

What is Mana Tū?

LTC Conference Workshop 28th February 2020
Presenter: Taria Tane, Network Manager Mana Tū

National
Hauora Coalition



Ko wai au

Introduction...

- ▶ What would you like to get out of this workshop?
- ▶ (rough) Agenda - but it's organic! It's an open conversation..
 - ▶ Zoomed out features of Mana Tū
 - ▶ Zoomed in features of Mana Tū
 - ▶ What happens at Mana Tū visits
 - ▶ What happens outside of visits?
 - ▶ How do we add value?
 - ▶ Next steps
 - ▶ Q & A...
- ▶ Please interrupt and ask questions!

Case Study

John is a 63 year old male with a HbA1c of 102 mmol/mol. John heads in to see his GP to get a prescription for his high sugar meds.



Case Study

- John and his wife live in 2 bedroom property with 5 other whānau members
- Wife has been ill - John has been caring for her full-time
- Struggling to pay the bills
- John rarely attends health related appointments because of his financial situation, his doctor growls him and he is whakamā about his poor health
- John has been living with T2DM for 2 years but doesn't know that he has type 2 diabetes or what diabetes is...



What is Mana Tū?



What are the features of Mana Tū?

1. Māori-Leadership, Māori and Pasifika workforce
2. Co-designed with whānau, clinicians, service providers
3. Mana enhancing and whānau centred
4. Equity-driven, tackling the wider social determinants of health
5. Kai Manaaki - A potential solution? (We think so!)



Whānau living with a long term condition are better supported to “Mana Tū” or “stand with authority”



Let's zoom in...

1. Māori Leadership + Māori and Pasifika workforce

- ▶ Dr Matire Harwood
- ▶ National Hauora Coalition
- ▶ “The Hub”
- ▶ Kai Manaaki





even further...

1. Māori Leadership and Design + Māori and Pasifika workforce

- ▶ Feeling culturally safe is important to whānau!

“They want to speak with someone who speaks their language for starters, who knows their culture. And I think that if they want to start getting a bit more targeted in their treatment of diabetes, that’s what they need to look at.” - Mana Tū Participant

“I respond a lot to Māori because they know how Māori people, especially old, and the ways that we sit.” - Mana Tū Participant





Let's zoom in...

2. Co-designed with whānau, clinicians, service providers

- ▶ Privileging whānau voice and experience
- ▶ Collaborating with clinicians and service providers at the start and throughout





Let's zoom in...

“I think it was perfect timing because when [KM] came on my aunty was staying with me during that time and I think it was the way in which [KM] approached it. Instead of excluding my aunty, she actually included her. So that, and my aunty found it really beneficial for herself. So, it has had that rippling effect for her as well.”- Mana Tū participant

3. Mana enhancing and whānau centred

- ▶ Advocacy for whānau
- ▶ Rights based approach
- ▶ Working with Mana Tū client **AND** their whānau
- ▶ Walking alongside them in their journey to live well



Let's zoom in...

4. Equity-driven, tackling the wider social determinants of health

- ▶ Not just ABC. More like ABCDEFGHIJK...
- ▶ People living in high levels of social stress have complex needs... It takes time!
- ▶ Social goal setting - a improving whānau connection & reducing social isolation





Let's zoom in...

5. Kai Manaaki - A potential solution? (We think so!)

“and [KM] would go and do things for him at social welfare that was a lot lifted off his shoulders you know. He didn't have to go, [KM] did it for him and it was so helpful. We couldn't believe it when she went to social welfare and she'd come back straight away we'd be like how did she do it so fast. If I was to go there I'd be sitting in the cue and waiting for hours and hours, which I have experienced.” - whānau member.

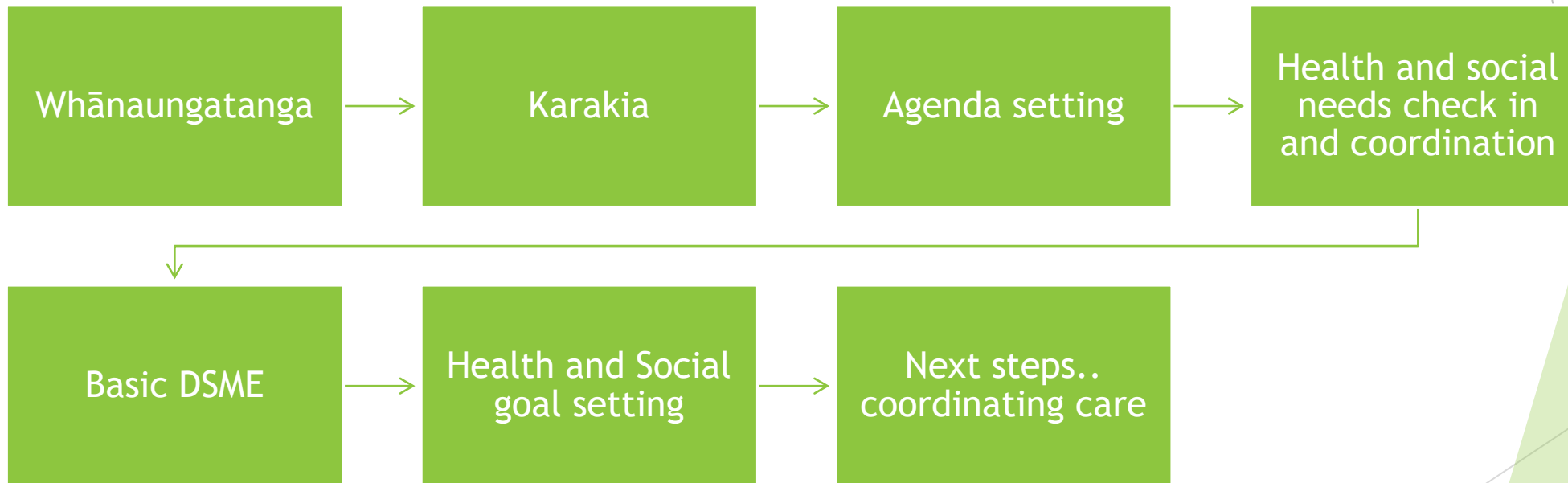
Kai Manaaki

- ▶ Walk alongside patient in journey to live well
 - ▶ Emotional support & motivation
 - ▶ Compassion and understanding of culture and wider determinants of health
- ▶ Patient advocacy
 - ▶ Navigating Health & Social Sectors
- ▶ Extended reach
 - ▶ Patient and wider whānau
- ▶ Integration of care
 - ▶ Based in GP clinics
 - ▶ supporting coordination of clinical care
- ▶ Basic DSME & health literacy education
- ▶ Community development

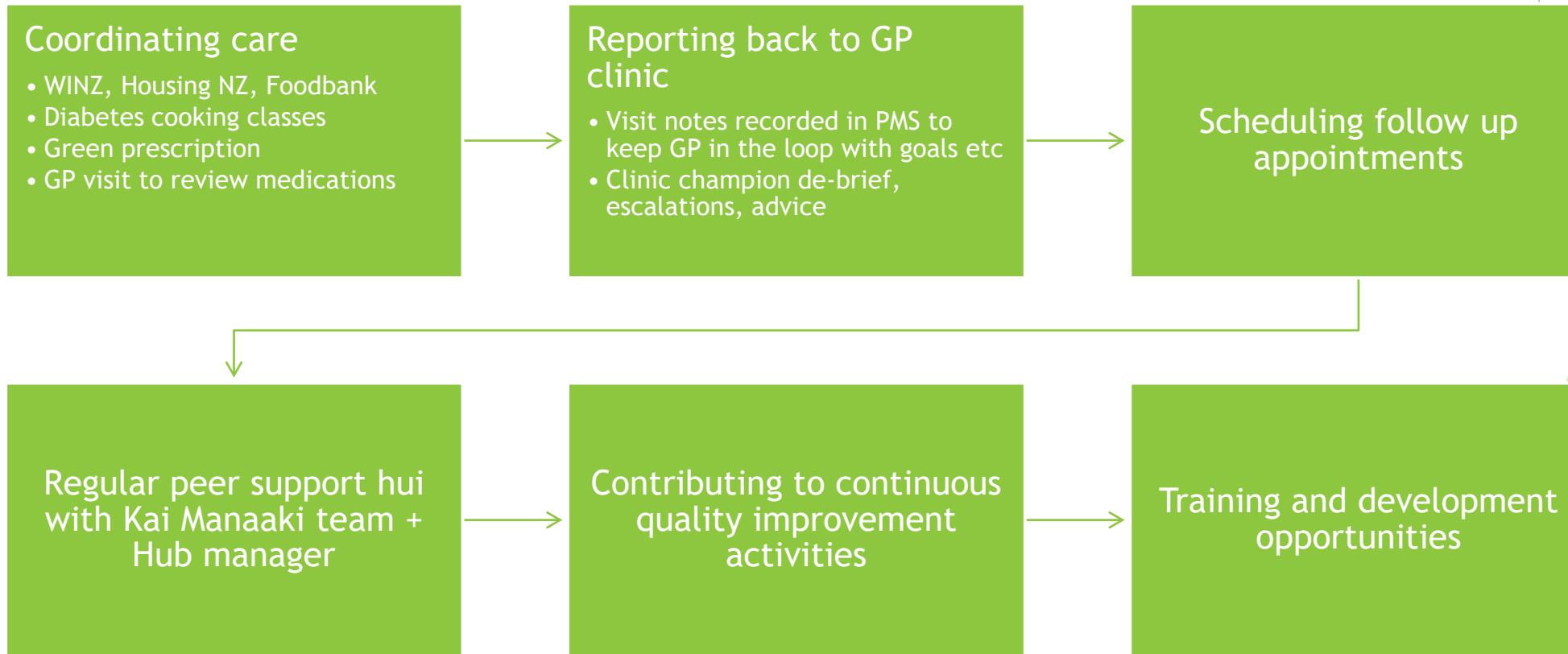


Kai Manaaki supporting Mana Tū client to reach their health goal to reduce portion sizes.

What can Mana Tū visits look like?



What happens outside of Mana Tū visits?



Back to John....

- ▶ GP is concerned about his high HbA1c and refers John to a consultation with their clinic's in-house Kai Manaaki.
- ▶ John agrees and meets with his Kai Manaaki on a weekly basis to start
- ▶ By visit 3, John's Kai Manaaki learns that John has been having some dodgy side-effects with his current diabetes medications and doesn't like taking them. John's Kai Manaaki recommends to see his GP and offers to come along to the visit as support. John accepts and get's his medications changed. John starts to take his medications again.
- ▶ John's Kai Manaaki slowly introduces DSME and John starts to learn about his condition.
- ▶ John's Kai Manaaki supports John to secure vital WINZ entitlements that help ease his financial stress and works with Housing New Zealand to move John and his whānau into a larger house that is warm, safe and dry.
- ▶ Through health and social goal setting with his Kai Manaaki, John sets realistic and attainable health goals and also starts attending his sons rugby games as part of his social goal setting.

How can we add value to Mana Tū?

Next steps

Results write up and economic analysis

Funding - none... So the future is unknown!



Ngā mihi

Mana Tū Research Team

Kai Manaaki Team

National Hauora Coalition

National Science Challenge Healthier Lives,
Health Research Council, Ministry of Health

Papakura Marae and University of Auckland

Participants and whānau

