

**Whānau Ora Health Impact Assessment on the Maru
Wehi Integrated Whānau Ora Centre Plan:
The results of a process and impact evaluation**

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October 2010

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Acknowledgements

I wish to express my gratitude to all those who participated in this evaluation for their time and thoughtful reflections and kōrero on the Whānau Ora Health Impact Assessment process and its short-term impact.

Executive summary

Background

The following report presents the findings of a process and impact evaluation of a Whānau Ora Health Impact Assessment (WOHIA) on the *Maru Wehi Integrated Whānau Ora Centre Plan* (the centre plan). The WOHIA was initiated by Tui Ora Limited (TOL) who saw WOHIA as an opportunity to inform the planning and development of its proposed centre plan by gathering the views and input of its key stakeholders, (including its affiliated providers), and providing an evidence-base to support that process. Both the WOHIA process and its evaluation were supported by funding from the Ministry of Health's HIA Support Unit's *Learning by Doing* fund.

Overall evaluation objective

The overall evaluation objective was to undertake and report on a process and short-term impact evaluation of the WOHIA process which was used to inform the planning and development of the draft *Maru Wehi Integrated Whānau Ora Centre Plan*.

Data collection methods

The evaluation was conducted concurrently with the WOHIA. Data were gathered for the evaluation using a mix of methods that included: participant observation, workshop participants' evaluation feedback, documentary analysis and interviews with 10 key stakeholders.

Conclusion

This evaluation findings show all five of the WOHIA's objectives were met. The WOHIA report's 22 recommendations will be used to inform and guide the continuing development, planning, and implementation of an Integrated Whānau Ora Centre Plan at the Maru Wehi site in New Plymouth over the next three years.

Key strengths of the WOHIA process included: the large turnout of stakeholders to both the scoping and appraisal hui; the high level of interest and engagement of hui participants in the WOHIA process; the facilitation and mentoring provided; its quality product, namely its literature review and WOHIA report; and the high level of TOL's senior management buy-in to the WOHIA process itself.

The unanticipated drain the WOHIA placed on the WOHIA team's capacity, particularly when it came time to prepare the WOHIA's report was, from the WOHIA team's perspective, the main constraint of the process.

The lack of a draft written plan, strategy, or policy is not typical of an HIA process. It proved quite challenging for the WOHIA's facilitators and caused confusion among some of the WOHIA's participants as result of the recent politicisation of the whānau ora concept. On the other hand, other participants' appreciated that 'nothing had been set in concrete' and that their input was sought at the outset of the planning and development process.

The WOHIA on the proposed Maru Wehi Integrated Health Whānau Ora centre plan is a good example of a WOHIA process that worked well. It also shows the Ministry of Health's *Learning by Doing* fund having been put to good use.

Section 1: Introduction

This report presents the findings of a process and impact evaluation of a Whānau Ora Health Impact Assessment (WOHIA) on the *Maru Wehi Integrated Whānau Ora Centre Plan* (the centre plan). The WOHIA was initiated by Tui Ora Limited (TOL) who saw the WOHIA as an opportunity to inform the development of its proposed centre plan by gathering the views and input of its key stakeholders, including its affiliated providers, and providing a supporting evidence base. The WOHIA was led by TOL with the support of two HIA consultants from the Wellington-based firm of Quigley and Watts Limited. The evaluation was undertaken by Velma McClellan a New Plymouth based, independent, research & evaluation consultant under contract to TOL. Both the WOHIA process and its evaluation were supported by funding from the Ministry of Health's HIA Support Unit's *Learning by Doing* fund.

Background

Tui Ora Limited (TOL) is a Māori Development Organisation which was established in 1998. TOL is based at the Maru Wehi complex in Maratahu Street, New Plymouth along with seven of its 17 affiliated providers. Twelve of these providers are contracted to deliver a broad range of health and social support services across the Taranaki region, except in those areas serviced by other iwi health services.

The WOHIA's context

In 2009 the government launched its \$20 million Te Ao Auahatanga: Māori Health Innovation Fund with the intention of continuing support and implementation of the vision articulated in *He Korowai Oranga: Māori Health Strategy* (Ministry of Health 2002a) and its companion document *Whakatataka :Māori Health Action Plan 2002-2005* (Ministry of Health 2002b). Tui Ora successfully secured funding through this funding programme to develop a localised whānau ora model over the next three years. Both the whānau ora service model and the proposed centre plan at the Maru Wehi complex will be developed concurrently should the WOHIA and TOL's planned ongoing consultation process indicate the 'go ahead' for the proposed centre plan. TOL's 2010 WOHIA contextual description indicate the proposed centre plan is broadly aligned to both national and regional strategies, policies and initiatives.

TOL was successful in its application to the Round Three HIA *Learning by Doing* funding to support its WOHIA on its proposed centre plan. A contract for conducting the WOHIA was signed by both parties in October 2009. Work officially commenced on the WOHIA in March 2010 and was completed in August 2010.

A definition of HIA

Whānau Ora Health Impact Assessment (WOHIA) is one of several instruments developed by the Ministry of Health to assist policy and decision-makers to inform their actions to address and reduce health inequalities. Other complementary tools include the Health Equity Assessment Tool, more commonly known as the HEAT tool, and the Intervention Framework. All three documents can be accessed on the Ministry of Health's website (www.moh.govt.nz).

WOHIA is based on the work that informed the Public Health Advisory Committee's report *A Guide to Health Impact Assessment: A policy tool for New Zealand* (Ministry of Health 2007).

HIA is defined as "a combination of procedures, methods and tools by which a policy, program or project may be judged by its potential effects on the health of a population, and the distribution of those effects within the population" (European Centre for Health Policy 1999). It is a practical way to ensure that health, wellbeing

and equity are considered as part of policy development in all sectors. It also helps facilitate policy-making that is based on evidence, focused on outcomes and encourages collaboration between a range of sectors and stakeholders. HIA is used in many countries, including New Zealand. In recent years policy-level HIA has been increasingly embedded in this country (Signal et al 2006).

HIA typically involves a four-stage process, namely:

1. Screening: a selection process where policies are quickly judged for their potential to affect the health, wellbeing and equity of populations, and hence the need (or not) to undertake HIA
2. Scoping: planning the HIA including identifying the aims and objectives, identifying key stakeholders, determining resources needed and identifying possible data sources
3. Appraisal: describing the potential benefits and risks to health and their nature and magnitude and identifying potential changes that could be made to a policy to enhance its positive and mitigate its negative impacts on health, equity and wellbeing
4. Evaluation: assessing the process of the HIA in order to determine how it was done and to provide useful information for future HIAs, assessing the impact of the HIA to determine the extent to which the recommendations were taken on board in the policy decision-making process; and assessing the outcome of the HIA, namely its long-term effects on health, equity and wellbeing (Public Health Advisory Committee 2005).

The WOHIA's aims and objectives

Overall aim

To support better and informed decision-making around the development and implementation of the *Draft Integrated Whānau Ora Centre Plan*.

Objectives

1. Assess the links between integrated whānau ora centres, health determinants for Taranaki Māori and health outcomes
2. Provide an understanding of the effects perceived by the community stakeholders of establishing an integrated whānau ora centre
3. Identify existing inequalities in health and wellbeing outcomes for Taranaki Māori
4. Identify the potential positive impacts on health and wellbeing
5. Identify the potential negative impacts on health and wellbeing and determine strategies to mitigate these impacts.

Section 2: The evaluation objectives

The overall evaluation objective was to undertake and report on a process and short-term impact evaluation of the WOHIA process which was used to inform the planning and development of the draft *Maru Wehi Integrated Whānau Ora Centre Plan*.

Evaluation objectives

The **process** component of the evaluation aimed to:

1. Describe the WOHIA process and context
2. Determine if the WOHIA's objectives were met
3. Identify the strengths of the WOHIA process
4. Identify any constraints experienced during the WOHIA process
5. Identify possible changes that could be made if the WOHIA were repeated
6. Identify resources for future use of WOHIA for Tui Ora Limited
7. Determine the resources (financial, staff time, consultants' fees etc) spent on the WOHIA
8. Determine if the WOHIA added value to the planning process? If so in what ways?
9. Determine the comprehensibility and overall value of the WOHIA report, including its literature review.

In terms of **short-term impacts** the evaluation aimed to:

10. Determine if the WOHIA's recommendations were taken on board by the decision-makers involved, and if so how and when, and if not, why not
11. Determine if the draft plan was changed as a result of conducting the WOHIA
12. Determine any unintended consequences (negative or positive) that resulted from the WOHIA
13. Determine what key lessons can be taken from this WOHIA for Tui Ora and other potential users of WOHIA
14. Determine if WOHIA will be built into Tui Ora's planning and development processes.

Section 3: Data collection methods

Data for the WOHIA evaluation were gathered between March and August 2010 using the following methods:

Observation of the WOHIA process

The evaluator observed the WOHIA's scoping and appraisal workshops. This involved taking note of who attended, recording observations throughout the workshop's proceedings, reflecting on the process and documents arising from the process, and providing feedback to Tui Ora's WOHIA team and the HIA consultant.

The evaluator also participated in key WOHIA planning hui and teleconferencing with the WOHIA team and the HIA consultants.

Analysis of WOHIA hui participants' feedback

Post-scoping and appraisal hui evaluation interview schedules were designed and distributed to participants following both hui (refer to appendix 1 for copies of the interviews schedules).

Fourteen participants completed interview forms following the scoping hui and 15 responses were collected after the appraisal hui (forms were not distributed to personnel who were directly involved in project managing the hui, namely the WOHIA team, the HIA consultants and the evaluator).

All responses were subsequently analysed for key themes. Evaluation reports were prepared following both hui and emailed to the WOHIA team and the HIA consultants for their information and comment (refer to Section 2 for an analysis of the findings of these two WOHIA hui).

Review of relevant WOHIA documentation

WOHIA-related documents were reviewed to inform the evaluation. These provided background and context to the WOHIA and assisted to inform the WOHIA's process and impact evaluation sections of this report.

Key stakeholders interviews

Two interview schedules were developed for the key stakeholders interviews (refer to appendix 2 for copies of the schedules). The first was prepared for those directly involved in developing and implementing the WOHIA process; i.e. the two Tui Ora WOHIA team members and one of the two Quigley and Watts Limited HIA consultants. The second was designed for the interviews with the 'other' community stakeholders who attended either one or both of the WOHIA workshops.

Interview sample selection

The Tui Ora WOHIA team members and the evaluator selected 10 stakeholders they considered a representative sample of the range of stakeholders who participated in the WOHIA process. Those interviewed included the two Tui Ora WOHIA team members, one of the two HIA consultants who supported and mentored the WOHIA team, representatives from two Tui Ora affiliated service providers, two Taranaki District Health Board corporate staff members, a Taranaki Iwi Trust representative, one of the South Taranaki regional-based Ngati Ruanui Tahua (Trust) senior management team, and a policy advisor from the Ministry of Social Development.

All 10 of the selected stakeholders consented to participate in the evaluation. Six were interviewed face-to-face and four were interviewed by telephone.

All stakeholders were emailed an evaluation information sheet and an interview consent form (refer to appendix 3 for copies of these forms).

Data analysis

All data were analysed for key themes specific to the WOHIA evaluation objectives and any other relevant issues that emerged during the analysis. Data from the different methods were triangulated to assess the process and impact of the WOHIA.

Section 4: Process evaluation results

This section of the evaluation report outlines the WOHIA process used by the Tui Ora WOHIA team for the *Maru Wehi Integrated Whānau Ora Centre Plan* (the centre plan) and also presents the post-scoping and appraisal hui participant evaluation findings. This results section also includes data arising from the evaluator's participant observations, and the review of documentary materials.

WOHIA screening/ scoping hui report

The decision to undertake a WOHIA on the proposed centre plan was endorsed by participants who attended the combined screening/ scoping hui, which was held at the Maru Wehi complex (36 Maratahu Street, New Plymouth) on 4 March 2010. The hui was arranged by Tui Ora Limited and facilitated by HIA consultants from the Wellington-based firm of Quigley and Watts Limited and two of Tui Ora's three-member WOHIA team.

A total of 26 people attended the hui: the three members of TOL's WOHIA team, a combined group of TOL affiliated Māori health providers and staff members, representatives from the Taranaki District Health Board, the General Manager Hauora Taranaki Primary Health Organisation (PHO), a Taranaki iwi representative and member of the TOL Trust, the HIA consultants/ facilitators, and the WOHIA's evaluator.

TOL WOHIA team members and the HIA consultants very effectively 'set the scene' outlining what the centre plan might look like, the context for this particular WOHIA, the overall purpose of the scoping hui and an explanation of the WOHIA process as applied to the draft centre plan. The scoping exercise focused on four key areas the identification of priority health determinants and priority populations, and potential sources of data and information for the WOHIA's literature review.

The scoping hui led to the identification of three priorities: integration across sectors, improved whānau health and wellbeing outcomes, and listening/ engagement/ tinorangatiratanga. The priority populations identified as most likely to be affected by the proposed centre plan were: whānau (particularly rangatahi and kaumātua), Māori health providers, and providers' staff, funders (the TDHB, the Ministry of Health, funders of other sectors), iwi, and secondary and specialist service providers.

Scoping hui participants' evaluation feedback

In the closing stages of the WOHIA scoping hui, evaluation forms were distributed to the WOHIA's participants remaining (some left early due to other work commitments). Forms were not completed by those directly involved in implementing the WOHIA. Remaining participants were encouraged to complete an anonymous post-hui evaluation form. Fourteen forms were subsequently completed (refer to appendix 1 for a copies of the post- hui evaluation forms).

The analysis of the 14 post-evaluation survey forms showed participants were generally positive about their involvement in the WOHIA. Two major strengths were identified, namely the opportunity to participate and the quality of the facilitation and information provided during the hui.

The turnout for this WOHIA scoping hui was impressive. Many of the participants were TOL's affiliated Māori providers. All participants were clearly engaged and contributed with apparent enthusiasm from start to finish. The choice of venue (TOL's board room) undoubtedly played a part in the high level of engagement, as did the participants' knowledge and familiarity with each other. It was possibly also encouraging for some that the planning of the proposed centre was at a very early stage of development.

The hui was well facilitated, which is an assessment supported by several participants' evaluation feedback. Considerable time was spent trying to clarify and define whānau in terms of its application to the centre plan.

The lack of a specific draft centre plan was in some ways a disadvantage, in that participants had no written reference document (draft plan in this case). One participant suggested a copy of the business case for the proposed centre would have been useful on the day. On the other hand, this 'blank page' situation reassured some, in the sense that, 'nothing was set in concrete. Instead participants' input was sought at the very outset of the planning process.

WOHIA appraisal hui evaluation report summary

The WOHIA's appraisal phase consisted of:

1. one appraisal hui/ workshop
2. five subsequent focus groups with:
 - kaumātua,
 - rangatahi
 - whānau i.e. mothers and nannies
 - on-site kaupapa Māori providers
 - a Primary Health Organisation (PHO).
3. kōrero with six individuals, namely a PHO manager, an on-site information technology specialist, an onsite administrator and one off-site kaupapa Māori provider.
4. a literature review for the Maru Wehi Integrated Whānau Ora Centre Plan WOHIA.

The focus groups and individual interviews were all conducted by Tui Ora WOHIA team members.

The WOHIA scoping hui was held at the TDHB's Clinical Skills Laboratory in New Plymouth on 30 April 2010. A total of 29 people attended. Participants included representatives from TOL's affiliated Māori providers, Taranaki iwi, TDHB, the Ministry of Social Development, the three members of TOL's WOHIA team, two HIA consultants/ facilitators from the Wellington-based firm of Quigley and Watts, and the New Plymouth-based research evaluator. Six stakeholders tendered apologies.

The hui commenced with a well presented PowerPoint explaining the purpose of the appraisal hui, the WOHIA aims and objectives, an outline of where the centre plan was currently up to, and the WOHIA's expected outputs/ products. The presentation was followed by another wherein a member of the WOHIA team outlined the proposed centre plan and its political context. Like the preceding scoping hui, no written draft centre plan was available.

A copy of the scoping report and the draft WOHIA literature review were distributed following the above presentations. The author of the WOHIA literature then summarised its preliminary key findings. Participants were invited to ask questions and all were answered intelligently and succinctly. A few participants identified recent local reports on integrated care approaches. It was suggested these should be incorporated into the review. This suggestion was subsequently actioned (refer to following section for further detail on the literature review).

Small group work

Three groups were formed to consider four set questions focused on the three priority determinants identified in the earlier scoping hui. Each group's participants considered one of the three determinants in terms of:

- what the particular priority meant to them
- what would it take to reach the desired outcome
- what are the potential barriers to achieving that outcome
- what are possible solutions to these barriers.

Participants also produced recommendations based on their group discussions. Their work was then summarised by the facilitators during the lunch break and subsequently presented back to the main group.

The evaluator observed each of the group discussions, which took place in separate areas of the hui venue. One of these areas was less than optimal given it was the venue's kitchen and frequented by other staff using the venue at the time. Despite this constraint the group, and the other two groups, achieved what was asked of them in an animated, constructive and productive way.

The three group facilitators presented their group's respective output and recommendations. This 30-minute session generated a lot of interesting and useful discussion.

The meeting concluded with a brief outline of the continuing WOHIA consultation with those groups identified in the WOHIA scoping hui. Participants were reminded to hand in their completed evaluation forms which had been circulated earlier. The hui was closed with a karakia.

Participants' appraisal hui evaluation feedback

Evaluation forms were distributed to the 23 WOHIA's participants to provide anonymous feedback about the hui proceedings. Forms were not distributed to those directly involved in the running and evaluating of the WOHIA. Participants were encouraged to complete the anonymous evaluation form. A total of 15 forms were subsequently completed - a 65 percent response rate (refer to appendix 1 for all copies of the evaluation survey forms).

The analysis of the 15 post-evaluation survey forms showed participants were generally positive about their involvement in the WOHIA and most came away with a clearer idea of what the proposed centre might look like. The main identified strengths of the hui included the sharing of ideas that emerged from the kōrero (discussion) and the high quality of the facilitation and presentations. Suggested improvements included allowing more time for the groups' feedback, make more effort to include 'wider sector participation', and the provision of copies of the *PowerPoint* presentations.

Overall summary

The WOHIA appraisal hui, like its scoping hui predecessor, attracted a good turnout with a total of 29 people in attendance. TOL's affiliated Maori service providers made up the largest contingent, followed by TDHB staff.

All participants were clearly engaged and contributed wholeheartedly and constructively throughout the four-hour hui. This feature was supported by the participants' feedback, which suggested appreciation of the quality of the kōrero, the collaborative sharing of ideas and expertise, and the small group work. The smaller venue for this hui did not appear to overly detract from the high level of participant engagement, despite the less than optimum space used for one group's group work.

The facilitators' verbal and visual information was excellent. Participants were clearly interested and engaged in the findings session. Undoubtedly what was learnt during this session fed into the subsequent kōrero that occurred later in the small groups' work.

The lack of a specific draft of the centre plan remained a gap from an HIA administrative point of view. However, participants generally appeared unbothered by the absence of a draft plan this time around as many had attended the preceding scoping hui wherein it was explained that the WOHIA was the 'very beginning' of the planning process. The distribution of the scoping report at the hui possibly also helped convince the participants that the planning process was indeed progressing. The presentation of the summary of the literature review also stimulated much interest and discussion. Consideration should be given to providing reduced size copies of such presentations in the future, should preliminary findings be available at the time of an appraisal hui for later reference purposes.

The literature review

The literature review was one of the three key components of the WOHIA appraisal phase. The review summarises the available evidence about the (1) effectiveness of integrated care initiatives (2) key success factors of these types of initiatives, and (3) barriers to achieving those factors and possible strategies to overcome the barriers. Efforts were made to locate evidence related to Māori communities along with relevant international evidence (Ball, 2010).

The methods used to collect data for the review included:

- a search of nine known websites e.g. the Cochrane systematic review database, Google Scholar, Health Research Council and Māori-specific websites, such as Tomaiora Research Centre, University of Auckland
- academic databases, namely Medline.
- searching reference lists of relevant documents.

A summary of the review was presented and distributed at the April 2010 appraisal hui. Participants identified additional recently completed but not yet generally available documents. These were subsequently included in the final review document. The data collection resulted in a collection of 27 references, 18 of which were New Zealand generated

Key strengths of the review

The key strengths of the review include:

- The review document is well structured and reads well,
- Various definitions of what constitutes "integrated care" are usefully outlined
- Indicators of the 'effectiveness of integrated care' are defined
- The national, regional and local policy contexts set the scene most effectively
- A very useful outline of the Māori models of health, meeting the health needs of Māori, and effectiveness of services from a Māori perspective
- A series of useful headings and dot points outlining key success factors associated with successful integration of services, possible barriers, and learnings
- A brief conclusion that summarises relevant key messages emanating from the literature and the need to use approaches that best fit Māori models of health and beliefs.

On interview, the review's author indicated the task of preparing the review was a 'challenging' one given there was no actual draft centre plan that spelt out what TOL had in mind for the proposed integrated centre. Therefore the concept of integration was not well defined and the author had to work this out for herself from what she had learnt from the WOHIA up to that point in time.

The limited evidence available on integrated care and its effectiveness particularly for Māori was also considered a real limitation. Two of the three WOHIA team members interviewed were pleased with the final product. However, like the review's author, the two team members noted the report's limitations in terms of the limited Māori-specific data available. They and four other of the interviewed commended the review's inclusion of the local reports identified by appraisal hui participants.

The WOHIA report and its recommendations

The WOHIA report was prepared by one of TOL's WOHIA team between 1 July and 15 August 2010. The report's author when interviewed noted 'it was a huge job' (an estimated 92-100 hours) that he had to fit in with what was TOL's 'very busy contracting time'.

The author also indicated that one of the main issues with the report preparation for him 'was trying to write a report' that he 'was unfamiliar with, with limited training and no practice'. He sought feedback from his fellow team members, the HIA consultants and the evaluator. He noted having appreciated the consultants' feedback and recommendations, which had helped to 'sharpen it (the report) up'. Once the feedback was incorporated into the report and the editing completed, the report was then distributed to the key stakeholders who had participated in the appraisal and scoping hui.

Key strengths of the WOHIA report

The WOHIA report main strengths included:

- An excellent description of the policy context and political influences that have given rise to the proposed *Maru Wehi Integrated Whānau Ora Centre* plan
- A comprehensive and useful community profile outlining existing regional health disparities between Māori and non-Māori populations
- A full set of notes derived from the WOHIA appraisal hui participant's group discussion work and the focus groups undertaken following the hui
- A succinct analysis of the above and other data collected throughout the WOHIA process
- The 22 recommendations that flowed from the stakeholders' input and evidence collected during the WOHIA process. The recommendations are followed by a series of 'next steps'. Together these two components will serve as a useful guide for the newly appointed Whānau Ora project team that will drive the ongoing consultation, planning, development, and implementation of the centre plan over the next three years.

The report was signed off by TOL's Chief Executive Officer and was distributed to TOL's Board for their information and comment.

It is this report's author understanding, the WOHIA report will be made publicly available through the HIA Support Unit's website. However, this will be dependent on confirmation from the Ministry of Health.

The HIA consultant, in an email to TOL's WOHIA team, also noted that:

'... this is one of the better Whānau Ora HIAs that I have seen completed and I imagine that others (outside your community and stakeholders) will want to read it'. Can you please advise on the public availability of the document (R Quigley, personal communication, 14 September 2010).

Section 5: Results of the stakeholder interviews

This section of the report presents findings from an analysis of data resulting from the interviews with 10 key stakeholders who took part in the final interview phase of the evaluation. It should be noted the schedule used for the interviews with the four WOHIA team members was more complex than that used for the 'other community' stakeholders, given the latter's greater familiarity with the proposed centre plan and their having also administered the WOHIA process (see appendices 1 & 2 for copies of the interview schedules). As a consequence the two groups' responses are, for the most part, reported separately.

This section commences with a focus on the 10 stakeholders' views on the effectiveness quality, and likely value of the WOHIA formal outputs/ products, namely the literature review, the overall WOHIA report and its recommendations.

The literature review

All 10 stakeholders were asked their views on the literature review and the evidence-base it provided. The review's author noted the 'challenge' and 'difficulty' of assessing the effectiveness of integrated care initiatives given: (1) the lack of a 'clear plan' and conceptual definition for the envisaged integrated whānau ora centre plan and (2) the general lack of an agreed definition for integrated care in the reviewed literature. However, the author considered the 'common learnings from the overseas literature should prove useful' in terms of continued planning and development. The two Tui Ora WOHIA team members were pleased overall with the literature review, especially the revised version of the review which included recently produced regional evidence identified in the appraisal hui.

Five of the seven **community stakeholders** commended the review, having found it 'very useful', 'well written', '...contains the latest local content/ evidence', 'easy to understand', 'it includes 'a good summary and references', and because the term 'integration is the flavour of the day'. Three of the seven saw themselves as likely to use the review in their future work.

Three community stakeholders, including one of the above seven, saw the review as 'a bit light' in terms of 'a Māori perspective'. Similarly, another found the review lacking any Māori concepts with regards to integrated care. Others (3) commended the author for having incorporated the local evidence identified in the appraisal hui which, according to one participant, 'made you feel we were listened to'. The lack of any clinically focused literature on integrated care was considered 'a real gap', given 'there's a considerable body of literature out there'.

The effectiveness, value and readability of the WOHIA report and its recommendations

The feedback that follows regarding the WOHIA report is based on the draft report, as the final copy was not available when the evaluation interviews were carried out (the evaluator's assessment of the final WOHIA report and its recommendations are covered in the preceding section of this report).

The three **WOHIA stakeholders** were generally pleased with the draft WOHIA report, particularly its structure, the context setting, including the community profiling, the use of WOHIA-related photographs, and 'a good job' was done of pulling a lot of participant-generated data together. On the other hand, all three noted that the draft report required some 'editing', 'tidying up', and 'finishing off' which, the evaluator was told, would occur once the peer-review feedback was incorporated and the report was finalised.

Five of the seven **community stakeholders** commended the report for its 'comprehensiveness', layout, readability, and because it reportedly captured all the different perspectives and ideas that emanated from the WOHIA hui.

Two found it 'bit wordy' and 'dense'. Both participants appreciated the time that had gone into putting the report together but, as one participant noted, 'I got lost in the detail at times'.

Two community stakeholders noted the draft currently lacked an executive summary. Another saw the report as having provided 'a sound basis to what our governance group has been thinking' in terms of the proposed centre plan. While another:

... liked the way it [the hui] highlighted all the possible negative health impacts and raised the awareness of all there to these, which they [the appraisal hui participants] otherwise might not have been aware of.

The recommendations

An email dated 6 September 2010 from Tui Ora's General Manager indicates the Tui Ora's senior management team has signed off on the WOHIA's final report and its recommendations.

The [final] report has been submitted to our Board for their information. The proposed Integrated Family Health Centre is an initiative from the Midlands Regional Health Network and the expected timeframe for this will be at least 18 months for our [the Maru Wehi] site.

Emails from both the HIA consultants who worked with the Tui Ora WOHIA team suggest that the final report and its recommendations are reflective of the community and stakeholders' views.

The analysis is succinct and clear, leading to some thoughtful recommendations and further actions'. The recommendations are challenging, as for such a substantial journey envisioned in the draft Maru Wehi centre plan.

All seven community stakeholders appeared satisfied with the WOHIA report's recommendations as these appeared in the *draft report*.

Did the WOHIA help move the planning and development of the proposed centre plan forward?

Both Tui Ora WOHIA team members, a Tui Ora Board and iwi member, and one of the HIA consultants appeared confident that the WOHIA process had moved the proposed centre plan forward given:

- it is part of a larger whānau ora initiative project that is being reportedly driven externally and will support decision-making in that quarter
- the report is in use already
- 'the weight of the people's voices'
- that it provided a solid foundation for planning and development
- it was now largely a matter of 'getting the organisation in a position to take the next step'.

Of the six remaining **community stakeholders**, four considered the WOHIA had moved the centre planning and development process forward. One of these participants saw the WOHIA process as 'having the ability to speed things up'. Another suggested 'the process has given Tui Ora a good base to work from' but added 'there are other competing players out there who aren't supportive of Tui Ora's

plans'. A third participant saw the WOHIA as having helped to get community buy-in'. It also served to create a 'good understanding of the project's aims'.

In contrast, two community stakeholders saw the WOHIA process as having 'confused the situation rather than helped move things forward'. Discussions around whānau ora had reportedly been going on for some time prior to the WOHIA process. Neither had all the appraisal hui participants attended the preceding WOHIA scoping hui, in which considerable time was spent on defining whānau ora in terms of the centre plan concept. Both these factors were perceived as having led to '... confusion among some' of the WOHIA appraisal hui's participants. 'Not everyone was on the same page.'

These same two community stakeholders suggested the WOHIA's focus was 'too much about bricks and mortar', as one of them put it. One would have preferred the focus to have been more on whānau and community needs. Similarly, the second felt the emphasis would have been better focused on 'what should be done to improve the patient's journey'.

Did the WOHIA add value to the planning process?

The **WOHIA team and the HIA consultant** all perceived the WOHIA as having added value to the centre plan's planning and development process because it had provided a solid base of evidence for the decision-makers to work from. Four of the six **community stakeholders** similarly saw the WOHIA as having added value, given the quality and strength of the input from the stakeholders including that from the community-based focus group participants.

Two stakeholders were less convinced that the WOHIA process had added any 'significant value'. One believed 'more work is needed' [It should be noted that the WOHIA is just the beginning of the consultation process for the centre plan, according to the two Tui Ora WOHIA team members]. The second of these two stakeholders claimed having not a great deal of interest in the centre plan, but saw the WOHIA as being 'a good process'.

Do you see a possible role for using a WOHIA in the future?

Both Tui Ora **WOHIA team members** indicated that having gone through the WOHIA training programme and worked through an actual WOHIA process they were likely to use it again should an appropriate opportunity arise. One of the team saw the WOHIA process as complementing their usual consultation process. The second noted that other Tui Ora affiliated providers were about to pursue funding assistance for WOHIA training through Ministry of Health and District Health Board channels.

All seven community stakeholders saw a possible role for using WOHIA for future policy purposes. Five considered it a suitable policy/ programme development tool for any organisation to use. However given the time and costs involved, two suggested it was better suited to 'high level' or national policy development work such as the whānau ora policy projects.

The level of buy-in by senior management to the WOHIA

Two of Tui Ora's senior management team were active members of its WOHIA team. According to one of these senior managers, Tui Ora's Chief Executive Officer also 'saw value in carrying out a WOHIA process and in the report it would produce'. He was also said to have been 'supportive throughout the process.'

One of the senior managers and another member of Tui Ora's WOHIA team completed the Ministry of Health's HIA Support Unit funded WOHIA training programme.

What did it cost to run the WOHIA process?

Time constraints meant TOL did not specifically record the number of actual hours the WOHIA team spent working on the WOHIA project. However, when interviewed the TOL general manager (one of the three WOHIA team members) was able to provide the following cost-related data for the WOHIA. TOL received \$41,000 from the *Learning by Doing* fund to manage its WOHIA project. Table 1 below shows how the funding was spent.

Table 1: Expenditure and costs

Expenditure	Cost
HIA consultancy firm (facilitation, preparation of scoping report and literature review, peer review that involved some additional writing)	\$20,000
Evaluation	\$8,000
WOHIA training	\$1,000
Printing of documents	\$1,500
Venues, kai, koha	\$1,500
Tui Ora Limited (organisation of 2 hui, 4 teleconferences, conducting focus groups and additional consultation interviews, report preparation, administration)	\$9,000
TOTAL (funding grant received through <i>Learning by Doing</i> fund)	\$41,000

The WOHIA report's main author estimated having spent approximately 92-100 hours writing the WOHIA report.

As noted earlier, over 50 stakeholders attended the two WOHIA hui, hence the relatively high cost of food/ kai.

Other costs

The \$9,000 that remained for TOL from the \$41,000 grant possibly covered the cost of the WOHIA report preparation but would not have covered:

- TOL's administrative costs
- The estimated 26 hours undertaking the appraisal interviews and focus groups
- The three WOHIA team members' (which included two of TOL's senior executive team), time spent on the scoping and appraisal hui (eight hours in total). Four teleconferences involving around one hour per teleconference.

An online evaluation report on the Greater Christchurch Urban Development Strategy HIA suggests: the dimensions of an HIA (rapid or comprehensive); the size of the issue under assessment (i.e. a national or local policy); the use of external consultants; and the extent of the community consultation determine the cost of running an HIA. The authors' costing for the HIA they evaluated, using the London Health Observatory HIA cost calculator tool, was considered 'moderate' at \$42,000 (Mathias and Harris-Roxas, 2009: 12-13). The dimension of TOL's WOHIA on its proposed centre plan would likely place it into a moderate to high cost category.

The overall strengths of the WOHIA

The evaluation participants were asked what they considered were the overall strengths of the WOHIA.

The large turnout of stakeholders

Eight of the 10 stakeholders identified the diversity of views (both providers and community groups) the WOHIA captured as its main strength. One of the eight stakeholders attributed this strength to Tui Ora's 'good connections and relationships' within its organisational network. Another said it was good to see so many Māori there. A third person saw 'the continued engagement of high level service providers' across both the scoping and appraisal workshops as a major strength.

The process

Seven stakeholders commended the WOHIA in terms of it being a 'smooth', 'clear', 'open' and 'thorough' process. Two of seven liked the way the WOHIA 'kept people at the centre' of the process and openly encouraged people's input'.

Two other stakeholders were pleased to have participated in a WOHIA process, perceiving it to be a useful planning and development tool for high level policies, such as the government's whānau ora programme. One of the two commended the WOHIA's 'broad socio-economic focus'.

The time allowed for the WOHIA hui was 'just right. '... 'It [the hui] was not too drawn out', according to two of the community stakeholders. Another two were pleased, 'people were brought in right at the beginning of the planning processes. 'Nothing was set in concrete – no already big written report'.

The facilitation and mentoring

The quality of the facilitation and mentoring provided by the Quigley and Watts HIA consultants was considered a key strength. Two people commended the introduction to the WOHIA and the process provided by the two consultants.

Other strengths

Two stakeholders identified the 'good outcomes' from the process as the WOHIA's main strength. Another liked its 'well written products', namely the literature review and the WOHIA report.

The overall constraints of the WOHIA

The 10 stakeholders were asked if there were any factors that had constrained the WOHIA process for them.

The unanticipated resource and time requirements

The WOHIA team identified the most constraining factor for them as a team was not having been fully aware of the work requirements and time involved in undertaking a WOHIA process. A lot of other work commitments 'had to be put on to the back burner', noted one team member. Other comments suggested the WOHIA proved 'a major project in itself'. Despite having put much of their usual organisational work to the side to progress the WOHIA, both team members indicated they had struggled to meet the WOHIA's reporting timeframes. The writing of the WOHIA report occurred during Tui Ora's very busy contracting period. In addition, neither team members were reportedly involved in writing the original WOHIA proposal submitted to the Ministry of Health for funding assistance. Consequently, the team had no real understanding that the HIA consultants' main role was to provide mentoring, advice, and peer review, but not the actual report writing itself.

The main change the WOHIA team would make if they were to undertake another WOHIA would be to use a team approach to share in the writing of the WOHIA report. The main author of the report said with hindsight he would set aside around 14 working days to analyse data and write a WOHIA report.

The HIA consultants did offer their help with the data analysis and the report writing in a WOHIA team meeting that the evaluator also attended. It appears this offer was not picked up by the WOHIA team. However, the HIA consultants did provide the support with both activities when they came to peer review the report. The consultants indicated if they were to do it again [the data analyses and the report writing] they would hold a core workshop with the WOHIA team wherein they would all rigorously sift through the collected data, help with the analysis and allocate the writing tasks. Despite not having run a workshop, all four WOHIA protagonists and Tui Ora's Chief Executive have since indicated their satisfaction with the end product, i.e. the final WOHIA report.

Budget issues

The funding provided through the Ministry of Health's *Learning by Doing* fund was considered insufficient to cover all the costs involved in running this particular WOHIA (refer below to the discussion on the cost of the WOHIA for further detail).

Possible confusion around the term whānau ora

The politicisation of the term whānau ora reputedly led to some confusion particularly among appraisal hui participants who did not attend the preceding scoping hui, wherein the term, as applied to the WOHIA topic, was discussed at length. Both HIA consultants shared this view, as did one of the other community stakeholders who attended only the appraisal hui. The latter said 'it took some time for me to catch up with what had gone on before' [i.e. in the scoping hui].

Another community stakeholder who attended both hui suggested many were confused about what the focus of the WOHIA was, considering that 'it clashed with other whānau ora-related projects that were being worked on around that time.' This same stakeholder was of the opinion that 'a lot of people didn't contribute as they weren't clear what the objective was.'

The HIA consultants concurred that the politicisation of the whānau ora concept possibly confused some WOHIA hui participants. However, the lack of an actual draft centre plan meant this WOHIA 'was not strictly and HIA' and therefore people had no written material to refer back to.

The diversity of views

While most stakeholders considered the diversity of views and mix of the hui participants as a key strength of the WOHIA process, two community stakeholders considered this feature as a possible constraint. Both indicated that the mix may have been an inhibiting factor for some participants. One of the two stakeholders perceived a potential conflict of interest for some who attended, i.e. those who were perceived as not supportive of the proposed centre plan at the Maru Wehi site.

One of the above stakeholders suggested the group work could have been split into more homogeneous groups, for example a group for the more clinically focused. This they thought would have got around some of 'the talking past each other', that occurred.

Other constraints

One stakeholder who was very positive about the WOHIA's value as a policy development tool was only invited to the appraisal hui, but not to the scoping hui. This evaluation participant was not sure why this was the case. They would have liked to

have attended both hui and also would preferred the appraisal hui to have been a full day rather than just five hours.

The WOHIA team and one of the HIA consultants identified the inability to control and maintain the WOHIA's original timelines as a 'general constraint'. The consultant noted this constraint is a feature of most HIAs including this WOHIA.

Key lessons learnt from this WOHIA

The WOHIA team members and one of the two HIA consultants were asked what key lessons were learnt from the WOHIA process. The key learning for one of the Tui Ora team was that 'it takes a lot of capacity to run a WOHIA'. ... 'From a business perspective we possibly wouldn't take on another (WOHIA) given the time involved and the amount of funding received'. Neither of the two team members interviewed was involved in preparing the original WOHIA proposal. Both noted having never been really clear what specific inputs they or the HIA consultants would undertake. Because they were relative novices in the use of the tool, they assumed they would be mostly helping organise the process, gathering and collating data, and then 'handing the rest over to the consultants'. On reflection the principal author of the WOHIA felt 'it's important to know what you are letting yourself in for, and give yourself plenty of time to do it'.

The HIA consultant indicated an expectation to assist the WOHIA team with the data analysis and the writing up of the WOHIA report. With hindsight, the consultant believed the team and the consultants should have met as a group once the data collection phase was completed and worked out 'how we could best assist them with the process of writing the report'.

Possible WOHIA resources that could be usefully developed

On interview the WOHIA team and the HIA consultant identified various resource materials they thought could be usefully be developed for future WOHIA use. In summary suggestions entailed 'a short pithy document' to support new practitioners including a check list of essential WOHIA component and tasks, and possible structural templates for preparing WOHIA reports to give some idea of what the final product might look like.

Best practice standards for New Zealand practitioners' usage - two international references were identified that could serve as useful models (refer to the reference list in Section 7 of this report).

Were the WOHIA's objectives met?

The overall discussion and findings in this and the preceding section show all seven of the WOHIA's objectives were met. Following is a brief recap of the main points which show the degree to which the objectives were achieved.

Overall aim

The overall aim of the WOHIA was 'to support better and informed decision-making around the development and implementation of the *Draft Integrated Whānau Ora Centre Plan*.'

The WOHIA's literature review, report and stakeholders' feedback combine to show that the WOHIA's overall aim was achieved. The Tui Ora WOHIA team and its senior management team saw the WOHIA report and its recommendations as having provided a blueprint that would serve to inform the ongoing development of the centre plan. Several of the 10 stakeholders interviewed indicated they would use the literature review on integrated care as a reference document to inform their ongoing service and programme development work.

Objectives

- 1. Assess the links between integrated whānau ora centres, health determinants for Taranaki Māori and health outcomes*

Citing the BERL report (2009) and the Taranaki District Health Board's needs assessment, the WOHIA report's community profile outlines the evidence showing the links between the comparatively poorer health outcomes experienced by Taranaki Māori and the impact of health determinants (e.g. higher levels of unemployment, lower income, living in high deprivation areas, lower educational status and lifestyle factors, namely higher smoking and obesity rates) (pp 43-44).

The literature review was unable to locate any empirical evidence showing effectiveness in terms of improved Māori health outcomes through the use of integrated whānau ora or kaupapa Māori health services. However, national and local evidence suggested that intersectoral initiatives, along the lines of the proposed centre plan, can lead to improved client satisfaction and coordinated care delivery care, as well as impacting favourably on the health outcomes of disadvantaged groups, such as Māori and Pacific peoples (Ball 2010).

- 2. Provide an understanding of the effects perceived by the community stakeholders of establishing an integrated whānau ora centre*

The WOHIA scoping and appraisal hui attracted large gatherings of high level external stakeholders that including several of Tui Ora's affiliated providers, local iwi and District Health Board funding and planning staff. The input of these stakeholders and the subsequent interviews with community groups proved constructive and helpful in establishing an understanding of the proposed integrated centre plan. However there were a few stakeholders who noted a degree of confusion among some hui stakeholders who they sensed were unsure of how the centre fitted in with other whānau ora projects.

- 3. Identify existing inequalities in health and wellbeing outcomes for Taranaki Māori*

This objective as noted under objective one was identified and well covered in both the WOHIA report (Tui Ora 2010) and the literature review (Ball 2010).

- 4. Identify the potential positive impacts on health and wellbeing*

A number of potential positive and negative impacts that could emanate from the proposed centre plan were identified by stakeholders through the WOHIA process and are documented in the WOHIA report (Tui Ora 2010: 46-49).

- 5. Identify the potential negative impacts on health and wellbeing and determine strategies to mitigate these impacts (refer to pp46-48)*

Stakeholders also identified strategies to address the identified impacts. These are also covered in the 2010 WOHIA report (pp46-49)

Section 6: Conclusion

This evaluation findings show all five of the WOHIA's objectives were met. The WOHIA report's 22 recommendations will be used to inform and guide the continuing development, planning, and implementation of an Integrated Whānau Ora Centre Plan at the Maru Wehi site in New Plymouth over the next three years.

Key strengths of the WOHIA process included: the large turnout of stakeholders to both the scoping and appraisal hui; the high level of interest and engagement of hui participants in the WOHIA process; the facilitation and mentoring provided; its quality product, namely its literature review and WOHIA report; and the high level of TOL's senior management buy-in to the WOHIA process itself.

The unanticipated drain the WOHIA placed on the WOHIA team's capacity, particularly when it came time to prepare the WOHIA's report was, from the WOHIA team's perspective, the main constraint of the process.

The lack of a draft written plan, strategy, or policy is not typical of an HIA process. It proved quite challenging for the WOHIA's facilitators and caused confusion among some of the WOHIA's participants as result of the recent politicisation of the whānau ora concept. On the other hand, other participants' appreciated that 'nothing had been set in concrete' and that their input was sought at the outset of the planning and development process.

The WOHIA on the proposed Maru Wehi Integrated Health Whānau Ora centre plan is a good example of a WOHIA process that worked well. It is also shows the Ministry of Health's *Learning by Doing* fund having been put to good use.

Section 7: References

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- Public Health Advisory Committee. 2005. *A Guide to Health Impact Assessment: A policy tool for New Zealand*. Second edition. Wellington: National Advisory Committee on Health and Disability.
- Tui Ora Limited. 2010. *Maru Wehi Integrated Whānau Ora Centre Plan: Whānau Ora Health Impact Assessment Report*. New Plymouth: Tui Ora Limited.

Appendix 1: Evaluation interview schedules and other forms

Whānau ora Health Impact Assessment Scoping Hui/ Workshop Evaluation form

By completing this brief questionnaire you will help the Whānau Ora Health Impact Assessment (WOHIA) team to keep on improving its processes for collecting stakeholder/ community input into its HIAs. *No names or other identifying information are required on this form.*

	Statement	Strongly agree	Agree	Disagree	Strongly disagree
1.	I understand why WOHIA is undertaken				
2.	I understand why we are doing WOHIA on this topic				
3.	I understand what the main focus of this WOHIA will be				
4.	I felt I was able to contribute to the decisions about what this WOHIA was going to focus on				
5.	I want to continue to be involved in future parts of this WOHIA				
6.	I will consider the WOHIA process for other projects that are/ will be occurring				

7. The main strengths of the scoping hui/ workshop were?

8. What could have been done to improve the scoping hui/ workshop?

9. Any other comments?

Kia ora - thank you very much for providing this feedback

Whānau Ora Health Impact Appraisal Assessment Hui/ Workshop

Evaluation form

By completing this brief questionnaire you will help the Whānau Ora Health Impact Assessment (WOHIA) Team to keep on improving its processes for collecting stakeholder/ community input into its HIAs. *No names or other identifying information are required on this form.*

	Statement	Strongly agree	Agree	Disagree	Strongly disagree
1.	Overall, this hui/ workshop has been very useful for identifying the intended and unintended effects that the proposed centre plan might have				
2.	I now have a greater understanding of the ways the centre plan might affect the determinants of wellbeing				
3.	The hui/ workshop has been a good opportunity for me to develop or maintain links with people across the sector/s				
4.	The hui/ workshop has been a good opportunity to contribute my views and ideas.				
5.	I will consider the WOHIA process for other projects that I am/ will be working on.				

6. The main strengths of this appraisal hui/ workshop were?

7. What could have been done to improve the appraisal hui/ workshop?

8. Any other comments?

Kia ora - thank you very much for providing this feedback

Maru Wehi Integrated Whānau Ora Centre Plan
WOHIA Evaluation: Key Stakeholder Interview Schedule

Name:

Organisation:

Organisational position:

Kia ora. Thanks for agreeing to my interviewing you today. Did you have time to read the evaluation panui I emailed you recently which explained:-

1. The evaluation objectives of Tui Ora's Whānau Ora Health Impact Assessment (WOHIA) for the planning and development of the Maru Wehi Integrated Whānau Ora Centre Plan, and
2. How your anonymity will be protected?

If the response is yes, ask – Would you like me to go through these points again, or do you have any questions about the evaluation before we start?

1. Based on your experience, what do you think were overall strengths of the WOHIA process?
2. Were there any factors that constrained the WOHIA process?
3. What changes would you make if you were to do the WOHIA again?

Let's turn now to consider the WOHIA's outputs, namely its literature review and the final report and its recommendations.

4. What did you think of the literature review and the evidence on which it was based?
5. What did you think of the WOHIA report?
6. Who was the report sent out to?
7. Were the report's recommendations accepted by the decision-makers? If so when, and if not, why not?
8. What was the level of buy-in by Tui Ora's a senior management team to the WOHIA process?
9. Has the WOHIA helped to move the planning and development of the proposed Centre Plan forward?

10. Overall do you think the WOHIA added value to the planning and development of the Centre Plan?

11. What resources were spent on the WOHIA in terms of:-

Financial resources:

Staff time:

Consultants' fees:

12. Based on your experience with this WOHIA do you see a possible role for using it again for any future policy or project development work?

13. What do you think are the key lessons from the WOHIA for Tui ora?

14. Are there any particular resources you think could be developed for future WOHIA's?

15. That's the end of the set evaluation questions, is there anything we haven't covered that you'd like to raise before we finish the interview?

Kia ora

Maru Wehi Integrated Whānau Ora Centre Plan

WOHIA Evaluation: Other Stakeholder Interview Schedule

Name:

Organisation:

Organisational position:

Thanks for agreeing to my interviewing you today. Did you have time to read the evaluation panui I emailed you recently which explained:-

1. The evaluation objectives of Tui Ora's Whānau Ora Health Impact Assessment (WOHIA) for the planning and development of the Maru Wehi Integrated Whānau Ora Centre Plan, and
2. How your anonymity will be protected?

If the response is yes, ask – Would you like me to go through these points again, or do you have any questions about the evaluation before we start?

1. Based on your experience, what do you think were overall strengths of the whānau ora HIA process?
2. Were there any factors that constrained the whānau ora HIA process?
3. What could have improved the whānau ora HIA process?
4. What do you think of the whānau ora HIA process as a consultation tool?
5. What did you think of the whānau ora HIA's literature review?
6. What did you think of the whānau ora HIA report and its recommendations?
7. Do you think the whānau ora HIA helped to move the planning and development of the proposed Centre Plan forward?
8. Overall do you think the whānau ora HIA added value to the planning and development of the Centre Plan?

9. Based on your experience with this whānau ora HIA do you see a possible role for using it in any of your organisation's future policy or project development work?
10. That's the end of the set evaluation questions, is there anything we haven't covered that you'd like to raise before we finish the interview?

Kia ora

Whānau Ora Health Impact Assessment (WOHIA) on the Proposed Maru Wehi Whānua Ora Centre Plan

CONSENT FORM FOR PARTICIPANTS

I have read the Panui concerning this evaluation and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage. I know that:

1. My participation in the evaluation is entirely voluntary;
2. I am free to withdraw from the evaluation at any time without any disadvantage;
3. There will be use of an open questioning technique;
4. I do not have to answer any questions that cause me discomfort;
5. I may withdraw from participation in the evaluation at any time and without any disadvantage to myself of any kind;
6. I may have access to the conclusions and any publications if I request them.

I agree to take part in this project.

.....
(Signature of participant)

(Date)

.....
Name of participant)

I would like a copy of the findings of the evaluation to be sent to me after it is completed (please tick the box that applies to you).

☐ YES ☐ NO

In order to send you a copy of the research could you please record your details below.

Name: _____

Address: _____

Evaluation of the Whānau Ora Health Impact Assessment on the proposed Maru Wehi Whānau Ora Centre Plan

PANUI FOR FINAL EVALUATION INTERVIEW PARTICIPANTS

Please read this information sheet carefully before deciding whether or not you wish to participate. We would very much appreciate your participation. However, if you decide not to participate there will be no disadvantage to you of any kind and we thank you for considering our request.

What is the aim of the evaluation?

- To provide practical knowledge and feedback to Tui Ora Limited and its whānau ora health impact assessment (WOHIA) team about the value of the WOHIA and its outputs in moving the planning of the proposed *Maru Wehi Integrated Whānau Ora Centre Plan* forward.
- To provide evaluation feedback to the Ministry of Health's HIA Unit which has funded the WOHIA through its *Learning by Doing Fund*.

Who are we interested in speaking to?

Tui Ora's key stakeholders who participated in the WOHIA scoping and appraisal hui/ workshops on the *Maru Wehi Whānau Ora Integrated Centre Plan*.

What will we ask you to do?

- You will be asked to participate in an open-ended telephone interview lasting for between 10 to 20 minutes.
- Please be aware that you may decide not to take part in the evaluation or refuse to answer any questions without any disadvantage of any kind to yourself.

Can you change your mind and withdraw from the evaluation?

- You may withdraw from participating in the project at any time and without any disadvantage to yourself of any kind.

What data or information will be collected and what use will be made of it?

You will be asked questions concerning the process and impact of the WOHIA's report and its recommendations.

- The material we obtain will be made anonymous, to ensure that you are not identified. Your identity will remain confidential to the evaluation team. Personal names and other potential identifying information will not be used in any reports resulting from the evaluation.
- The results may be published but any data included will in no way be linked to any specific participant.
- A copy of the evaluation report can be sent to you should you wish.
- The data collected will be retained in secure storage for five years, after which it will be destroyed.
- The evaluation involves an open-questioning approach.
- In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and

also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.

What if participants have any questions?

If you have any questions about the evaluation, either now or in the future, please feel free to contact:

Name:

Contact details:.....