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**An impact evaluation:  
Healthy Messages Calendar  
(Te Maramataka Korero Hauora).**

A thesis presented in partial fulfilment of the  
requirements for the degree of  
Master of Arts  
In  
Nursing  
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Heather Ruth Robertson  
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# Abstract

A health promotion intervention the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)' was produced by a collection of community groups and provided free to every household in Tairāwhiti. The purpose of this study was to conduct impact evaluation to determine if this calendar was an effective health promotion tool for the dissemination of health information and promotion. The researcher was interested in discovering what selected people in the community thought of the calendar, what improvements could be made and how the calendar was of benefit to them. Consistent with impact evaluation, a documentation review was carried out on the Maramataka calendar file held at the Public Health Unit in Gisborne. As well, qualitative data were obtained from five focus groups: four focus groups from selected cohorts in the community and one of stakeholders or key players in the development of the calendar. The data were analysed using a general inductive approach. From this information, an assessment was undertaken to determine if the project objectives were met. In addition, all data collected were used to assess if Maori health needs were met using the whare tapa whā model of Maori health as the assessment tool.

The results highlighted the positive link between health promotion practice and meeting the health promotion needs of a local community. From this study it was determined that the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)' project was a valuable social marketing tool that fitted into the context of New Zealand society. The focus groups feedback indicated an overwhelming positive community response for the calendar. The local production of the calendar and the use of the children's artwork to promote the messages were identified as being important to the acceptability of the calendar. However, there were areas of improvement identified mostly around the calendar design and funding for the calendar. Greater involvement of Maori at all levels was also identified as a need. Therefore, the information gained from this study provides useful information that not only improves the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)' project but can also be utilised to plan future health promotion programmes.

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Ethical approval for this study was sought and granted by submitting detailed ethical applications to the Massey University, Albany Campus, Human Ethics Committee (MUAHEC) and the Tairāwhiti Regional Ethics Committee.

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# Chapter One: Introduction

## 1.1 Introduction

Community health promotion programmes have the ability to address the broader, non-medical determinants of health (Judd, Frankish & Moulton, 2001). With this in mind there is an increased emphasis on the importance of evidence and knowledge about what works as a basis for the development and implementation of health promotion interventions (Thorogood & Coombes, 2000; Waa, Holibar & Spinola, 2000). The purpose of this study was to determine the impact of a community health promotion intervention: the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)' on the people to whom it was given. The calendar was produced by a collection of community groups in Tairāwhiti for three years prior to 2005, and provided free to every household in Tairāwhiti (17,186 households in total).

Impact evaluation with a strong qualitative approach was chosen to underpin this study in order to provide rich descriptive data whilst allowing an increased sensitivity to the project experience for all those involved. The reason behind this approach lies with the belief that community health promotion programmes work with individuals, groups and communities for change (Waa et al., 2000). The information gained has the potential to provide the evidence and knowledge to enable decisions to be made as to whether to continue with the production of the calendar in the future. The study also provides information as to what processes enabled the development and implementation of this intervention that could possibly be used for future health promotion innovations in the Tairāwhiti community. A Māori cultural advisor for the research was sought to guide the cultural safety of the study. The cultural advisor also functioned as group facilitator during the focus group interviews.

This chapter begins with an outline of the researcher's interest in the study followed by the study's significance, aim and research question. The background offers a brief overview of the New Zealand Health Strategy before setting the scene for the health promotion needs of the Tairāwhiti community as identified from the socio-demographic statistics for this region. This is followed by the Treaty of Waitangi and the relationship

of the Treaty to health promotion. A brief presentation of the history of the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)' has also been provided. It was deemed important to consider this history in order to gain a greater understanding of the processes used in the development of this health promotion project. The chapter concludes with an overview of the thesis.

## **1.2 The Researchers Interest in the Study**

My nursing history includes sixteen years as a public health nurse. During this time I experienced many frustrating moments working with families where very little prevention/promotion occurred, not only at a personal or local level, but also at a national level. Empowering people with information enables early identification of health issues. By having the available knowledge individuals and communities are encouraged to change health practices.

My interest in health promotion stems from my recent clinical experience in well child health promotion for public health. As a public health nurse the opportunity to participate in health promotion interventions is far greater than working in other clinical settings. From this experience I have developed a strong belief in a health promoting approach to the health of communities. My interest in the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)' project evolved from my own involvement in the initial and ongoing development of the calendar.

## **1.3 Significance of the Study**

A commitment to health promotion practice not only means a commitment to good planning, but also to robust evaluation (Hawe, Degeling & Hall, 1995). The significance of this study to nursing is in the increased understanding of health promotion evaluation. Evaluation breaks the division between research and practice by applying research methods to improve the organisation of health care (Ministry of Health (MOH), 2003a). However, nurses are unaware or poorly equipped to carry out evaluation effectively (Beanland, Sneider, LoBiondo-Wood & Haber, 1999). A dearth of information



pertaining to qualitative health promotion evaluation by nurses reinforced the need for nursing research to be undertaken in this area.

The importance of this study is in the evaluation of an intervention that promotes health. Health is a crucial social and personal resource that needs investment. If we invest in ways to promote health, we also bring about benefits for the whole country (Peersman, 2001). However, successful health promotion programmes are not instinctive and not all health promotion programmes are successful in achieving their aims and objectives (Nutbeam & Harris, 2004). Evaluation needs to be incorporated into the processes of any health promotion project at the early developmental stages. Health professionals also have an ethical obligation to evaluate all aspects of their health promotion practices (Ovretveit, 1998). Evaluation is about trying to find out whether what you are doing could be done better while accommodating the complex nature and the long-term impact of the health promotion intervention (Hepworth, 1997; World Health Organisation (WHO), 1998).

An impact evaluation of the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)' determined the effectiveness of the project while also considering the associated costs. Further, the concept of efficiency and cost effectiveness is central to the development of new initiatives (Molloy & Cribb, 1999; Ovretveit, 1998; Thorogood & Coombes, 2000; Watson & Platt, 2000). In the current economic climate with a limited health dollar and increased public scrutiny, practitioners need evidence from evaluation to support what they do and the amount of money spent doing it.

With ever-increasing health care costs the financial considerations of any project are real issues. For the calendar project these considerations included both direct costs, as in the printing and distribution of the calendar, as well as indirect costs. Indirect costs are often overlooked but include the allocation of resources necessary to implement the programme, for example staff time (Nestor, 2001). It is necessary also to consider opportunity costs, these are the benefits that resources would possibly achieve if used differently (Conner, 1981). Because of the costs associated with the production of the calendar, careful considerations for future calendar productions must be made. If the programme is identified as being valuable, then the money is well spent. Value is considered the foundation of any evaluation process (Guba & Lincoln, 1981). This

evaluation research can assist in determining that value from a community perspective. Therefore, from this evaluation, the information gained can be used to determine if the project met the project objectives.

## **1.4 Aim of the Study and the Research Question**

The aim of this study was to conduct impact evaluation research on the ‘Healthy Messages Calendar (Te Maramataka Korero Hauora)’. Information sought related to what the community and stakeholders liked and disliked about the calendar, what improvements could be made to further its value to the community and what other health promotion interventions might be useful in meeting the community’s health promotion needs. Also, information were sought to ascertain if the project objectives were met and what the relationship of the calendar to the whare tapa wha model of Maori health was. The information gained can be used as a basis for planning future projects. The research question guiding the study asks:

Is the ‘Healthy Messages Calendar (Te Maramataka Korero Hauora)’ an effective health promotion tool for the dissemination of health information and promotion?

## **1.5 Background**

This section begins with an overview of the New Zealand Health Strategy that, according to the Minister of Health Annette King (2000), sets the platform for the Government’s action on health, including health promotion in New Zealand.

### **1.5.1 The New Zealand Health Strategy**

The New Zealand Health Strategy identifies the Government’s present priority areas to ensure that health services are directed at those areas that will deliver the highest health benefits to the New Zealand population, with particular focus on tackling inequalities in health (King, 2000). What this means for people working in Tairāwhiti is that the principles of this Strategy must guide health promoting practice. Even in the most affluent countries people with less wealth experience more illnesses and a shorter life



expectancy than those with greater wealth (Wilkinson & Marmot, 2003). With the gap between the health status of the rich and poor widening, special consideration needs to be given to disadvantaged population groups (Howden-Chapman, 1999; Reid, 1999). Inequalities in health become unfair when avoidable (National Health Committee, 1998; Wilkinson & Marmot, 2003); addressing inequalities improves public health (Oliver & Peersman, 2001).

Addressing inequalities is a major priority that requires an ongoing commitment across all levels of health providers (King, 2000). The strategy identifies that health service providers must work cooperatively towards common goals to improve the health of communities and provide the highest quality care for people who are sick or disabled. This includes collaborative health promotion and disease and injury prevention by all sectors. This inter-sectoral approach focuses on population needs with an emphasis on community and health service user's involvement at every level, and improves coordination across the health sector (King, 2000). An inter-sectoral approach was evident with the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)' that saw many organisations working together on a common goal.

Included in the New Zealand Health Strategy is The Primary Health Care Strategy (MOH, 2001b). A strong primary health care system is considered vital to improving the health of the people of New Zealand particularly in tackling inequalities (King, 2000). Primary health care nurses therefore have a huge role to play in this strategy and in health promotion. This move towards a greater population focus and emphasis on a wider range of services requires well-educated primary health care nurses (MOH, 2001b); nurses that are educated in health promotion and health promotion evaluation.

There are thirteen population health objectives proposed by the Ministry of Health to assist in the reduction of existing inequalities. These objectives are:

- Reducing smoking
- Improving nutrition
- Reducing obesity
- Increasing the level of physical activity
- Reducing the rate of suicide and suicide attempts



- Minimising harm caused by alcohol and other drug use
- Reducing the incidence and impact of cancer
- Reducing the incidence and impact of cardiovascular disease
- Reducing the incidence and impact of diabetes
- Improving oral health
- Reducing violence in interpersonal relationships
- Improving the health status of people with severe mental illness
- Ensuring access to appropriate child health services including well child

(King, 2000).

The New Zealand Health Strategy helps guide health promotion practice in New Zealand with the thirteen population health objectives determining the health promotion issues to be addressed. This information helped guide the development of the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)'. In addition, the fact that Tairāwhiti has a relatively high Māori population and poorer health statistics than most of the rest of New Zealand clearly supports the need for health promotion input into this community.

## **1.5.2 Tairāwhiti**

### **Population**

In 2001 there were 43,971 people living in the Tairāwhiti Health District region (Statistics New Zealand, 2006) with a relatively high Māori population of around 42.4% (Tairāwhiti District Health (TDH), 2004). This is three times higher than in the total New Zealand population and is the highest proportion of Māori for a District Health Board. Consistent throughout New Zealand, Māori in Tairāwhiti have a younger population structure than non-Māori due to the higher birth rate and lower life expectancy. This population is expected to increase by 6.9% in the next ten years. The region has a small but growing population of Pacific peoples (1.1%) and a relatively large percentage of older people, and people aged 45 years to 65 years compared with New Zealand overall (TDH, 2004).

## **Health Status**

Tairāwhiti has a significantly higher overall mortality rate, as well as lower life expectancy when compared with other parts of New Zealand. Those most affected are Māori who have the highest needs of any ethnic group for this region. As well, rural populations tend to have higher health needs and are currently under serviced with low numbers per capita of general practitioners (GP's), nurses, dentists, pharmacists, and Māori Health Providers (TDH, 2004). While the infant mortality rate is similar to other parts of New Zealand, the child hospital admission rates for unintentional injury are higher. Sexual and reproductive issues are of significance with the teenage fertility rates nearly double the national average. Poorer health statistics are evident in all other areas of health with diabetes, cancer, asthma and cardiovascular disease rates showing a higher death and hospital admission rate compared to the rest of New Zealand. In addition, injuries, alcohol and drug problems, and suicide are also higher than the national average (TDH, 2004).

## **Socio-demographic information**

In New Zealand socio-economic inequalities in health have not decreased over the past two decades. People in the lowest socio-economic groups tend to consistently have the poorest health (National Health Committee, 1998; Howden-Chapman, 1999). The case linking socio-economic disadvantage to poorer health is identified in the New Zealand Māori health statistics (Health Funding Authority, 2000; Reid, 1999; TDH, 2004). Overall, the Tairāwhiti region depicts a more deprived socioeconomic picture than the rest of New Zealand with lower levels of education, lower average incomes, higher unemployment rates and higher benefit use (TDH, 2004).

The Tairāwhiti district is comparatively isolated being situated on the East Coast of the North Island (Appendix 1). People living in Tairāwhiti are less likely to own their own home, have a higher number of solo parent households, have more people living in overcrowded conditions and are more likely to have no access to a phone or vehicle compared to the New Zealand average. This deprivation is not evenly spread with some areas showing a combination of marked deprivation, rural isolation, transport and communication difficulties and a relative lack of health services compared to other parts of New Zealand. Within the city itself there are also several areas of marked deprivation (TDH, 2004). The relatively high Māori population of Tairāwhiti, the poor health status



of this region and the low social-demographic makeup of this community suggest this population have high health promotion needs.

To improve the overall health of New Zealanders particular attention must be paid to those with the poorest health. The current evidence suggests that those with the poorest health are Maori and Pacific people. For Maori, historical decisions such as the Treaty of Waitangi and subsequent land confiscations have had a significant impact on the present socio-economic status with the resulting poorer health patterns (Howden-Chapman, 1999). Despite the New Zealand Government's committed to fulfilling its obligations as a Treaty partner and the guarantee of equity in the Treaty (Reid, 1999); the profile of the Tairāwhiti community identifies that inequalities exist between Maori and Pakeha. An overview of the Treaty of Waitangi and how it relates to health promotion practice is offered next.

### **1.5.3 Treaty of Waitangi (Te Tiriti o Waitangi)**

The Treaty of Waitangi is an important part of New Zealand constitution (State Services Commission, 2005); often considered the founding document of this country (Kingi, 2006). Signed on the 6<sup>th</sup> February 1840, the Treaty is an agreement between the British Crown and representatives of Maori, Iwi and Hapu (State Services Commission, 2005). Essentially the Treaty transferred sovereignty from Maori to the British Crown (Kingi, 2006) in return for a guarantee of the authority of chiefs and the protection of Maori land and resource rights. The intent was to extend the same rights and privileges to Maori as that of the British (State Services Commission, 2005). Both English and Maori versions of the Treaty exist, the text of which differ significantly in meaning and with quite different expectations (Durie, 1998; Health Promotion Forum, 2002). The chiefs who signed this Treaty expected to enter into a partnership with power sharing; however this was not to be the case (State Services Commission, 2005).

One of the main intentions of the Treaty is to protect the well-being of the Tangata Whenua (Maori) of New Zealand (Health Promotion Forum, 2002). As well, Maori claim health is a taonga and therefore entitled to protection under the Treaty (Durie, 1998). Central to the Treaty relationship is an understanding that Maori will have an

important role in implementing health strategies for Maori, and that the Crown and Maori will relate to each other in good faith with mutual respect, cooperation and trust (MOH, 2001a). Therefore, for health promotion to be successful in New Zealand, there needs to be an understanding of the application of the Treaty of Waitangi in health promotion practice (Health Promotion Forum, 2002).

The Health Promotion Forum of New Zealand is a national umbrella organisation funded by the Ministry of Health to provide leadership and support for good health promotion practice consistent with the Treaty of Waitangi and the Ottawa Charter. It became an incorporated society in 1988; two years after the Ottawa Charter became the international guiding principles of health promotion practice (Health Promotion Forum, 2006). The Health Promotion Forum (2002) have utilised the Maori text of te Tiriti o Waitangi to inform the TUHA-NZ document as discussed next. Te Tiriti is considered to be strongly associated with perspectives on health and well being as identified in the three articles of te Tiriti discussed in the TUHA-NZ document (Health Promotion Forum, 2002).

#### Article One: Kawanatanga – Governance.

Kawanatanga outlines the Crown's obligation and responsibilities to govern and protect Maori interests. It provides for the Crown's right to make laws ensuring adequate provision of services to all New Zealand citizens. This then applies to all agencies that draw their authority from the Crown and includes public health services. What this means for health promotion is that Maori participation at the decision making and management level of health service provision is a high priority. Maori are in the best position to advocate and strategise for Maori health advancement. For Maori health advancement to occur Maori participation needs to be comprehensive, active, consistent, responsive, and encompass a community development approach. There is also a need for rigorous research for Maori by Maori on all areas of public health in order to advance Maori health gains (Health Promotion Forum, 2002).

#### Article Two: Tino Rangatiratanga - Maori Control and Determination

Tino Rangatiratanga gives to all people of New Zealand, especially those who identify as Maori, full chieftainship over their lands, their villages and all their possessions, including governance over their health. What this means in health promotion is that action for the achievement of Maori health aspirations be determined by Maori. Maori



health aspirations relate to the goals, desired outcomes and vision Maori have for their own health. There is strong support for the development of the Maori health promotion workforce in both mainstream and Maori health environments (Health Promotion Forum, 2002).

#### Article Three: Oritetanga – Equity.

Oritetanga gives Maori the rights of protection and guarantees legal equity or fairness with other citizens of New Zealand. The implications from this give Maori the right to experience equity in the enjoyment of all the benefits of New Zealand citizenship including health. This provision requires the Crown to protect and reduce disparities between Maori and non-Maori. What this means for people working in the area of health promotion in New Zealand is that there is a priority for action to bring about improvement in outcomes for Maori. There is a need to remove the health disparities that currently exist by addressing the causes of poor health and by considering the underlying determinants of health (Health Promotion Forum, 2002). Programmes that operate at multiple levels are most likely to address the range of determinants of health problems in populations (Nutbeam & Harris, 2004). The history of the Healthy Messages Calendar (Te Maramataka Korero Hauora)’ project will now be presented.

### **1.5.4 History of the ‘Healthy Messages Calendar (Te Maramataka Korero Hauora)’.**

The concept for the ‘Healthy Messages Calendar (Te Maramataka Korero Hauora)’ project arose from the observations of a Tairāwhiti District Health public health nurse Joan Painter (Personal Communication, 11<sup>th</sup> December 2003). This public health nurse had noticed that many clients with rheumatic fever who received monthly penicillin injections did not have a calendar in their home. This made keeping their monthly appointments difficult and possibly contributed to the high did not arrive (DNA) appointment rates. After some discussion with the well child team it was thought that this could be a barrier to health service access that was a community wide issue; especially with Tairāwhiti having a low socio-economic population in comparison to other parts of New Zealand. Low socio-economic groups have less buying power and therefore are less



likely to receive a free commercial calendar from a commercial firm than their wealthier counterparts.

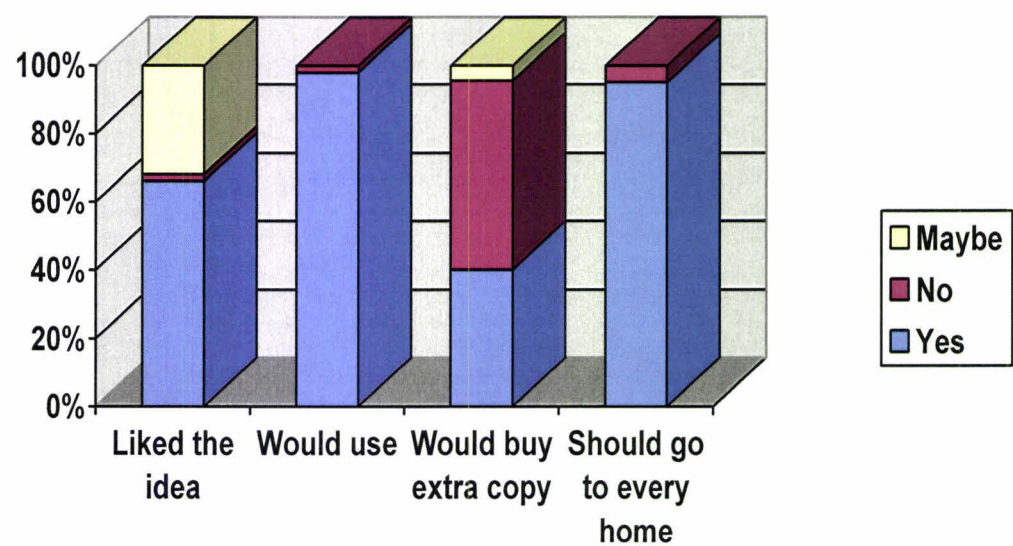
From these observations, members of the Public Health Unit health promotion team, in conjunction with representatives from health related agencies in the community, joined together to produce the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)'. The Public Health Unit representatives in particular, wanted to access low socio-economic persons often considered the 'hard to reach'. The 'hard to reach' are known not to access health services either for wellness checks or when illness is in the early stages (Howden-Chapman, 1999). In addition to the health messages, key health contact details and space to write in appointments were also provided by way of this innovative health promotion tool.

A needs assessment was conducted in order to provide a comprehensive picture of what was happening locally. A needs assessment gathers as much information about the target or priority group, not only demographic data, but more subjective perceptions of people themselves (MOH, 2000). The needs assessment revealed that the targeted populations were dispersed throughout the community both in rural and urban areas, including the East Coast. It was also discovered that it was a similar price to produce a calendar for every household in Tairāwhiti as it was to produce a lesser number and seek out those who would benefit most from receiving and displaying the calendar in their home. Hence it was decided that this calendar would be provided free to the entire Tairāwhiti region, including businesses.

The design of the calendar was based on one similar produced by the Upper-Hutt City Council. The Upper-Hutt City Council was contacted to see if an evaluation had been undertaken. Paul Addison from the Upper-Hutt City Council did indicate that while no formal documentation was available, verbal responses from ratepayers suggested that lower water consumption and higher recycling had occurred (Personal Communication, March 11<sup>th</sup>, 2000). Mr Addison believed that the calendar they produced was more effective than brochures and leaflets had been in the past.

It was thought that the information in the calendar needed to be provided in a variety of ways to meet the various learning needs of the population. A pre-test was undertaken on the proposed calendar design and health topics prior to the calendar production to ascertain community acceptability. The purpose of this was to determine what the people of Tairāwhiti thought of the calendar concept and to assist in the identification of key health messages relative to this community. Key health messages most identified were drug and alcohol, smoking, children’s health, healthy eating and injury prevention. Respondents included work colleagues, clients and the general public from off the street. The results indicated 50% of the respondents were Pakeha, 47% Maori and 3% Pacific Island, 70% were female with the remaining 30% male. Age range varied with most 20 years of age and under (Robertson, 2000). The results (provided in the next section) from this pre-test determined the format and contents of the first and subsequent calendars.

***Graph 1.1: Key Results from Pre-Test Survey***

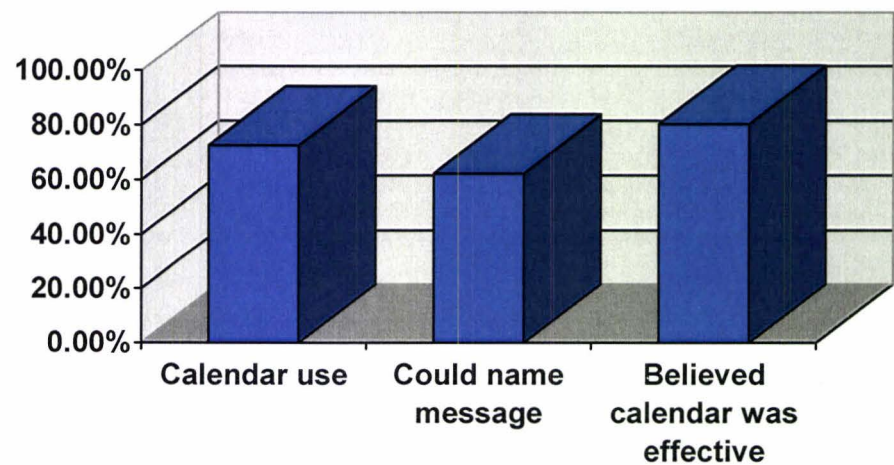


A sample page of the 2004 ‘Healthy Messages Calendar (Te Maramataka Korero Hauora)’ has been included in Appendix 2.

**1.5.5 Previous Evaluation Information on the Project**

The ‘Healthy Messages Calendar (Te Maramataka Korero Hauora)’ project has been evaluated previously, the outline of which will now be presented. The Public Health Unit sponsored a local firm of consultants to undertake a quantitative evaluation. The results indicated a sample of 314 households was contacted to undertake a phone survey. Only 50% of the respondents could recall receiving a calendar but of those 157 respondents 72.6% were using the calendar. The main reasons given for having the calendar in use were “it’s a good calendar”, “needed calendar”, “spare calendar”, “good messages on the calendar” and “just put it up” (APR Consultants, 2002).

*Graph 1.2: Results - APR Consultants*



Another evaluation was undertaken after the first calendar was produced. Drug Free Schools, part sponsors of the 2002 calendar and part of a larger drug free campaign, undertook an evaluation of their entire drug free campaign. Of the 100 contacted in a telephone survey (it took 119 calls to get the 100), 100% of the recipients had put the calendar up and were using it and these 100% indicated they would like another calendar next year.



Substantial anecdotal evidence has also been gathered over the previous two years. The most recent anecdotal evidence obtained from the 2003 calendar indicated an increase in pre-school dental enrolments from children not enrolled with a well child provider. There was also an increase in appointments made for children under 5-years of age with local well child providers. In addition, the feedback from the community has been very positive. The local Public Health Unit has received many calls from people in the community thanking them for the calendar and commenting on how useful it was. Phone calls were also received from people out of the district and from other local agencies wanting a supply of the calendar to distribute to their clients. There was also an increase in the number of organisations wishing to be part of the 2004 calendar (Maramataka Committee, 2003). Public health nurses had also observed the large number of households and businesses who had the calendar up on display in their residences and places of work. With the knowledge that all this information provided there remained a need to increase this knowledge to find out what people in the community thought of the calendar; a need for qualitative in-depth data to determine what the calendar meant to the population to which it was given.

## **1.6 Overview of the Thesis**

**Chapter one:** This chapter introduced the researcher's interest in this study, the study's significance, and the aim of the study and research question. The background provided information on the New Zealand Health Strategy, the health status of Tairāwhiti, the Treaty of Waitangi, and the history of the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)'. Previous evaluation of the calendar project was also presented in this chapter.

**Chapter two:** This chapter presents a review of the literature relevant to the study in order to ascertain what information and research is currently available. Literature sought related to health promotion and health promotion evaluation, health education, mass media, social marketing and branding/packaging as well as community development and empowerment.

**Chapter three:** An outline of theoretical processes that were utilised in this study has been provided. It includes an overview of the method/methodology utilised, the selection of participants and justification for this selection. Ethical and cultural considerations are also explained. A general inductive approach by Thomas (2004) was used to analyse the qualitative data extrapolated from the five focus group interviews.

**Chapter four:** The key findings from this study are presented in this chapter that begins with a review of the documentation of the 'Healthy Messages Calendar (Te Maramataka Korero Hauora)' project files. This is followed by the results of the demographic data that was collected from each of the four community groups that participated in the focus group interviews. Next the findings from the five focus group interviews are presented under the headings: improvements, messages, health promotion tools, the pictures, sponsorship, keeping it local, community involvement/relationships and what people think of the calendar. Also included in this chapter is an examination to determine if the project achieved the objectives set out in the project plan. This examination extended further to assess the project relationship to the whare tapa wha model of Maori health.

**Chapter five:** This chapter begins with a discussion around the improvements to the calendar as offered by the focus group participants. The calendar as a health promotion tool via the health messages is discussed next, along with suggestions made from the focus group participants of other potential health promotion activities. From the results it was identified that the ethics of health promotion sponsorship caused debate amongst the stakeholders, and created much discussion within the community focus groups. Keeping it local was another common theme that emerged; this is followed by the significance of community involvement and relationships as they relate to the results. The whare tapa wha model of Maori health assisted in determining the calendars responsiveness to Maori. To complete this chapter the contribution to nursing knowledge, research, and practice has been presented, as have the limitations of the study and recommendations, before finishing with a concluding statement.



## **1.7 Summary**

The ‘Healthy Messages Calendar (Te Maramataka Korero Hauora)’ was produced by a collection of community groups in Tairāwhiti, and provided free to every household in Tairāwhiti. The purpose of this study was to conduct impact evaluation to determine if this calendar was an effective health promotion tool for the dissemination of health information. The researcher was interested in discovering what selected people in the community thought of the calendar, what improvements could be made and how the calendar was of benefit to them.

This chapter has provided an introduction to the thesis. It began with an outline of the researcher’s interest in the study and the study’s significance, as well as the aim and research question. The background provided an overview of the New Zealand Health Strategy, Tairāwhiti statistical health data and the Treaty of Waitangi. A historical overview of the calendar development, as well as an outline of previous evaluation undertaken on the ‘Healthy Messages Calendar (Te Maramataka Korero Hauora) project, was then provided. The chapter is completed with an overview of the thesis. The following chapter presents the findings from the literature review undertaken in order to ascertain current information, relevant research and evaluation research tools.