

B4Baby clinical leader and lactation consultant Ngaronoa Kimura says mothers definitely appreciate support to breastfeed.

“I had a call on Friday night at about 9.15pm. I picked it up and I heard a baby screaming and the mother crying and upset. I did a home visit and helped that mother settle her baby. That help was really vital for her. Such support is so important for our women, especially in ensuring that breastfeeding is maintained through those difficult times.”
2.3 Cardiovascular Risk Screening and Annual Review
Cardiovascular (CVD) risk screening is helping medical staff at the Mangere Health Centre regularly identify, and subsequently help, patients with undiagnosed diabetes.

Nurse manager Caerlie Palmer says the risk screening, which uses software to estimate a patient’s risk of a heart attack or cardiac event within five years based on factors such as age, ethnicity, smokefree status and blood pressure, is also the ideal opportunity in clinical practice to carry out “opportunistic blood tests”.

These are then repeated annually amongst patients who receive a CVD annual review.

This process is enabling staff to readily identify patients with diabetes through comparison of blood results over time.

“We pick up diabetes a lot through doing annual bloods. It’s an awesome tool to identify the amount of people it does with diabetes or pre-diabetes. Knowing this allows us to treat and support a patient, and the sooner we can do that the better it is for them,” says Caerlie.

The risk screening and annual review also provides advice on how to manage CVD risk based on New Zealand guidelines.

“Sometimes there are modifiable changes which we can help a patient with, like smoking. If smoking, for example, increases their risk of having a cardiac event then we can target it and make plans to talk about how they can change that factor.

“When patients get a percentage calculated for them based on their individual risk factors, it’s a lot more personal than our staff just talking about CVD risk in general terms. Patients appreciate information which is specific to them and it’s really cool when you see them take that information onboard, make modifiable changes to their lifestyle and lower the risk the following year.”

In Counties Manukau over the last five years to December 2010, 75% of eligible Maori and 76% of eligible Pacific have had a risk screening assessment.

In the first eight months of last year, more than 1200 patients with a high CVD clinical risk received a funded CVD annual management review.
2.4 Intensive Smoking Cessation Support
Community-based Smoking Cessation Services

The access and availability of robust, community-based smoking cessation services has been a focus this year, with the intention of enriching the services available to the public of Counties Manukau.

Existing smokefree services available in Counties Manukau include Aukati Kai Paipa for Maaori (funded by the Ministry of Health) and Pacific smokefree services funded through Creating a Better Future. To complement these, Creating a Better Future has introduced new services, all of which will be operational during 2011/2012. Contracting is underway for a Maaori leadership and cessation service. Proposals have been sought and provider selection is underway. A pregnancy smokefree service delivered by SmokeChange and the Otara Health Charitable Trust is now underway (see page 44) while visitors to Manukau’s Community Link Office can now benefit from the advice and support of the onsite smokefree community advisor, Todd Bell (see page 72).
2.8 Education and Support for Minimising Harm Through Alcohol
Alcohol Education and Support
Penina

Pacific communities in Counties Manukau have an increasing awareness about alcohol and other drugs thanks to the work of Penina in churches and other community settings.

With the support and mentoring of fellow provider Abacus, Penina has been delivering training, mentoring and support services centred on alcohol and other drugs (AOD). This work, which was contracted by CMDHB’s Mental Health and Addictions team, has been carried out in churches (including those involved with LotuMouï), with youth groups and with other community organisations.

Penina’s programme has been aimed at enabling target groups, such as LotuMouï churches, to screen for AOD problems, deliver brief interventions or make referrals to other services, and develop the local AOD workforce.

Almost 750 people participated in the training during the contracted period, with a further 53 completing Train the Trainer education. The programme was delivered at 21 church groups, to eight youth groups and other organisations like Manukau Salvation Army, Parent Teacher Associations and Mangere’s Pukapuka Community.

Of those who provided feedback about the programme, many said they had subsequently raised AOD issues with their family, friends or co-workers. Some had also modified their own use of AOD or referred someone to get help with their AOD issue.

“All I want is to spread the news about this programme to help people who are taking drugs and alcohol,” says one participant.

“I learnt a lot of things that I never knew about drugs before,” comments another. “I learnt the different sorts of drugs, the low risk and high risk, and the different symptoms caused by the drugs so I can keep my eye on my own children.”

Penina is currently working with CMDHB to ensure ongoing services meet the needs of the Pacific community. AOD education and training services are also provided for mainstream and Māori communities and organisations by Abacus, which is delivering consumer training courses later this year.
2.5 Weight Management
Creating a Better Future and Middlemore Hospital have been piloting a weight management programme – **Live Well**.

As part of the pilot, Creating a Better Future dietitian Jane Johnsson has been delivering sessions through Mangere Community Health Trust.

*Live Well* is a six week programme, with monthly catch up sessions provided for graduates. It focuses on nutrition education and practical information including cooking demonstrations, fun activities and sampling healthy food and snacks.

“It’s about giving participants the knowledge and skills to manage their weight themselves. We focus on key things like problem solving and goal setting. Everything we do is a learning opportunity,” says Jane.

The second pilot is currently underway. Last year, over 20 people registered for the programme with an average weight loss of about three kilograms each over six weeks.
3. Working with Intersectoral Partners to Create Environments that Support Healthy Living

Working with intersectoral partners to put in place policies and interventions that modify the physical and social environment is crucial for large scale population-level support for individuals to make healthy choices. Policies and interventions that modify the environment can support improved nutrition, increased physical activity and decreased smoking and alcohol availability and consumption.

Physical activity can be enhanced through urban design and the increased availability of physical activity opportunities within schools, Early Childhood Education services, parks and other settings. Urban design through retail planning can also manage the availability and access to healthy food options and tobacco.

3.1 Physical Activity Initiatives
A successful programme, which promotes healthy eating and physical activity to Manukau children, has expanded, giving more families the opportunity to be involved.

The Otara Health Charitable Trust, which delivers the free Active Families programme, added an evening programme in Otara to the after school programmes already offered to children and their caregivers in Otara and Manurewa.

Caregivers are encouraged to attend the programme with their child.

“We introduced the evening sessions to make this fantastic programme more accessible to families, especially families where the caregivers worked during the day,” says Lueyna Barnard, health promotion programmes coordinator at Otara Health.

“We wanted as many children as possible to come along, try all the fun activities the programme offers and also get the great benefits from participation.”

Among those who have benefited is Annitta Johnston-Pulham, a Manurewa woman who took five of her grandchildren along to the weekly Manurewa classes last year.

The family graduated from the three month core phase and moved into the three month enhancement stage, during which time they were linked to sports teams and physical activities in Manurewa to help them use their new skills and knowledge.

Annitta says the programme has been fantastic for her grandchildren who have gained confidence in the water through the Swimsation swimming sessions (delivered as part of the Active Families programme), made great friends and learned about the importance of regular physical activity.

"Since we've started Monday nights (in Manurewa), we go dancing at the marae and we normally do Zumba on Mondays after here. And then tee ball's coming," she says.

"It has encouraged the kids to be more active as well as encouraged Nanny to be more active. We actually so enjoy the class now because the kids want that activity. It has led off into other avenues that have created a more active outlook for us.”

Annitta says it has also helped teach her grandchildren about healthy eating and how to maintain a healthy weight.

In the 2009/2010 year, 123 children participated in Otara Health’s Green Prescription Active Families programme. About 92% of these children reduced the size of their waist and 98% increased the amount of physical activity they did.

Creating a Better Future supports Otara Health to deliver Active Families alongside the Ministry of Health, Total Healthcare Otara and ProCare Network Manukau. Children aged between five and 15 years can participate and caregivers are encouraged to attend the weekly sessions.
Hafizur Rahaman is literally walking the talk.

Thanks to his completion of the Getting Started physical activity and healthy eating programme, run by the Otara Health Charitable Trust, the Indo-Fijian man from Manukau has started walking daily with his wife and daughter as part of their overall healthier lifestyle.

Hafizur, who has multiple health conditions, was referred to Getting Started by his doctor last year. He used to play soccer for local and district club teams when he was younger but says that his levels of physical activity dropped since he arrived in New Zealand.

Getting Started is a weekly healthy lifestyles programme available in Otara, combining physical activity with information about healthy eating and guest speakers. Participants complete a three month programme before being assessed and transferred into the graduate programme, which supports them to continue working towards a healthier lifestyle.

Through his involvement in Getting Started, Hafizur says he learnt about the importance of healthy eating and had the opportunity to try new activities such as tai chi.

“I learned a lot, especially about my eating habits, which have now changed. I used to eat a lot of oily stuff but now I’ve changed to greens and salads. I’m also more active now. I take both my daughter and wife for walks. We are walking half an hour morning and afternoon, everyday.

“I’ve realised that sitting in the chair or watching TV is not going to help me.”

Since joining Getting Started in October 2010, Hafizur has lost about three kilograms and about nine centimetres from around his waist. He has also increased his fitness level and is able to walk faster and further than he could when he started.

He has transferred into the Getting Started graduate programme and still attends on a weekly basis.

“I feel better, much better. I’ve learned a lot and I’m even going to buy resistance bands so my family and I can do exercise indoors in winter.

“If I continue at this, maybe I’ll become 10 years younger,” he jokes.

Otara Health’s health promotion team leader, Maddi Schmidt, says the changes Hafizur has enjoyed are typical of the results Getting Started participants achieve.

“Hafizur has not only improved his physical fitness but also developed personally during his time with us. These are the kinds of results we see each week amongst people who want to get started on their journey towards a healthier lifestyle.”

Getting Started is supported by Creating a Better Future and funded by the Ministry of Health, Total Healthcare Otara and ProCare Network Manukau.
Somewhere in Counties Manukau, organised physical activities are running every night of the week thanks to Counties Manukau Active.

CMActive, which is nearing the end of its three year contract this June, has developed 175 activities in the region over the last three years, 142 of which are currently active.

That equates to more than 3000 people, including 1123 adults, involved in regular physical activity.

"And that’s continuing to grow as the activities are consolidating and attracting larger numbers. There's not just something happening every night of the week," says CMActive project manager Helen Gallagher. "There are many things."

The range of activities which CMActive, through its six physical activity leaders, supports is vast, including aerobics, jazzercise, pilates, biking, softball, hip hop and Maaori rugby. Activities are centred around five hubs – Waiuku, Papakura, Mangere, Manurewa and Otara – with a dedicated physical activity leader also working on South Asian initiatives.

On average, 28 people attend each session. Barriers to participation have been addressed by making activities free or available at low cost in various neighbourhoods and by educating community groups on the benefits of physical activity.

Of the 3091 registered participants, 32% are Maaori, 28% Pacific and 11% South Asian. About 5% have formally linked to a sports club through their participation.

Most physical activity leaders now mentor community leaders rather than deliver the initiatives themselves, which is part of making the activities sustainable in the long term. Community leaders are also offered training to support them to deliver activities.

“It’s really neat to see the evolution of it and to now see the community leaders getting a lot more confident and strong in their delivery. We want these activities to continue and to keep people involved in the long run,” Helen says.

CMActive’s target was to deliver 188 new physical activities over its three year contract which Helen says they are on track to either meet or exceed. CMActive’s contract has been extended to December and work on new initiatives in some Pacific churches through the LotuMoui scheme is underway.

CMActive is part-funded by Creating a Better Future.
Two Counties Manukau rugby league clubs will be among the first in the country to trial a health promotion and sports sector programme never before delivered in New Zealand.

A pilot of the League4Life programme will this year be delivered at two clubs in Counties Manukau, one in Auckland and four in Waitemata. Details of the clubs are yet to be released.

The programme, the first of its kind in New Zealand, links the health sector with the sports sector by partnering with rugby league clubs to promote health education and healthy lifestyles. It has been in development for two years and is based on the Play 4 Life health promotion model developed by the Waitemata District Health Board (WDHB). The sport’s governing body, New Zealand Rugby League, has endorsed, and is supporting, the programme.

It involves a three level accreditation system, with clubs earning points based on health initiatives they undertake in order to become a Health Promoting Sports Club. In Counties Manukau, points must be earned for work undertaken in the compulsory areas - responsible alcohol use and drinking environments, league fundamentals, being smokefree and introducing a children’s champion. Clubs can then choose to earn points from other areas - nutrition and healthy menu choices, awareness of recreational drug use, best practice for sideline behaviour, being sunsmart, and health awareness, including men’s health.

Participating clubs undertake a needs assessment before starting the accreditation process followed by the assessment, award and review. Incentives are offered for clubs who reach various levels of accreditation.

It is a big step for clubs, many of whom currently serve unhealthy menu options such as deep fried chips and receive significant sponsorship from alcohol companies, including branded sports gear.

“Rugby league is more than a game,” says Creating a Better Future project manager and physical activity specialist Mathew Bayliss, who is helping lead the project. “It’s not just about what’s happening on the pitch or in the club rooms, it’s about the community.”

Recent New Zealand research shows that 58% of parents and caregivers believe sports clubs or organisations should play a big role in making sure children eat and drink healthily. By improving their image and environment, and creating a more welcoming atmosphere for players and their families, clubs can hope to attract and retain more members long term.

The pilot will be evaluated by the School of Population Health later this year before League4Life is rolled out nationwide. It is hoped the programme will be well underway in a large number of clubs by 2015.

League4Life is supported by Creating a Better Future, WDHB, Auckland District Health Board, Auckland Regional Public Health Service, New Zealand Rugby League, Waitemata District Police, the National Heart Foundation, the Cancer Society, Drug Free Sport New Zealand, Sport Waitakere, Harbour Sport, ProCare, Safe Waitakere and ALAC.
3.2 Schools and Early Childhood Education Services
At Mangere College, creating a better future means students and staff working together to achieve student wellbeing.

Principal John Heyes says this approach has been fundamental in informing how the decile one college, which has a role of 890 year 9 to 13 students, deals with health and wellbeing.

When asked what creating a better future means at Mangere College, the answer is:

• The school and students working together in recognition that students’ wellbeing is an important factor for a healthy adult population
• Empowering young people to take responsibility for their own health and wellbeing
• Using the passion of young people to encourage others who don’t necessarily share that passion that health and wellbeing is an important goal to aim for

To that end, Mangere College has a Student Service Centre – a full, college-based health service, and is currently putting together its Student Health Council for the 2011 academic year.

The council is open to students from all year levels, with students able to be nominated to be included.

The council for 2011 will have an exciting year, having attended a fono run by Youthline with other youth health councils in March. The fono was an opportunity for members to meet other councils and to foster inspiration and support for the year ahead.

The council’s tasks at Mangere College this year will include liaising with the tuck shop and running tuck shop audits, running a breakfast club providing students with activities and food before school, maintaining the college vegetable garden, promoting community events or health campaigns (such as visits by the New Zealand Blood Service) and working with the college’s Student Sport Council on physical activity initiatives.

In the past, the council has been fundamental in offering breakfast club during the external exam period, making the college vegetable garden sustainable and introducing healthier options at the tuck shop by working with the contractor. These changes, which included altering the pies, chips, soft drinks and hot meal options on offer, and increasing the availability of fruit, are now regularly audited by successive councils.

“The council, and the work that it does, is brilliant. It’s something students themselves can work on alongside our nurses and physical education and health teachers. That’s the way it should be. Nothing beats a passionate teenager,” John says.

Through the Ministry of Health, Ministry of Education and Ministry of Social Development, the college also has a Student Service Centre which is intended as a ‘one stop shop’ for students. It hosts a guidance counsellor, social worker, nurses, community liaison worker and doctor. Part of the service provided by the centre is a health and wellbeing check for every year 9 student, at which point interventions can be put in place if required.

“The centre is well used,” says John. “Work at Mangere College cannot be done in isolation. For the needs of the students we are teaching, we must consider their total lives and not just education only.”

John also represents the Counties Manukau Secondary Schools Principals’ Association on the Creating a Better Future Community Partnership Group.
The Diabetes Projects Trust (DPT) continues to support healthy environments in schools through its GetWise2Health and WiseEnvironment Tuck Shop projects.

GetWise2Health is a curriculum-based package providing staff training and resources for teachers to enable them to deliver information about healthy lifestyles to Year 9 students.

“It gives teachers all the information they need to get kids thinking about what they’re eating and what impact it has on their body,” says DPT clinical projects manager, Kate Smallman.

“We particularly chose Year 9 students because it’s their first year at secondary school when they start having money in their pockets to make decisions about what they’re eating. If we can give the right information to them at that stage, then hopefully they can make better choices and build lifelong habits.”

The WiseEnvironment Tuck Shops project supports secondary schools to create a healthy food environment. This can include reviewing the tuck shop and vending machines, and working with both teachers and student health councils.

Kate says DPT staff work closely with student health councils because they play a key role in spreading the healthy eating message.

“Getting young people involved means the word will be heard better with other students – it’s information from the ground upwards rather than a downward push. It supports students to take control and make the decisions that will affect them.”

In Counties Manukau, about 17 secondary schools are involved with GetWise2Health and WiseEnvironment Tuck Shops.

“The two programmes go together nicely,” says Kate. “If you’re teaching it in the classrooms and students begin to understand why they need to eat healthy, it makes sense to reinforce this message by supplying healthy options in the tuck shop.”

As part of its work with schools, the DPT also provided extensive support to the Youthline fono for youth health councils.
3.3 Healthy Food Choices at Events and Within the Community
Fast food and fizzy drinks were nowhere to be seen at the recent Give It A Go event thanks to the implementation of the Creating a Better Future Healthy Event Guidelines.

Give It A Go was held in Barry Curtis Park in March to enable primary school children to try numerous and varied physical activities on day one, followed by an equestrian day, and finally a fun run and walk with a sports and recreation expo on day three.

Fifty-two teams of 15 children from Counties Manukau schools were among the approximately 150 people involved over the event’s three days. The 55 activities on offer on day one covered an extensive range—from cheerleading to croquet, archery to aerobics, and traditional Māori games to tennis.

Organiser Kaye Coyne decided to adopt and implement the Healthy Events Guidelines because, she says, they aligned well with the philosophy of the first-ever Give It A Go event.

“It just fitted perfectly with the whole concept in terms of being healthy and getting active. We wanted to run an event where the food available supported that approach.”

Kaye worked alongside the Creating a Better Future team to develop the healthy event, including seeking advice on sponsorship and food options. Sponsorship from companies deemed to sell unhealthy food was declined in favour of Sealord, which provided each child with a tuna pack, the Yummy Apple Company, Water in a Box, Progressive Enterprises, which supplied juice, and Milo. Hot Milo drinks made with light blue milk only were available to children onsite. Lollipops intended for the children’s take-home bags were also declined.

Creating a Better Future project manager and physical activity specialist Mathew Bayliss says he was delighted at how the Give It A Go team implemented the Healthy Event Guidelines.

“The event organisers were very receptive to implementing the guidelines and the whole event, which was well run and managed, reflected their enthusiasm for supporting healthy lifestyles.”

The healthy approach also received positive feedback from participants, with teachers impressed at the healthy refreshments made available for their students and no one commenting on the lack of fast food or fizzy drinks.

“Everyone was having juice, water and apples on a regular basis and they thought it was fantastic. It’s why the kids could stay so active – they were also being healthy,” Kaye says.

“The children were having so much fun that the emphasis was on what they were doing rather than on what they were eating or drinking, which is how it should be. It was great to illustrate to them how to keep hydrated, refreshed and on the go in a healthy way.”

The Healthy Events Guidelines were developed last year by Creating a Better Future. Give It A Go is set to become an annual event at Barry Curtis Park and plans are already underway to have it staged in other parts of Auckland and around New Zealand. “Wherever Give It A Go goes, the healthy message will travel with it,” says Kaye.
3.4 Workplace
Over 100 staff at a community organisation in Counties Manukau are now benefiting from Auckland Regional Public Health Service’s (ARPHS) Heartbeat Challenge.

Forty-three workplaces in Counties Manukau are participating in the free workplace health programme, including four who have joined in the last six months. The latest to sign on among that group is a community organisation employing over 100 people.

“We went to talk to them and explain about the programme but they were so keen they signed up on the spot,” says Judy Montgomery, workplace health programme lead at ARPHS.

This addition brings the number of staff members working at organisations in Counties Manukau which are participating in the Heartbeat Challenge to about 15,000.

Heartbeat Challenge is a workplace health programme targeting people of greatest need, particularly workplaces with a high number of Maori, Pacific and South Asian workers. Participating workplaces generally have more than 50 staff and an average income (including management salaries) of less than $50,000.

Judy says the organisations participating in the programme in Counties Manukau include those specialising in manufacturing, industry, health, food manufacturing, education and supermarket distribution. Some non-governmental organisations are also represented.

An organisation must make 20 health promoting changes in four different areas (healthy eating, physical activity, smoking cessation and workplace wellbeing) to receive a Heartbeat Challenge award. These changes can include participating in the Feetbeat walking challenge, developing a breastfeeding policy or training a staff member to be a Quit Card provider to support smoking cessation. The only compulsory change for a workplace is to develop a nutrition and catering policy.

It typically takes 12 months for a workplace to receive the award, with ongoing changes required in order to renew it. Nine Counties Manukau workplaces are currently award holders.

“People spend over 60% of their waking hours at work and they also have at least one meal there so it’s the best place to reach adults,” says Judy. “Workplace health programmes help reduce absenteeism, staff turnover and presenteeism (when people are at work but have reduced productivity). Ultimately it’s both the staff members and the company itself that benefits from participation.”
Employees at three Counties Manukau workplaces have been empowered to think about their health having participated in a Diabetes Projects Trust’s (DPT) Workplace Wellness programme last year.

The programme involves visits to workplaces to support them to become “health-supporting environments”. This can include assessing the workplace, providing advice on canteens and vending machines, and providing confidential health assessments for staff as required. These assessments can then enable DPT staff to identify health issues like diabetes risk and link people with the support they may require to make lifestyle changes, such as those who smoke with cessation support.

DPT clinical projects manager, Kate Smallman, says the programme is an especially effective way of accessing men who may not ordinarily be exposed to health messages or routinely visit a health professional.

“It’s a captive audience, though they also need to be keen to come along and be supported to do so by management. Generally though, people appreciate the opportunity to talk through issues in an environment which is comfortable and convenient. Sometimes people just want information for someone in their family. Whatever the case, if we can get the opportunity to get people thinking about being at work and being well, the workforce is going to end up more productive.”
3.5 Community Gardening
Demand for Gardens4Health has continued to soar, with 32 community gardens linked to the service now having put down roots in Counties Manukau.

Project manager Richard Main estimates at least 1200 people in Counties Manukau are involved in community gardens within schools, government departments, marae, parks and reserves, church land and community trusts. This participation, which includes a high level of interest from Maori, Pacific and South Asian communities, has also led many families to develop their own gardens at home.

Gardens4Health is also supporting four food initiatives in Counties Manukau.

“It's very rewarding work encouraging people to increase their physical activity and grow food to sustain their families but it's surging big time,” says Richard. “We thought spring was busy enough for us but the last few months have been extraordinarily intensive, with facilitator Jayne Bright and I fielding new enquiries and supporting applications for funding.”

Twenty-one community gardens are currently funded by the Counties Manukau District Health Board.

The range of services provided by Gardens4Health is vast, including sustainable best practice advice, support with funding applications, workshops, access to seed banks and supplier networks, liaison with councils, site assessments, links to other gardens and sourcing documents.

Richard attributes the rise in demand for these services to the increasing popularity of gardening.

"It is now becoming the norm in people's lives and it's changing the way they view life. The benefits are economic, psychological, environmental, spiritual and social. People are celebrating their harvest and celebrating their success. They're connecting with their neighbours and realising that with their new skills and new confidence, they can grow food and save on their household budget.

“The power of that is hard to measure but you can feel it and sense it. What we are seeing is people being more resourceful and developing a sense of resilience. It’s a fundamental change in the way people view the core needs of their community.”

Gardens4Health has also continued to grow its profile with media coverage and interest from two Masters-level students in conducting research into community gardens in Counties Manukau.
The art of gardening has returned to Whatapaka Marae, decades after ancestors grew their own garden on the southern shores of the Manukau Harbour.

Stairways Trust has established a community garden on a remote hillside overlooking the water. Dennis Kirkwood, who has helped lead the gardening project, explains that his grandmother, Tori Kirkwood née Tumata, once had a garden in the same area during the 1960s.

“As a child in the sixties I remember she used to grow watermelons, kamo kamo, just about everything really down in that corner. We’d go floundering or eeling and eat nectarines, peaches, plums and pears from Nan’s orchard.

“She was a true green thumb and had a big garden here. I guess it makes sense to revive it here in her space rather than create a new area.”

With the assistance of Gardens4Health, which has provided help with site visits and appraisals, costings and pest management, Dennis and others have established a garden complete with vegetable beds, olive trees and a citrus grove. Pests have proved the biggest obstacle in developing the site, with Dennis putting up a rabbit-proof fence and cutting overhanging branches back to stop possums gaining access.

The garden was funded through a Māori obesity contract from Creating a Better Future worth about $60,000 which was also spent on weight loss challenges, sports challenges and employing a healthy habits coordinator.

People from around the community contribute to the garden, including the 12 families linked to the marae. Connection to the garden is teaching people valuable skills, say Dennis.

“We were once all gardeners, Māori people, but unfortunately, somewhere along the line, we lost it. This is about trying to get that skill back, not only just being able to say you can grow a garden but also getting all the obvious benefits from the good vegetables that come out of it.

“Young people are going to need these sorts of skills. It’s going to be a vital part of their futures.”

Referring to about 10 young people who are working on the garden during the visit, Gardens4Health project manager Richard Main agrees.

“It’s a great opportunity for them to reconnect with the land, working together and sharing,” Richard says.

When asked what he thinks his late grandmother would say about the garden and what it is providing for the local community, Dennis is content.

“I think she’d be happy that someone’s taken up the call to get our hands back into the ground. At the end of the day when we walk away from the garden, we can turn around and look back and say we’ve done a good job, and that’s a good feeling.”
Edible gardening is playing a pivotal role in the recovery of patients at Otara’s Auckland Spinal Rehabilitation Unit.

The gardens, which opened in December 2009 on a site formerly occupied by bare lawn and a bowling green, are used by inpatients and outpatients, their family, staff and members of the wider community. For patients of the unit, involvement in the garden helps complement other forms of therapy.

Patients stay at the unit for a period of three to five months. They all have access to the garden, with many tending their own plot as part of their rehabilitation journey. They grow a range of plants, including herbs, fruit and vegetables, which are used onsite in healthy cooking or taken home. Sunflowers line the fence while the orchard means patients in the unit’s 20 rooms can look out at trees laden with fruit.

Occupational therapists use everyday activities, including the garden, as part of a patient’s therapy and rehabilitation. Gardening and using different tools in the garden can be a great exercise for people who have difficulty with hand movements. It is also an opportunity for occupational therapists to teach patients new skills or ways of doing things.

The garden is designed for spinal unit patients so the beds are raised and spaced to allow access from a wheelchair. These features were an important consideration when the garden’s site plan was developed, at which time Gardens4Health provided considerable support and advice to get the project off the ground.

It has also provided ongoing support, including running workshops on topics like seed saving and natural pest control onsite, and linking the garden up with other Otara-based gardens to share knowledge and resources.

Gardens4Health project manager Richard Main says the garden has had a significant impact on all those connected with the spinal unit.

“It’s permeating the daily lives of everyone and the impact that it has had on people’s lives is quite transformational. It’s definitely brought another dimension to the rehabilitation process.”

The Auckland Spinal Rehabilitation Unit provides an inpatient and outpatient spinal rehabilitation service for adults and adolescents with an acquired spinal cord injury. It is one of only two specialist spinal rehabilitation units in New Zealand with a patient catchment area from across the central North Island up to the far North.
3.6 Vulnerable Families
Advice and support to become smokefree is now available for people visiting Manukau’s Community Link office.

Todd Bell is the new smokefree community advisor, adding smokefree support to the range of services provided at the Osterley Way office for the first time.

The full-time role is funded through Creating a Better Future and in partnership with Te Hononga O Tamaki Me Hoturoa and Work and Income New Zealand.

Todd, who has previously worked in health promotion and social services, is excited about the opportunities his new role promises. He has been busy working with his colleagues on appropriate ways of addressing smoking with people and of referring them on to him for smokefree support if required.

Every person visiting the office will be asked by staff if they are smokefree or whether they have considered it, and made aware of Todd being onsite.

“One of my greatest resources here are the staff – they are the front line really as they have the first encounter with people. But they are very familiar with the people within this community and they already have strong relationships with them.

“My role is really to then bring support to the community, to provide that opportunity for people to access the support they require to have a smokefree attempt.”

Having help on hand is becoming increasingly important for people who are looking to become smokefree, especially with the recent tax increases on tobacco which have made smoking more expensive.

CMDHB smokefree programme manager Ingrid Minett says many people could benefit from having smokefree support and therefore making it available at the Community Link office is a great initiative.

“ Asking people about their smoking status while they are at the Community Link office is a great way of opening the door to smokefree support for people who might really need it. We are thrilled to have Todd onboard in this role as we continue to build supportive smokefree environments in Counties Manukau,” she says.

Todd is looking forward to building relationships with people through face to face discussions, and being able to provide follow up support through phone calls and home visits.

Having received smokefree training, he is now a Quit Card provider and will also have some Nicotine Replacement Therapy available for people.

“There’s more likely to be a successful attempt at becoming smokefree if people are supported, especially over the initial three months which is the most challenging part. I hope to provide positive and proactive support.”

Colleagues and friends of Todd have already shown interest in becoming smokefree with his support.

Todd says he was also interested in the role for personal reasons. He has had family members suffer lung cancer, heart disease and death because of tobacco use, and he wants to be part of building a better future.

The father of five says: “I have a belief in our future. I aspire to help create a future where my children and the community have the opportunity to be healthy and strong. This is a new chapter for me and it’s quite a special job to think that I will be involved in supporting those outcomes for all people.”

Todd will be available at the office during business hours on weekdays.
Demand is already building for supermarket tours and cooking demonstrations at the Mangere Budgeting Services Trust, which hopes to offer these new services from June this year.

The trust, a budgeting and family support service, has been funded by Creating a Better Future to deliver supermarket tours and cooking demonstrations.

Chief executive Darryl Evans says people are already signing up for the demonstrations and tours, while several workplaces have also expressed interest in them for their staff.

“A large number of people don’t know how to cook, bottom line. They certainly don’t know how to cook on a budget and putting good healthy food on the table is out of reach,” he says. “But people do want to come and learn. They are already signing up for these services or ringing and asking when they will start.”

Darryl says trust staff who deal with clients face-to-face were regularly hearing about parents struggling to put food on the table for their families. Often those who were struggling had grown up in homes where their own parents worked so they were never taught basic cooking skills.

“It just seemed a natural progression for me that we would deliver cooking classes because we want people to learn good practical skills. They’re not going to come on a course and walk out as a cordon bleu chef. The goal is to put good quality food on the table that is tasty, healthy and most importantly cost effective.”

The trust, which has about 1700 clients, is funded to deliver cooking classes at its onsite kitchen to 200 people over 12 months from June this year.

Those who complete a supermarket tour will first receive a budget plan and, armed with that knowledge, shop in the supermarket for their family. Their selections will then be compared with those of a trust staff member who, shopping on the same budget, will illustrate how to make wiser choices and stretch each dollar further.

“Most families don’t look for the bargains in the supermarket. Last year I took a family around and we saved $84 on their grocery bill by making the right choices and planning meals.

“But at the same time as the community learns from us, I want us to learn from the community. One of the people really interested in the cooking course is a solo mum of nine children. It will be interesting to hear how she is getting on as she has obviously been working through these issues with some success already.”

The trust, which has been operating for 20 years, offers a wrap-around service for its clients including budgeting advice, financial literacy, creditor negotiation, family counselling and housing advocacy.
A course offered by the Diabetes Projects Trust (DPT) is helping counteract the perception that it is too expensive to eat healthily.

“Cook’nKiwi” was developed from a pilot project originally run by Let’s Beat Diabetes. It is now a one day course offered by the DPT to people who work in the community with vulnerable families such as community healthcare workers, mental health workers and staff at budget advice centres.

“When you talk about healthy eating, people say it’s too expensive,” says DPT clinical projects manager, Kate Smallman. “But actually there are some very simple things people can do to manage the expense of buying food while still making healthy choices.”

For example, she says, the course compares the price of takeaways with home cooked meals which are both cheaper and healthier. Participants also consider the savings budget brands offer or using frozen vegetables instead of fresh which can be more expensive.

“It certainly opens your eyes. Food is expensive but with the right information, you can shop smarter and still eat healthy.”

New resources are currently being developed for the course, which about 150 people completed last year.
4. Improving the Quality of Clinical Interventions for Common Disease

Quality can be defined as the degree to which the services for individuals or populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Within the context of Creating a Better Future, improving the quality of clinical interventions includes screening, primary and secondary prevention as well as treatment and taking into account the patient’s perspective. Improvements in quality are necessary to support people-centred, equitable, safe and high-quality services that continually improve and that are culturally competent.

4.1 Brief Interventions for Reducing Lifestyle Risk Factors
Progress continues to be made towards the Ministry of Health’s smokefree target at Middlemore Hospital (MMH).

During the third quarter of 2010/2011, 67% of people who smoke and were hospitalised received support and advice to become smokefree. The Ministry of Health target for the final quarter is for 90% of hospital inpatients aged over 15 who smoke to be offered brief advice on the benefits of being smokefree, and Nicotine Replacement Therapy (NRT) or other support to quit. All wards and service areas are working hard to meet this target.

From January smokefree goals were also introduced for primary care. This information is still being finalised.

Smokefree programme manager Ingrid Minett says hospital staff have worked hard to improve the performance at MMH over time. Before the Ministry’s target was introduced in mid 2009, support and advice to become smokefree was offered to just 10% of all hospitalised patients.

“While our performance against the target has been improving every quarter we have been slipping over the past few months and will need to work hard to achieve the 90% goal. However, we now have a strong workforce promoting Smokefree Best Practice and reaching the target should be achievable. This is a cost effective and simple strategy to greatly improve population health. Over time we will begin to see the impact as smoking rates continue to decrease and fewer people are admitted to hospital with preventable disease.”

The important role of staff in promoting a smokefree lifestyle is evident in research undertaken in MMH’s Emergency Care (EC) department last year.

In July, CMDHB’s Smokefree team surveyed all patients who had received a smokefree intervention and been discharged from EC over a five week period. Of the group who could be contacted and who could recall receiving a smokefree intervention while in EC:

- 78% found the brief advice helpful
- 79% went on to make behavioural changes
- 20% reduced the number of cigarettes they smoked, by an average of 12 cigarettes per day
- 59% were prompted to quit smoking
- 33% were still smokefree at four weeks

Overall, 79% of people who could remember receiving support and advice to quit while in EC then changed their smoking behaviour in some way, while 33% were inspired to become smokefree completely.

“Clearly addressing smoking with patients, even very briefly, makes a huge difference and increases motivation to stop smoking. We hope we can continue to improve our performance against the Ministry’s target so that an increasing number of patients receive advice and support from a clinician and have the opportunity for a supported quit attempt,” Ingrid says.

CMDHB’s Smokefree team has also been supporting staff to increase their knowledge and confidence in addressing nicotine addiction with their Smokefree Best Practice course. This was compulsory for all nursing staff last year and about 1500 completed the training. It is run on request for other staff. A positive outcome from the training has been that a number of staff members that smoked have now successfully stopped. They were motivated to quit not only because of their increased knowledge but also by more active promotion of the smokefree hospital policy that forbids smoking anywhere on the grounds or in staff uniform.

Two new hospital concierges are also helping with this promotion as part of their core duty is to monitor smoking on the grounds and inform people that they are not allowed to smoke anywhere on site. They are also able to offer NRT and support to visitors seeking to become smokefree and will direct patients back to their wards to ask for support from their nurse.

“The message is slowly starting to get through that we are a smokefree hospital and if you are a patient here and you smoke then you will be supported in stopping,” says Ingrid. “Feedback from patients has been overwhelmingly positive, supporting the research that states that 80% of people who smoke would like to stop. Most people just need some help to do so.”

MMH’s Tiaho Mai team with certificates recognising their success in offering smokefree support to inpatients
“No boring bits” is how one participant has described a smokefree Train the Trainer course which is now available nationwide.

STEPS (Sustainable Trainer Education to Promote Smokefree) is a Train the Trainer programme delivered by CMDHB and the Hawkes Bay District Health Board. It is being offered nationwide after the successful delivery of a pilot course in Wanganui in January this year.

STEPS, which is funded by the Ministry of Health and supported by Creating a Better Future, came about after the introduction of the national Smokefree targets which specify that 90% of inpatients over the age of 15 years who smoke should be provided with support and help to quit by July this year. STEPS teaches health professionals how to train their colleagues to offer smokefree support so that more of the health workforce feels confident when addressing this important issue with patients.

The one-day workshop covers smokefree best practice, interactive activities, adult learning strategies, training information and a training tool kit. Ongoing mentoring is also provided.

Feedback from participants in the Wanganui course was positive, with people calling it “well laid-out”, “fun”, “extremely informative” and “motivating”.

“I like that we learned how to deliver the messages rather than just being told the messages,” one participant commented.

Ingrid Minett, CMDHB smokefree programme manager, says the workshop aims to build confidence so participants leave feeling capable of training their colleagues.

“ Asking a patient about their smokefree status and then following this up with the appropriate support or advice can be daunting,” she says. “By becoming a STEPS certified trainer, health professionals learn how to teach their colleagues to do this and are also provided with a variety of resources and support. With more skilled and resourced smokefree trainers, we hope to achieve a strong workforce that confidently assesses every patient’s smoking status and routinely provides brief advice and support to quit to everyone that smokes. The potential impact that this simple intervention can have in reducing the smoking prevalence in our communities is huge.”

STEPS is open to all registered health professionals and people employed as smokefree trainers.
4.2 Accreditation by Middlemore Hospital within the Baby Friendly Hospital Initiative
Middlemore Hospital (MMH) is closer to achieving Baby Friendly Hospital Initiative (BFHI) accreditation thanks to the “amazing” efforts and hard work of staff.

Primary Maternity Service manager Debra Fenton says staff have made substantial progress in the last year, especially in the development of policies and the roll out of staff education.

BFHI, which is a global campaign developed by the World Health Organisation (WHO) and UNICEF, is delivered in New Zealand by the New Zealand Breastfeeding Authority with the vision of breastfeeding becoming the cultural norm. Ten steps, including having a written breastfeeding policy that is routinely communicated to all staff and training all healthcare staff in the skills necessary to implement this policy, must be achieved in order for a hospital to become BFHI accredited. Along with this, the facility must comply with the WHO International Code of Marketing of Breast-milk Substitutes.

Debra says the recent emphasis has been on training over 480 staff who come into contact with a breastfeeding mother in the hospital. All nursing and midwifery staff who have been in the service for over six months have completed the training requirements, along with Allied Health staff, cleaners and clerical staff. Further work is ongoing with the medical staff and any new staff member that joins the maternity or neonatal services. Update workshops, which each staff member needs to attend every two years, are also underway.

“That’s a mammoth achievement by the management team in ensuring staff attend the training, as well as the staff who have carried out the training and those who have shown the enthusiasm and commitment to take this information onboard into their daily practise,” Debra says.

CMDHB policies and guidelines, which cover breastfeeding and artificial feeding within MMH, have also been revised or developed and made available on the organisation’s Intranet directory.

Complementing this progress is the ongoing work of breastfeeding advocates at MMH – positions which will be further funded by Creating a Better Future for 12 months from July this year.

These advocates, who are based exclusively at MMH’s Maternity Ward, provide education and hands-off support to mothers to breastfeed. Their role complements that of the nursing and midwifery staff, and the lactation consultants who address more complex problems.

The work of the advocates assists MMH’s journey towards BFHI accreditation, educating mothers with essential information and encouraging them to establish breastfeeding prior to discharge, says Debra. Provisional data suggests the rate of exclusive and full breastfeeding is slightly higher among mothers who have had contact with an advocate than among those who have not. Feedback from mothers about the interaction is extremely positive.

“This service is very helpful, especially for first time mothers,” says one mother. “The breastfeeding advocate that visited me explained breastfeeding well and how to do it right. Now I feel comfortable feeding my baby.”

It is now two and a half years since MMH began its journey towards BFHI accreditation and the progress made over that time is reflected in an increase in exclusive breastfeeding rates. Provisional data for June last year suggests 77% of mothers were exclusively breastfeeding when discharged from hospital, up from 60% in July 2008 before work began.

In addition to completing the 10 steps, a hospital must maintain a rate of at least 75% for three months in order to achieve BFHI status.
MMH’s Maternity Service is yet to formalise ongoing reporting of its breastfeeding rates for BFHI accreditation.

“We have made amazing progress despite the adversities we face within our service, with critical midwifery shortages, our complex model of care and with the demographic adversities as well,” says Debra. “I think we have done remarkably well and are making great progress, given that we are only two and a half years into this journey.

“The huge increase over the past few years in our exclusive breastfeeding rates among mothers at discharge is particularly encouraging – it’s quite an achievement.”

It is hoped that a formal assessment for BFHI accreditation will be carried out by the New Zealand Breastfeeding Authority at MMH in July this year.

In addition, CMDHB’s three Primary Birthing Units at Pukekohe, Botany and Papakura all achieved reaccreditation for BFHI in October last year. Each year over 1200 women give birth in these facilities with another 2500 choosing to transfer to these facilities for their postnatal stay.
Alongside the BFHI process, Creating a Better Future is also supporting breastfeeding by making the Baby Friendly Community Initiative (BFCI) available in Counties Manukau.

In partnership with the New Zealand Breastfeeding Authority, Creating a Better Future is offering support for all primary health organisations and their practices, and non government organisations within Counties Manukau to become BFCI accredited.

Plunket (which sees about 90% of all babies born in Counties Manukau) along with Family Start and Raukura Hauora O Tainui have already enrolled and attended a BFCI workshop at the CMDHB to start the 18 month process.

A Baby Friendly Community Service has practises that protect, promote and support breastfeeding to enable mothers to initiate and sustain breastfeeding of their babies. BFCI is based on a seven point plan which includes having a written breastfeeding policy, training all staff to implement the policy, informing mothers-to-be about the benefits and management of breastfeeding and supporting mothers to breastfeed exclusively to six months.

Creating a Better Future will support all three organisations in their journey to become BFCI accredited, including funding a part-time BFCI coordinator position. This role, which is yet to be appointed, will work across all three organisations.

"We’re pleased we can help these organisations work towards becoming BFCI accredited as this process promotes, protects and supports breastfeeding. It is an important step towards creating an environment in Counties Manukau where mothers feel valued, encouraged, accepted and supported to breastfeed,” says Breastfeeding programme manager, Christine Nurminen.
4.3 Breastfeeding Support Training
Breastfeeding Support Training
La Leche League

Four workshops for the workforce have been held in Counties Manukau to promote breastfeeding.

The workshops, facilitated by the La Leche League through the Creating a Better Future strategy, have been held for community health workers and practice nurses from primary care providers including East Tamaki Health Care and ProCare.

They covered four topics – breastfeeding benefits, barriers to breastfeeding, the basics of breastfeeding and where to go for support with breastfeeding. Participants learnt about subjects such as latching on, correct positioning, how to identify and overcome barriers like work, and where to refer new mothers needing more help.

Barbara Fletcher, a La Leche League leader and lactation consultant who delivered the workshops, says educating the workforce is important as these staff provide significant support to women during their pregnancies.

“Antenatal education is important. These staff can provide key messages and key contacts for the mum to draw on once she has had her baby. Teaching and supporting staff to promote breastfeeding at that time is very important as we try to normalise breastfeeding in the community.”

Feedback from participants about the workshops was positive, with many commenting that the interactive presentations, which used posters, photos and milk samples to assist with learning, were “extremely informative” and “invaluable”.

“The breastfeeding session made me aware, as a non breastfeeding mother, of the ease – financial and physical – that it gives,” commented one participant.

They were delivered alongside workshops on childhood immunisation to combine multiple elements of child health and wellbeing.
5. Facilitating Health and Social Care Integrated Around the Needs of those Affected by Diabetes, Cardiovascular Disease, Chronic Respiratory Disease and Cancers and their Family and Whaanau

Achieving the aim of Creating a Better Future – to prevent or delay the onset of non-communicable diseases, to improve health outcomes and quality of life for those with disease, and to reduce health inequities – requires a combined health sector and intersectoral response involving social support as well as support from the community and voluntary sector. This combined response must be respectful of, and responsive to, the individual and their family and whaanau preferences, needs and values, and ensure that their values guide decision making.

5.1 Health Promoting Practices
"A complete change in practice" is how staff at one general practice describe the process of becoming a Health Promoting Practice.

Mangere Health Centre, which has over 12,000 enrolled patients, is one of five practices in Auckland at which ProCare’s Health Promoting Practices Quality Framework has been piloted in the last two years. ProCare developed the framework based on work undertaken regionally around health promotion in primary health organisations.

The process with Mangere Health Centre was successful, with staff agreeing that the service available for patients has improved as a result.

“It’s very important for us to be a Health Promoting Practice,” says nurse manager Caerlie Palmer. “It’s all about prevention of disease and we have got to start things early, especially in the community we are working in.”

To become a Health Promoting Practice, the practice worked alongside ProCare staff to build processes for prevention, health promotion and population health. This included forming strong relationships with community groups and representatives, promoting a clean and healthy environment for patients and staff alike, and having a focus on 13 health priorities. These include smoking, nutrition, diabetes, cardiovascular disease, weight management, mental health, alcohol harm reduction, family violence, child health and oral health.

In 2011, ProCare’s focus is on improvement in immunisation, reducing smoking and reducing the incidence and impact of diabetes and cardiovascular disease amongst Auckland’s wider population. Reducing inequalities in health outcomes is also a focus.

“It’s about bringing these things into practice everyday, and doing it all,” Caerlie says. “We’re now very conscious about addressing all aspects of health and wellbeing with a patient and providing a more holistic service. We don’t just see someone for their cough and cold anymore – we also take the opportunity to involve patients in conversation about a range of things.”

Caerlie says becoming a Health Promoting Practice has also helped Mangere Health Centre make linkages with its community and become aware of resources it can draw on to support patients. Some of the 22 clinical staff now represent the health centre on various committees and projects linked to Mangere, such as the Healthy Kai project. Staff also utilise the town centre for health promotion, such as during Diabetes Awareness Week.
5.2 Supporting Whaanau Ora Models
Creating a Better Future is aligning with Whaanau Ora models through its contracting, the establishment of a Maaori Reference Group and engaging with five key community leadership hubs.

Maaori Community Leadership programme manager, Jason Paahi, says Creating a Better Future contracts are increasingly taking a holistic approach to health and wellbeing while at the same time allowing flexibility for providers to deliver their service in a way that is appropriate to their community environment and overall whaanau wellbeing.

"I believe the issue is not just about Maaori obesity or just diabetes or just smoking or just the lack of physical activity but about them all combined and finding a common balance to address the unbalance."

Contracts for Creating a Better Future Maaori Obesity Community Action grants are aiming to reflect this in 2011 by including a range of linkages to different services such as smokefree cessation support, other healthy lifestyle initiatives and Train the Trainer programmes. This holistic focus not only supports Whaanau Ora models but is also supporting a long term and sustainable pathway to overall wellness.

Providers are also encouraged to utilize the five Maaori leadership hubs (in Papakura, Franklin, Mangere, Otara and Manurewa) and the Maaori Reference Group. Jason says this enables them to stay connected with each other, coordinate services and adapt solutions that are tailored to local problems – all of which align with Whaanau Ora models of delivery.
6. Advancing the Knowledge Base for Action

The knowledge base for action supports strengthening system capacity by providing a strong base from which to inform decision making, health needs assessment and prioritisation as well as form a basis for setting and monitoring progress against targets, changes in health and outcomes and progress towards equity.

6.1 Communications Strategy
Communications for Creating a Better Future has taken several different forms since July last year, underpinned by the development of a Communications Strategy.

This document, which was developed last year, outlines the objectives of our communications, our target audiences, some key messages for Creating a Better Future and the different channels available to share our message with the community. The Creating a Better Future newsletter ‘Better Times’, local suburban newspapers and the Creating a Better Future website (www.betterfuture.co.nz) are some of the key tools in our approach to communications as we strive to celebrate the many successes of our community and reinforce that success with key messages and information.

Communications for the strategy have also linked in with several national campaigns since July, including Diabetes Awareness Week, World Breastfeeding Week, 5+ A Day Fruit and Vegetable Month, the Ministry of Health’s Smokefree New Year campaign, the Ministry of Health’s Eat Right, Be Active and Say ‘Jai Ho!’ campaign and World Smokefree Day.
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