

# EVALUATION REPORT

On the

## **Leadership in Maori Public Health Programme**

Prepared by

Paewhenua Hou Partnership

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### Acknowledgements:

The Evaluation team would like to thank Tania Hodges of Mauri Ora Associates and all evaluation participants for their cooperation and willingness to participate in this evaluation.

### Disclaimer

All due care has been taken to report participant's conversations as they said it.

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## 1. EXECUTIVE SUMMARY

### 1.1. INTRODUCTION

The Public Health Workforce Development Plan project, commissioned by the Public Health Directorate of the Ministry of Health, has identified through foundation analysis work<sup>1</sup> that efforts must be directed to grow the Maori public health workforce to address the disparate public health needs of Maori communities. Leadership development is an important component to grow the Maori public health workforce.

Maori public health leaders need to be grown to lead the development of the workforce delivering public health services to Maori in New Zealand and secondly, to strengthen the delivery of public health services to meet Maori public health needs. Leadership development is therefore an integral component of growing the Maori public health workforce.

This report describes the findings from an evaluation of the Leadership in Maori Public Health Programme (LIMPH). This evaluation incorporates feedback from stakeholders (i.e. programme developers, programme participants and employers) who have been involved in the initiative.

This evaluation will be incorporated into the initial research work being undertaken on Maori public health leadership (indigenous models and programme review, etc) to inform next steps decisions.

### 1.2. LEADERSHIP IN MAORI PUBLIC HEALTH PROGRAMME

The LIMPH programme was developed in response to the need to strengthen the public health capability and leadership skills of Maori public health practitioners in the Bay of Plenty (Eastern and Western), Lakes, Waikato and Taranaki Regions. The programme was first initiated for Maori public health workers in the Midlands Region and funded through the Midlands Public Health Locality team, Ministry of Health.

There have been two intakes for the LIMPH. The first intake was in 2002 and funded by the Midland Locality team. The second intake was in 2004 and was funded by the Auckland Regional Public Health Service (ARPHS) in conjunction with the Ministry of Health Public Health Directorate. In 2002 and 2004, Mauri Ora Associates (MOA) was contracted to deliver the programme.

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<sup>1</sup> Tunks M. 2004. *Maori Public Health Workforce Development Project Report to the Public Health Directorate, Ministry of Health: Look back to the past, to get a clear vision for the future – Me titiro whaka muri, ka marama te haere o mua.* Auckland. Phoenix Research. 2004. *Public Health Workforce Development Research: Surveys of public health organisations and individuals.* Research Report for Head Strategic, Auckland, a report for the Ministry of Health, Wellington. In addition to this PH WDP research, the work of the Health Workforce Advisory Committee concludes that Maori health workforce development (including Maori public health workforce development) is a priority area.

The Public Health Workforce Development Programme Maori Public Health Leadership work objectives are to:

- grow Maori public health leaders to lead the development of the workforce delivering public health services to Maori in New Zealand and;
- to strengthen the delivery of public health services to meet Maori public health need.

Management of the LIMPH is undertaken by MOA:

MOA CEO was the Programme Facilitator and provided a programme oversight and monitoring role and an active involvement in the day-to-day administration and delivery of the programme.

MOA delivered the programme, recruited guest tutors and undertook any on-going curriculum development.

The Programme Facilitator was responsible for the contractual reporting and administrative oversight of the programme and the course assessment and moderation.

### 1.3. EVALUATION METHODOLOGY

As outlined in the programme brief,<sup>2</sup> this evaluation focused on evaluating the *effectiveness and applicability* of the LIMPH run by MOA for the Midlands region (2002) and the Auckland region (2004/05)<sup>3</sup> to contribute to the Maori public health workforce development strategic goals for Maori public health leadership development.

The evaluation looked at *effectiveness* according to the following programme aims:

- To develop leadership skills, knowledge and confidence – *self development*
- To develop leadership skills, knowledge and confidence of others – *building capacity in others*
- To be able to apply leadership skills and knowledge in the workplace/health sector – *creating change*
- To establish a support network with others – *whanaungatanga*

The evaluation of *programme applicability* focused on the strengths and weaknesses of the programme as an option that could be repeated or extended to other parts of the country and how the leadership course develops participants in terms of improving Maori public health service delivery.

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<sup>2</sup> Public Health Workforce Development Plan Project – Maori Public Health Workforce Development – Evaluation of the Leadership in Maori Public Health programme – Service Schedule – 1 May 2005

<sup>3</sup> LIMPH programme initiated through the Hamilton Office of the Public Health Directorate and more recently through the Auckland Regional Public Health Service, Auckland District Health Board.

Information and documents were gathered from four sources:

- Programme initiator – this person originally conceived of the idea to develop this programme
- The Programme facilitator – who was responsible for the overall programme design, delivery, monitoring and reporting on the programme
- Programme participants and;
- Employers of participants.

A review of this information provided data on the programme, its purpose, implementation and other administrative records. The level of information to be sought from this evaluation was greatly informed and assisted by the high quality of information on hand and the willingness of the Programme Facilitator to make this information available.

Statistics from the programme database were considered, a participant questionnaire was developed and qualitative interviews were conducted to expand on questionnaire data and to seek feedback from the programme initiator and the managers of participant's agencies.

A total of 26 participants and stakeholders participated in this evaluation by either completing a questionnaire, by phone or face-to-face interview and in a focus group discussion.

## 1.4. EVALUATION FINDINGS

### Outputs

Throughout the period 2002 – 2005, 31 participants participated in the LIMPH and 30 completed the programme.

Year	2002	2005
<b>Enrolments</b>	15	16
<b>Graduates</b>	14	16

### Outcomes:

#### *Benefits for participants*

All participants commented very positively about both personal and professional benefits from completing the LIMPH.

Participants identified three main reasons for completing the programme – firstly, to affirm and strengthen their knowledge base of Public health for Maori, secondly, to develop leadership skills, knowledge and confidence in self and others and thirdly to establish a support network with others in the

sector. Overwhelmingly participants felt that their expectations of the course have been satisfied.

Other benefits include the strengthening of whanaungatanga relationships amongst participants and across the sector of Maori working in public health, the development of collaborative working relationships and the building of a network able to respond to Maori public health issues at a regional and national level.

### ***Benefits for employing organisations***

Managers commented positively on the programme for some of the same reasons as outlined above. In addition, they gave specific examples of positive outcomes including improved career development aspirations resulting in participants taking on new roles and additional responsibilities within the organisation and looking at career opportunities, an increased awareness of regional issues in Maori public health and the strengthening of internal Maori caucuses within mainstream organisations resulting in an improved collective ability to translate the knowledge within this context.

### ***Benefits for Maori health clients***

No clients were interviewed. The benefits for clients were expressed by programme participants and/or their managers as:

Maori clients and whanau benefit directly (improved service) when they are on the receiving end of a more responsive service

Maori clients and whanau benefit indirectly through the increased capability and improved responsiveness of Maori public health practitioners.

### ***Other programme impacts***

Other programme impacts as identified were the establishment and strengthening of networks amongst themselves, with the speakers, the Maori caucus of the Public Health Association, Maori involved in District Health Board's as a collective and with people outside of the sector. This was seen as contributing to a decrease in the isolation of Maori working in public health and improvements in relationship management resulting in a more persuasive and focused networking approach within the sector.

The development of a leadership programme offered in the context of Maori public health acknowledges the need to grow the pool of Maori leaders within this sector. The engagement of quality presenters provided recognition and integrity to the programme and has led to the provision of in-service training by participants within their organisations on aspects of Maori public health held by participants within their organisations

A key benefit of the programme is that a supportive environment was created for the discussion, debate and critical reflection of Maori public health practice.

### **1.5. PROGRAMME EFFECTIVENESS: EXTENT TO WHICH THE PROGRAMME IS MEETING OBJECTIVES**

The programme is meeting its aims and strategic objectives for Maori health sector capacity in the following ways:

- Increased knowledge and confidence of individual participants in relation to Maori public health issues, resulting in positive feedback from peers and the community and more active engagement with other colleagues, peers and within the sector
- The establishment and development of existing networks within the Maori public health field and;
- Improved relationships with other health practitioners, resulting in better communication and coordination of services.

### **1.6. PROGRAMME APPLICABILITY - STRENGTHS AND WEAKNESSES OF THE PROGRAMME**

A key focus of the evaluation was to identify the strengths and weaknesses of the programme to contribute to decisions about the continuation of the programme, that is, whether it could be repeated or extended.

The strengths of the programme include:

- The programme provided a foundation for the wider Maori Health and Public Health context and an increased understanding about the disparate health need of Maori in our communities.
- The availability of programme funding enabled minimal cost factors to participants
- The programme structure was suitable to participants personal and work situation.
- The programme presenters were seen as fully competent with a great depth of knowledge and added value to the programme
- Teaching methods used included a combination of wananga, discussion groups and presentations from guest presenters
- Organisation and facilitation of the programme by MOA was of a high standard, presented in a professional manner in a kaupapa Maori setting that was relevant to the course. Continued follow-up post-course was also appreciated by participants.
- The cultural components of the programme such as the marae based wananga type format enabled whanaungatanga and networking to occur. A unique factor was also that the programme gave participants permission

## to be Maori, to think Maori and to focus on Maori aspirations for Public Health

In the main, participants were satisfied with the overall programme. The weaknesses mentioned were typically reported by those who worked in a mainstream environment. These participants found it difficult to be able to effectively transfer what they had learnt from the programme to their workplace environment due to their perception of a lack of support for this programme within these organisations. This highlighted the need for post course coordination to assist in continuing the momentum back in the workforce to keep the energy of leaders moving forward.

There seemed to be two responses to course follow-up within the workplace. For some, the knowledge shared and desired intentions were received well and follow-on activities supported. For others, there seemed to be a neutral, distant and sometimes hostile response from managers, therefore the benefits of the programme in these instances might rest with the individual and may be diminished over time.

Overall, the LIMPH is meeting its strategic objectives to grow Maori public health leaders to lead development of the workforce delivering public health services to Maori in New Zealand and secondly, to strengthen the delivery of public health services to meet Maori public health need.

The only significant obstacle to the programme meeting its strategic objective is the fact that unless the programme and its objectives are fully endorsed and supported by the Ministry of Health and employing agencies then the programme becomes an event and not part of a shared commitment to growing this workforce.

## **1.7. CONCLUDING REMARKS AND MAURI ORA ASSOCIATES**

MOA have been successful in the development and implementation of this programme according to the aims and objectives. They have achieved positive outcomes within the timeframe allotted to them and within the resources allocated by the funders.

MOA acknowledges immense learning along the way and they are proud of the results achieved by all involved.

There is a high demand for efforts to grow our Maori public health workforce to address the disparate public health need of Maori in our communities. Leadership development is an important component of growing the Maori public health workforce

Culturally appropriate and Maori public health specific focused programmes are highly sought after by individual practitioners and their employers. MOA are well-placed to meet this demand. This would require further refinement and development of programmes and additional staffing to maintain the demand for this type of service.

Both the LIMPH and MOA have received positive feedback from the participants involved in this evaluation.

## **1.8. RECOMMENDATIONS**

There are three main recommendations for consideration:

- 1.8.1 That a mentoring and support programme to complement this programme be developed to ensure that post programme, participants are further encouraged in the leadership pursuits.
- 1.8.2 That further work be undertaken towards national accreditation of the programme to ensure that participants are recognised for their participation.
- 1.8.3 That further opportunities for participants to demonstrate their leadership within the workplace and the Maori public health sector be explored.

## 2. INTRODUCTION

As outlined in the service specification, in 2004 a report on generic and public health related leadership programmes was undertaken for the Public Health Workforce Development Plan, commissioned by the Public Health Directorate of the Ministry of Health. A project by an external contractor (Nicholas-Dunsmuir, 2004)<sup>4</sup>, along with a research report on Maori public health workforce development (Tunks, 2003)<sup>5</sup> was completed. Whilst both reports provided useful recommendations, the Maori Working Group requested more in-depth information to explore options for support and/or development of existing or new leadership programmes that develop leadership skills in Maori who are working in public health.

The Public Health Workforce Development Plan Project has identified through foundation analysis work<sup>6</sup> that efforts must be directed to grow the Maori Public Health workforce to address the disparate public health need of Maori communities. Leadership development is seen as an important component to grow the Maori public health workforce.

This is the beginning stage of the Maori public health leadership work. The overall objective of this work is to grow Maori public health leaders to lead the development of the workforce delivering public health services to Maori in New Zealand and secondly, to strengthen the delivery of public health services to meet Maori public health need.

The first steps to achieving this objective is to undertake initial research relevant to Maori public health leadership (indigenous models and programme review, etc).

The evaluation of the LIMPH work is part of these first steps and will be incorporated into the initial research work and be included in the information on which next steps decisions will be made.

This report describes the findings from an evaluation of this programme. This evaluation incorporates feedback from stakeholders (e.g., Programme initiators, programme participants and employers) who have been involved in the initiative.

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<sup>4</sup> Nicholls-Dunsmuir, A. 2004. *Public health leadership programme review: issues and options for New Zealand*.

<sup>5</sup> Tunks, M. 2004. *Maori Public Health Workforce Development Project: Stage One Report to Public Health Directorate, Ministry of Health*

<sup>6</sup> Tunks M. 2004. *Maori Public Health Workforce Development Project Report to the Public Health Directorate, Ministry of Health: Look back to the past, to get a clear vision for the future – Me titiro whaka muri, ka marama te haere o mua*. Auckland. Phoenix Research. 2004. *Public Health Workforce Development Research: Surveys of public health organisations and individuals*. Research Report for Head Strategic, Auckland, a report for the Ministry of Health, Wellington. In addition to this PH WDP research, the work of the Health Workforce Advisory Committee concludes that Maori health workforce development (including Maori public health workforce development) is a priority area.

### **3. METHODOLOGY**

#### **3.1. DATA GATHERING METHODS**

Information was gathered from four sources:

- Programme initiator – this person originally conceived of the idea to develop this programme
- The Programme facilitator – who was responsible for the overall programme design, delivery, monitoring and reporting on the programme
- Programme participants and;
- Employers of participants.

A review of this information provided data on the programme, its purpose, implementation and other administrative records. The level of information to be sought from this evaluation was greatly informed and assisted by the high quality of information on hand and the willingness of the Programme Facilitator to make this information available.

A detailed questionnaire was developed (see Appendix 1). Questions were asked about the development and implementation of the programme, outcomes resulting from the programme, and improvements that could be made to the programme.

The questionnaire invited participants to rate aspects of the programme including programme focus, content and structure, the facilitators, teaching methods, learning resources, knowledge and understanding, applicability, usefulness, cultural appropriateness, impacts of the programme and overall to gain a sense of how they think the programme has contributed to them being more effective in terms of Public Health action and outcomes.

The questionnaire was distributed to participants on 14 June 2005 and they were requested to complete it by 24 June 2005. 21 people returned it by the due date. It was envisaged that the questionnaire would be the main data source for participants, however due to the fact that most participants did not expand on their views within the questionnaire it was decided to conduct telephone interviews to source more detailed information and to follow-up personally with those who had not completed the questionnaire.

Follow up telephone interviews were conducted with 18 participants and the questionnaire was used as the basis of the telephone data collection.

In addition, it was envisaged that three focus groups would be held to enable a series of forums for the discussion of responses to the questionnaire in a group setting. However due to time constraints and the difficulties in managing a common meeting time only one focus group occurred with three participants attending.

### 3.2. SAMPLE SIZE

Invitations to participate and provide feedback in this evaluation were extended to all participants. Of the 31 participants, 21 responded by either returning the questionnaire, participating in a telephone interview or attending the focus group discussion.

Feedback was also received from the Programme initiator, Programme Facilitator and six Managers of employing organisations.

There were some participants with whom the evaluation team could not make contact due to a range of reasons from work hours to change of addresses and no phone contact.

Type of respondent	Number
Programme Participants	21
Managers	3
Course Developer	1
Programme Facilitator	1
<b>Total participants</b>	<b>26</b>

### 3.3. DATA ANALYSIS

Programme statistics and responses to the questionnaire were collated and summarised. The mean average for each question was calculated and the data analysed. This provided useful information on attendance, programme structure, programme delivery and overall outcomes for participants.

Given the small sample size it is not possible to provide statistically robust findings. Data is reported from the sample of 26 participants.

Significant results included the following:

- Responses to the questionnaire regarding programme structure and delivery received highly positive feedback. There were three areas that stood out where participants had more to comment on, those were in relation to the length of the programme where some felt that it could be longer, the learning contract, which some commented could have been completed at a later stage of the programme and the course readings being of use to some and not to others depending on the tendency and inclination to reading the material.

### **Programme Length**

*“Just long enough. In fact I actually started to look forward to them...”* Auckland

*“More time could have been given to go over/recap the sessions. The korero was long enough but not enough time given to process the new information. Don’t always have the time after the hui to recap on the sessions. Need time to discuss how the korero is relevant to us and how we can apply it in our work”* Auckland

*“Even if the course was everything I wanted I think the course in two day hits is more than enough. Two days is more than adequate to go away and think about it and try to use it. The time between wananga was adequate to try apply the tools and to review...”* Waikato

### **Learning Contract**

*“It was kind of hard signing on the first day – a bit too soon to really understand its purpose. It didn’t really click about how meaningful the course would be. I think make the course programme and outcomes clear to participants before entering contracts. Emphasise that beforehand so we can think. The word contract is a bit too formal, too heavy. Perhaps another term like Agreement”* Waikato

*“To be quite honest, it was the first hour, I was hoha about it at the first hui. Day two or hui two would have been a better time to do it”* Auckland

*“Long time between beginning/end/follow-ons. A PATH type tool for regular review throughout could be better”* Waikato

### **Reading Material**

*“I still have them. If this course was to evolve I could see a lot more info being placed in those folders”* Waikato

*“There is no way that I will ever be throwing this stuff out”* Auckland

*“I’ve been able to refer to some of the readings for my assignments...”* Auckland

*“Didn’t read every single one. I have never been a big reader. The korero if it didn’t grab me in the first paragraph then I wonder off especially with the technical stuff”* Auckland

*“Since the course, when things have come up that I remember happening, I have gone back to refer to them. If its relevant and makes sense in a practical way. The manual we were given I have used it”* Auckland

*“Less emphasis on these may have meant optimal use not made of them”* Waikato

- The majority of participants commented positively on the new knowledge gained from the programme. However many were somewhat hesitant about long term impacts due to their perception of systemic and political issues which might impede the ability of positive change for Maori health gains.

*“I’d like to see the programme to look beyond the obvious. We need to collectively identify beyond the public health sector issues such as legislation for instance – how does it impact on Maori health. Politics contributes to good health for Maori and bad health. The Foreshore and seabed legislation is a good example. That would be the ultimate for me when legislation is made that a collective roopu look at it analyse it and try to work out how to respond positively to the legislation its impacts on Maori health – lets have a look at the stuff that*

creates the symptoms. You eventually grow a group nationally or regionally who come together to look at legislation and talk about how these things impact on our people and work together in finding solutions”  
Waikato

- Overall, feedback through the questionnaire indicated there was overwhelming satisfaction with the programme  
*“It was easily one of the best training that I’ve done because it challenged me as Maori women, as a nanny as a professional as a student and personally” Auckland*
- Four of the participants interviewed have had a role change and gained Senior positions since the programme

## 4. DESCRIPTION OF THE LEADERSHIP IN MAORI PUBLIC HEALTH PROGRAMME

### 4.1. BACKGROUND

The LIMPH programme was developed in 2002 in response to strengthening the public health capability and leadership skills of Maori Public Health Practitioners in the Bay of Plenty (Eastern and Western), Lakes, Waikato and Taranaki Regions. The programme was first initiated for Maori Public health workers in the Midlands Region and funded through the Midlands Public Health Locality team, Ministry of Health.

There have been two intakes of the LIMPH. The first intake was in 2002 and funded by the Midland Locality team. The second intake was in 2004 and was funded by the ARPHS in conjunction with the Ministry of Health Public Health Directorate. In 2002 and 2004, MOA was contracted to deliver the programme.

### 4.2. PROGRAMME AIMS AND OBJECTIVES

As stated previously, the overall objectives of the Public Health Workforce Development programme in Maori Public Health leadership are to:

- grow Maori public health leaders to lead the development of the workforce delivering public health services to Maori in New Zealand and;
- to strengthen the delivery of public health services to meet Maori public health need.

The aims of the training programme as described in this Leadership programme documentation were:

- To develop leadership skills, knowledge and confidence – *self development*
- To develop leadership skills, knowledge and confidence of others – *building capacity in others*
- To be able to apply leadership skills and knowledge in the workplace/health sector – *creating change*
- To establish a support network with others – *whanaungatanga*

The following were additional aims also recorded in programme documentation:

- To increase participants' understanding of a broad number of "cutting edge" issues in relation to the provision of Maori public health services and programmes
- To provide a safe - but challenging environment for participants to explore issues related to Maori public health
- To strengthen participants' networks by fostering support, mentoring, strategy sharing and retention of Maori staff in the public health sector.

The aims of the programme go some way towards achieving the Public Health Workforce Development Programme Maori Public Health leadership

aims. However, achieving this outcome is highly dependent on ongoing commitment within the sector to growing Maori Public Health leaders. If this programme is merely an event and not a part of an ongoing pathway then success is short term.

### **4.3. THE PROGRAMME PROVIDER/S**

The Ministry of Health Public Health Directorate in conjunction with the ARPHS provided the programme.

MOA was contracted to develop and implement the programme.

MOA is a consultancy that combines the experience, background and qualifications of its four Principals and significant network of contractors to advance Maori values in health and education. All principals hold high-level qualifications: - three are medical doctors (General Practitioners and a Forensic Psychiatrist) with teaching experience, one is a Registered Nurse with degrees in Social Science and Management. The mission of MOA is: *To offer cultural and clinical training specifically targeting the professional needs of Maori health workers.*

Management of the LIMPH is undertaken by MOA:

MOA CEO was the Programme Facilitator and provided a programme oversight and monitoring role and an active involvement in the day-to-day administration and delivery of the programme.

MOA delivered the programme, recruited guest tutors and undertook any on-going curriculum development.

The Programme Facilitator was responsible for the contractual reporting and administrative oversight of the programme as well as assessment and moderation.

#### 4.4. PROGRAMME COMPONENTS

The programme has the following key components:

The **programme** was specifically designed for 15 Maori public health practitioners, workers and managers from both NGO and public health units in the BOP/Waikato and greater Auckland regions, with a small number of places allocated for participants from Tai Tokerau.

The **application process** required the participant to be nominated by their Manager and a letter of interest with attached curriculum vitae from the participant.

For **participants to be eligible** for the programme they had to be:

- Maori;
- Currently working in a public health role;
- Employed within the Midland regions (2002) and the greater Auckland DHB region (2004) (Including NGO's/Maori & Iwi providers, PHO's, Ministry of Health, Research Units and DHB's);
- Committed to positive health outcomes for Maori; and
- Committed to attending all four noho Marae

A **selection panel** determined the following criteria for selecting participants:

- Have leadership potential
- Evidence of motivation/commitment
- Public Health/Maori Health knowledge
- Team and Maori community development skills

The **eight-day programme** was delivered by way of eleven modules delivered over four two day noho marae over a four-month period at Waikato University, Hamilton. This location and the particular marae were selected by MOA whose preference based on their experience, is for delivery of the programme "out of town" as it allow participants to be free from distractions, maintain focus and promotes whanaungatanga and networking during the stay. Some important sessions were also run in the evenings.

The **programme sessions** were intended to stimulate learning, discussion, debate and ultimately action. Sessions were to utilise a wide range of teaching styles most responsive to programme content, interest and energy levels, prior knowledge base, and the learning modes of participants. Small group projects were also to be undertaken.

**Key themes and concepts** explored in the programme included:

- Maori leadership styles and political dynamics
- Maori health in the context of wider Maori development
- "Are we on the kaupapa?" – a self reflective critique
- Health policies and strategies
- Project management
- Research and Evaluation

- Key management skills
- Health protection
- Indigenous health promotion in the global context
- PHO developments to Maori health

A **training folder** was provided with all pre-reading material for each session. After each module there was evaluation feedback gathered from participants. This formed the basis of reporting to the Ministry along with a report on activities, attendance, programme changes, issues arisen and a summary of the wananga.

The training programme is not on the New Zealand Qualifications [NZQA] Framework due to a range of reasons including the time required to register qualifications, intellectual property ownership, cost and having the flexibility to deliver a programme specific and relevant to Maori in public health.

Participants get acknowledged by way of a **certificate** for the modules they attend. This certificate is endorsed by MOA and the Ministry of Health and is recognised by the public health organisations

Participants were required to undertake and complete a **range of activities** both during and outside of the programme. Some activities were peer reviewed during the programme e.g. teaching presentations and other activities such as group facilitation and participation were reviewed by peers and tutors during and post the course.

Participants were expected to **cover their own travel costs** (participants were usually provided a work vehicle by their organisation) and koha to the Marae as applicable. Accommodation, meals and course material was covered by the course convenors.

#### 4.5. PROGRAMME RESOURCING

MOA received the following funding to deliver the LIMPH.

Funding source	2002/2003 (excl GST)	2003/2004 (excl GST)	2004/2005 (excl GST)
<b>MOH:</b> Leadership programme	\$60,000		
Follow-on training for the Midland graduates	\$15,000	\$30,000	
<b>Auckland Regional Public Health Service:</b> Leadership programme			\$64,500

Programme funding was paid directly to Mauri Ora Associates.

#### 4.6. PROGRAMME MONITORING AND EVALUATION

Evaluation forms were completed by participants at the end of each noho marae (block of learning), and included feedback on the presenter's ability to present and the ability to deliver according to the objectives of the session. Verbal feedback was also allowed for after each presenter. The Midland participants requested a debriefing after each speaker so that any issues raised could be addressed immediately. Speakers were also asked to give their feedback on how they thought the session went. Comments from these evaluations were included in progress reports to the funder.

The programme documentation reviewed from MOA indicated comprehensive evaluation took place where detailed feedback was given from participants and there is evidence of where the programme was adapted in line with feedback received.

In addition to this, the learning contracts completed in at the first training session were also reviewed throughout the programme.

*"I exceeded the expectations of my contract. I got so much more than I originally envisioned. The best thing I got out of it was that it was totally by Maori for Maori. I saw the contract as more of a commitment to the programme. The title might be a little problematic. It said learning contract where as it was more of a commitment to fully participate"* Auckland

*"When I first started I had specific outcomes but then it changed as we went along and then it became about my personal development. Tania revisited the contract and the majority had achieved their outcomes"* Auckland

*"It set up your direction. It helped us to put process in place – it was like an action plan"* Waikato

During the training, as a result of feedback during sessions or evaluation process, the programme was continually reviewed to align to the needs of the participants.<sup>7</sup>

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<sup>7</sup> Mauri Ora Associates Final Report (5 August 2002)

## 5. EVALUATION FINDINGS

### 5.1 PROGRAMME OUTPUTS

#### 5.1.1 PARTICIPANTS

Year	2002	2005
Enrolments	15	16
Graduates	14	16

The majority of the participants completed the entire programme, those that did miss a day did so because of tangi, sick children, illness or work related activities. In the Midland group, one person attended module one and did not return to the course despite encouragement to do so due to urgent work related activities.

*“Only able to make the first two Hui. Other obligations got in the way – tangi and family. Was not able to catch up with the Hui I missed. I’m responsible for catching up with what I missed”*  
Auckland

#### 5.1.2 PARTICIPANT PROFILES

Over the 18-month period 31 participants took part in this programme. The providers included a cross section of mainstream, iwi and Maori providers with one participant from the Ministry of Health. For the purposes of this report, mainstream is defined as provider organisations other than Iwi and Maori providers.

Type of Provider	Number of participants
Mainstream	16
Iwi Providers	6
Maori Providers	8
Government	1
<b>Total</b>	<b>31</b>

There were 26 female and 5 male participants, the majority of whom were in Health promotion roles, others were in Team Leader, Manager and Coordinator roles or were a nurse or responsible for a specific project.

## 5.2 PROGRAMME OUTCOMES

This section looks at the benefits of programme outcomes for participants, employing organisations and for Maori health clients and communities.

### 5.2.1 BENEFITS FOR PARTICIPANTS

All participants commented very positively about both personal and professional benefits from completing the LIMPH.

The four main areas of benefit for participants were in the areas of knowledge acquisition, improved practice, professional growth and development and improved sector relationships.

#### **Affirmation of and increase in knowledge base**

Participants spoke of feeling affirmed about their current knowledge base and through the programme gaining increased knowledge about Maori public health care concepts. In addition the increased understanding about the disparate public health need of Maori communities was also highly valued. They also said that the learning enhanced the relevancy of the knowledge acquired to their current role and work as a health professional/practitioner.

*"I think it was good. I was part of 2002 at that time it definitely helped me in my role as manager at that stage... it helped me in terms of providing a comprehensive overview with what was happening to Maori health."*  
Waikato

#### **Improved practice as a Maori health practitioner**

Participants all agreed there has been an increase in their ability to apply the newly acquired knowledge and understanding in their current work. This has led to an increased confidence in their ability to apply Maori public health concepts and models to their practice and has also improved and strengthened their practice as a health professional/practitioner.

#### **Professional growth and development**

Participants indicated that the programme has also contributed to their own personal and professional growth and development as Maori working in public health.

*"Because of the programme I have gone on to pursue study at university. A post-graduate business diploma. Actually the course made us all sit down and look at ourselves and ask ourselves where we wanted to go in Maori public health. Enrolling at university was the result for me"*  
Auckland

*"I have always been a support person and now its not the case. I am looked upon to take a lead role in projects, and I dont say No. The programme has increased my self confidence"*  
Auckland

*"A lot of people came out feeling quite motivated and still are now and certain people are doing things they wouldn't have beforehand"*  
Auckland

### **Improved sector relationships**

The strengthening of whanaungatanga relationships amongst participants and across the sector of Maori working in public health was seen as highly valuable. The development of collaborative working relationships whilst on the programme and post-programme has resulted in the building of a network able to respond to Maori public health issues at a regional and national level.

*“It was actually really good for us. Because we work for a Maori Regional Provider there was no contact with the ARPHS. Before the wananga we had a fragmented relationship – there was a bit of tension. But by the end of it we became a whanau. And even now we’ve signed an MOU – it sets out how we’re going to work together”*  
Auckland

*“Being away for two days a month definitely worked. Being away from everyone and being able to concentrate and with colleagues you generally work with. Now we all know what wavelengths we are on. Now we tend to work a lot closer in a lot of things. Especially when some are my subcontractors so we are all on the same even par”*  
Auckland

*The most positive impact – the whanaungatanga, especially one of my roles is to create a relationship with Te Hapai and everyone’s busy, and they say how are you going. But now through the course contacts, there’s a big welcome. If there’s any talk about putting people together from different rohe I would disagree, it’s good to have the regional focus*  
Auckland

*“My initial reaction was ‘oh no not another Hui’. Once we got into it, I discovered it was quite relevant to my work on the ground. When we did the presentation together it highlighted that we are not alone”*  
Auckland

### **Overall the programme meets expectations**

Participants identified three main reasons for completing the programme – firstly, to affirm and strengthen their knowledge base of Maori Public Health, secondly, to develop leadership skills, knowledge and confidence in self and others and thirdly to establish a support network with others in the sector. Overwhelmingly participants felt that their expectations of the course have been satisfied.

*“The structure of the programme actually made you seriously think about what public health is for Maori”*  
Auckland

*“At the time, it was quite broad the different lectures which is good because in Health promotion it is broad. It wasn’t till I would go away that I would be able to relate. It has opened my thinking”.*  
Auckland

*“It has helped me to move into my new management position. It gave me the confidence to really push myself to the next level. Because it exposed you to the sector and making those connections helped me to get here to some degree”*  
Waikato

*“For a very long time I have been in a relationship with Raukura Hauora and Hapai, since then I believe that both organisations through the people who were at the course have a stronger level of acceptance of Maori in mainstream. They got to see the work that we do is valid and valuable.”*  
Auckland

## 5.2.2 BENEFITS FOR EMPLOYING ORGANISATIONS

Employers spoke highly of the programme particularly as it is one of the only leadership training opportunities for Maori working in Public Health. They reported that there was a lack of other training suitable to the particular group of people and that training that did exist was either pitched at a beginner level or not specifically focused on Maori leadership within the Public Health sector.

*“There is very little being offered in terms of Maori health leadership in the sector, and that that is being offered is narrowly focused on management administrative and infrastructure management, rather than leadership that promotes self development, and analytical ability to grow the capacity of Maori leadership in the health sector.” Employer*

*“This programme had substance to it – quite substantial in terms of what it was covering. Keen to have something with a degree of substance” Employer*

All employers spoke of the shortage of and need for more Maori in formal leadership roles in Public Health.

The following section elaborates on three main benefits that employers have seen as a result of their employees taking part in this training programme, these being:

- Broadened thinking, increased awareness and confidence of Maori Public Health on regional and national issues;
- Increased participation in formal and informal leadership roles within the workplace; and
- Improved career development aspirations within the Maori workforce

### **Improvement in Maori Public Health knowledge and confidence**

Some employers commented on an obvious improvement in Public Health knowledge and confidence of individual participants, resulting in an increased willingness to participate in activities at a leadership level within their organisations and the community. In addition, broadened thinking of Maori Public Health issues is also seen as resulting in a different outlook and thinking around the context of Maori Public Health.

*“He has never seen himself as a leader as such but now connected himself as one and has acknowledged the role model approach. He was more aware of his own aspects from a leadership point of view. He has a more directional approach, he realises now the importance of bringing the community on board, he’s a bit more strategic.” Employer*

Employers also saw benefits in the regional approach as it increased awareness of regional issues in Maori Public Health and provided opportunities for developing closer working relationships. They also saw value in the programme being delivered at a national level.

*“It was initiated for the Midland region but feel there is a need for it nationally. There are benefits that come from a regional approach and it would be useful to complete in other regions and then the follow up should be at a national level – it should be taken on as a national programme.” Employer*

Although employers have different ideas around how they see Maori in leadership positions. For some, there is a need for Maori in leadership roles that have excellent knowledge of tikanga Maori practices, others are more interested in the team leadership aspects providing leadership to other Maori staff members. As one employer highlighted, leadership development is dependent on individual aspirations. In one instance, the direction the employee wanted to go in (post-programme) and where the Manager thought they should be differed in terms of the leadership role.

*“It really depends on the individual. One has become a union delegate and is participating in a leadership role in that way whereas I was keen for another to take on a more formal leadership role in the team but she did not want that particular role. I was a bit disappointed that she declined as she wanted to work more with Maori. Employer*

### **Increased participation in formal and informal leadership roles**

An increased pool of Maori staff in formal and informal leadership roles contributing to the validation and recognition of Maori health issues is seen as important.

*“It is useful for all Maori staff to go through it. Whether they are in formal leadership roles or wanting to just focus on iwi stuff, they are leaders out there in the community.” employer*

### **Improved career development aspirations**

Employers have seen this programme contribute towards improved career development aspirations resulting in participants taking on new roles, additional responsibilities within the organisation and looking at career opportunities.

*“Participants now have a different outlook and thinking around the context of Maori Public health. They can see how their work fits into a broader scheme of things. It has contributed to career development – one has moved to a new role, another taken on additional responsibilities within the organisation and another used it to look at career opportunities.” Employer*

A specific benefit to a mainstream organisation was where a strengthened internal Maori caucus (as an outcome of the programme) resulted in an improved collective ability to translate the knowledge within this context.

### 5.2.3 BENEFITS FOR MAORI HEALTH CLIENTS AND COMMUNITIES

No clients were interviewed. The benefits for clients were expressed by programme participants and/or their managers as:

- Maori clients and whanau benefit directly (improved service) when they are on the receiving end of a more efficient service
- Maori clients and whanau benefit indirectly through the increased capability and improved responsiveness of Maori public health practitioners.

*"I believe the programme is critical to all Maori in Public Health as I think it assists to build our own confidence within the sector and encourages and strengthens our ability to work more effectively with both our own people as well as agencies, community groups, and the general public"*  
Auckland

### 5.2.4 OTHER PROGRAMME IMPACTS

#### Decrease in isolation of Maori working in Public Health

The networks established amongst the participants, across the regions, with the speakers, the Maori caucus of the Public Health Association, Maori DHB's as a collective and with people outside of the sector has contributed to a decrease in the isolation of Maori working in public health. These improvements in relationship management could result in a more persuasive and focused networking approach within the sector.

*"Programmes like this are vital to Maori Public Health practitioners for many reasons; They provide a pertinent reminder that no matter how long you have been working in your specialist field that there will always be new things to be learned, old lessons to be reminded about and new great people to meet, and share experiences with. Networks – establishing and strengthening them are such an important part of all our mahi"*  
Auckland

#### Acknowledgement of the need to grow a pool of Maori leaders

The development of a leadership programme offered in the context of Maori public health acknowledges the need to grow the pool of Maori leaders within this sector. The engagement of quality presenters has provided recognition and integrity to the programme. A key benefit of the programme is that a supportive environment was created for the discussion, debate and critical reflection of Maori public health practice. This enabled Maori to feel supported in looking at Maori specific issues.

*"Because we were all Maori we were able to speak openly about issues and concerns affecting us as Maori practitioners and the general issues to do with Maori health"*

The responsibility for funding of the programme was believed by some to be a shared responsibility.

*"Congratulations on forging a new pathway. It should not be solely under MOH funding but a partnership with Treaty partners/stakeholders to ensure better chance of sustainability without compromise"*  
Waikato

### **In-service training raises awareness**

Post programme, back in the workplace, the provision of in-service training on aspects of Maori public health by participants within their organisations has resulted in an increased confidence and awareness within the wider sector.

*“Have had to apply some of the models since I have been back. Was told, since you did the leadership course you can facilitate the course, had to take a Maori models hui, explain the models. Generally I don't like doing those things. Management said get out and do it. Expectations have increased. Its positive. Auckland*

### **5.2.5 STRENGTHS OF MAURI ORA ASSOCIATES**

This section describes the strengths of MOA approach as perceived by stakeholders and the impact of this approach on the participants.

All stakeholders spoke highly of MOA staffing, professional approach and credibility, in particular of the CEO Tania Hodges' in-depth knowledge of the Maori health field, her ability to provide a challenging and safe environment for training and the strength of her connections in the public health and Maori health leadership fields.

*I think the key success to the Hui was the facilitator. Tania was able to draw us all together – different age groups, different iwi, different genders, from varying working backgrounds. She was also able to attract a great calibre of speakers. She obviously has the respect of her peers. She's just brilliant. Auckland*

*“Tania is fantastic. For Maori women she's one of those women you think 'I want to be like her one day'. She incorporated herself into the programme. She's been in health at all levels – NGO through to private consultancy business. She's Public health in the making - walking the walk” Waikato*

## 6 ISSUES IN PROGRAMME IMPLEMENTATION AND RECOMMENDATIONS

As previously stated, participant feedback on the programme was highly positive and overall the programme is contributing to the key goals of leadership development of Maori within the public health sector.

The key issues with the programme are summarised below. Some of the issues outlined have to do with additional programme support and were identified by the participants themselves in the course of giving feedback to the Programme Facilitator. There are no critical issues in relation to programme delivery or participant achievement.

Issue	Recommendations
Application of leadership within the workplace is dependent on the support of employing agencies to growing Maori public health leadership	Additional criteria for the employing agency commitment as part of the selection process Consider strategies to increase employer buy-in or understanding of the programme
Isolation within the workplace and uncoordinated Maori public health workforce	Develop a mentoring and support programme to compliment this leadership programme and strengthen communication channels Provide tools and support networks with other Maori working in Public Health
Having an outcome that counts towards a qualification	Work towards National Accreditation of the programme Consider existing units on the framework and how they can be incorporated into the programme
Capitalise on the momentum of enthusiasm by course participants	Factor in networking and follow-on training of subgroups/cohorts of participants, which is supported by a co-ordinator Capitalise on network of Maori Public Health workers Encourage the further development and facilitation of opportunities for participants to demonstrate their leadership Employers encourage opportunities for career development.

## 6.1 ONGOING MENTORING AND SUPPORT

As a result of the programme, a number of participants commented on the value they felt in being with others from the public health sector particularly the benefits gained from learning across public health disciplines.

They shared frustrations in relation to their feelings of being isolated within the sector. The opportunities to network with other Maori and to coordinate activities across the sector are currently limited from their point of view.

The development of a mentoring and support programme to compliment this leadership programme could strengthen communication channels and see a more coordinated and effective service delivery to Maori communities within the public health sector. It may be necessary to factor in the need for a co-ordinator to assist in these ongoing activities.

## 6.2 TOWARDS NATIONAL ACCREDITATION

Participants currently get acknowledged by way of a programme certificate for the modules they attend. While this training is not on the NZQA framework it is endorsed by MOA and the funders, and recognised by the employing organisations.

The programme facilitator sees merit in further investigation of aligning the programme to the framework if the demand was there for this approach. She also had some concerns that the current strengths of this programme may be compromised by constraints related to operating within the NZQA framework

*There is definitely value in formal qualifications but it locks us in to the content. It's not as flexible. In tertiary, there is a lot of emphasis on the theory, that is, this is what someone says about leadership in a different setting. There's a vacuum with regards to Maori leadership.*

*Would have to JV as we are not a PTE. Not closed to the option as we joint venture with other providers – Christchurch College of Education and Te Wananga o Awanuiarangi for our Clinical Training Agency programmes.. Need to think it through, there would have to be enough guaranteed interest. .We haven't really driven the demand for the programme.. The funder has said we want to do this. Would have to look at are there any compromises, what are the gains for the investment and the time required and identify what the market is likely to be - are the funders interested in that and so on. Programme Facilitator*

## 6.3 COMMITMENT FROM THE SECTOR

The Public Health Workforce Development Programme project group is encouraged to consider strategies for encouraging the further development and facilitation of opportunities for participants to demonstrate their leadership and opportunities for career development within the sector.

## **7 CONCLUSION**

MOA has been successful in the development and implementation of this Programme according to the aims and objectives. They have achieved positive outcomes within the timeframe allotted to them and within the resources allocated by the Government.

MOA acknowledges immense learning along the way and they are proud of the results achieved by all involved.

There is a high demand for efforts to grow our Maori Public Health workforce to address the disparate public health need of Maori in our communities. Leadership development is an important component of growing the Maori public health workforce

Culturally appropriate and Maori public health specific focused programmes are highly sought after by individual practitioners and their employers. MOA are well-placed to meet this demand. This would require further refinement and development of programmes and additional staffing to maintain the demand for this type of service.

Both the LIMPH and MOA have received positive evaluations from the participants involved in this evaluation.

Areas of improvement include the development of a mentoring and support programme to complement this programme, work towards national accreditation of the programme and encourage further opportunities for participants to demonstrate their leadership within the workplace and the Maori public health sector.

## **8. RECOMMENDATIONS**

There are three main recommendations for consideration:

- 8.1 That a mentoring and support programme to complement this programme be developed to ensure that post programme, participants are further encouraged in the leadership pursuits.
- 8.2 That further work be undertaken towards national accreditation of the programme to ensure that participants are recognised for their participation.
- 8.3 That further opportunities for participants to demonstrate their leadership within the workplace and the Maori public health sector be explored.

## APPENDIX ONE QUESTIONNAIRE TO PARTICIPANTS

### Evaluation of the Effectiveness and applicability of the Leadership in Maori Public Health Programme (LIMPH) – June 2005

Tena koutou katoa, ko tenei te mihi atu ki a koutou mo te kaupapa nei. Ko te tumanako, ka whiriwhiri tatou I nga whakaaro pai hei hapai I te kaupapa nei.

The purpose of this research is to assess the effectiveness and applicability of the Leadership in Maori Public Health programme run by Mauri Ora Associates for the Midlands region (2002) and the Auckland region (2005) to the Maori public health workforce development strategic goals for Maori public health leadership development. The information obtained from course participants will be used to assess the above objectives. **Thank you for your willingness to assist in this research.**

There are two parts to the questionnaire:

1. In the first part you will be asked to rate the programme on a number of factors, from your perspective as a participant in that programme.
2. In the second part you will be asked to provide some personal profile details (age group, gender, etc.), so that we can gain information about demographic differences in the evaluation findings.

Once you have completed the questionnaire, and checked that you have answered all questions, please return the questionnaire **by 27 June 2005.**

The questionnaire is **confidential** and will not be used for any purpose other than to inform this project. Only the people working directly on this project will have access to the completed questionnaire and individuals will not be identifiable in any reporting of the results. Results from participants will be grouped, so there is no possibility of any individual being identified in the reporting. There is no possibility that your personal information could be disclosed to your employer.

Please take some time to complete the rating for various aspects of the programme by placing a tick in the most appropriate box. Any additional comments you wish to make in the spaces provided would be appreciated.

**Please either email your response or post to  
LIMPH Evaluation, 186 Huia Rd, Titirangi, AUCKLAND**

#### 1. The programme focus was relevant to my professional learning needs.

Strongly agree   
  Agree   
  Neither agree or disagree   
  Disagree   
  Strongly disagree   
  Not applicable

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#### 2. The programme content was relevant to my professional development.

Strongly agree   
  Agree   
  Neither agree or disagree   
  Disagree   
  Strongly disagree   
  Not applicable

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**3. The programme provided a foundation to the wider Maori health/public health context**

Strongly agree   
  Agree   
  Neither agree or disagree   
  Disagree   
  Strongly disagree   
  Not applicable

**4. The programme structure was suitable to my personal and work situations.**

Strongly agree   
  Agree   
  Neither agree or disagree   
  Disagree   
  Strongly disagree   
  Not applicable

**5. The presenters added value to the programme**

Strongly agree   
  Agree   
  Neither agree or disagree   
  Disagree   
  Strongly disagree   
  Not applicable

**6. The presenters were competent in their presentations.**

Strongly agree   
  Agree   
  Neither agree or disagree   
  Disagree   
  Strongly disagree   
  Not applicable

**7. The facilitator(s) Tania/Kingi were competent in their facilitation.**

Strongly agree   
  Agree   
  Neither agree or disagree   
  Disagree   
  Strongly disagree   
  Not applicable

**8. The location (Te Kohinga Marama Marae, University of Waikato) served the programme well**

Strongly agree   
  Agree   
  Neither agree or disagree   
  Disagree   
  Strongly disagree   
  Not applicable

**9. The *noho marae* enabled whanaungatanga and networking to occur amongst participants**

Strongly agree      Agree      Neither agree or disagree      Disagree      Strongly disagree      Not applicable

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**10. The length of the programme (4 x 2 day noho marae) was appropriate to cover the content**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**11. The programme costs (travel and koha) were manageable**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**12. The learning contract was useful for me in gaining clarity regarding my outcomes for the course**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**13. The training programme overall was provided in the context of Maori health**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**14. The teaching methods (e.g. wananga, discussion groups, presentations) used were appropriate to my professional learning needs.**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**15. The course readings were useful**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**16. Support from my employer was effective for my professional development.**

Strongly agree      Agree      Neither agree or disagree      Disagree      Strongly disagree      Not applicable

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**17. I have acquired *new knowledge* about tikanga hauora/Maori public health care concepts.**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**18. I have an *increased understanding* about the disparate public health need of Maori in our communities.**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**19. The knowledge I have acquired *is relevant to my current role and work* as a health professional/practitioner.**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**20. The programme had a *positive impact* upon my practice as a health professional/practitioner.**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**21. I have been *able to apply* the newly acquired knowledge/understanding in my current role/work as a health professional/practitioner.**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**22. I am confident in my *ability to apply Maori public health concepts* and models to my practice.**

Strongly agree       Agree       Neither agree or disagree       Disagree       Strongly disagree       Not applicable

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**23. Overall, the programme was *well organised*.**

Strongly agree    
  Agree    
  Neither agree or disagree    
  Disagree    
  Strongly disagree    
  Not applicable

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**24. Overall, I believe that the programme has contributed to *growing Maori public health leaders* to lead the development of the workforce delivering public health services to Maori**

Strongly agree    
  Agree    
  Neither agree or disagree    
  Disagree    
  Strongly disagree    
  Not applicable

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**25. Overall, I feel the programme has contributed to *strengthening the delivery* of public health services to meet Maori public health need.**

Strongly agree    
  Agree    
  Neither agree or disagree    
  Disagree    
  Strongly disagree    
  Not applicable

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**26. Overall, I feel the programme needs to be *improved*.**

Strongly agree    
  Agree    
  Neither agree or disagree    
  Disagree    
  Strongly disagree    
  Not applicable

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**27. The *programme* should be repeated and extended**

Strongly agree    
  Agree    
  Neither agree or disagree    
  Disagree    
  Strongly disagree    
  Not applicable

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**28. In general, I felt very *satisfied with the programme***

Strongly agree    
  Agree    
  Neither agree or disagree    
  Disagree    
  Strongly disagree    
  Not applicable

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**Personal profile questions**Please tick **one** box for each of the following questions.**29. What year did you undertake the training course?**

- 2002  
 2004

**30. What gender are you?**

Female

Male

**31. What age group are you in?**

- |   |  |
|---|--|
| <input type="checkbox"/> Under 20       | <input type="checkbox"/> 40 to 49 years    |
| <input type="checkbox"/> 20 to 29 years | <input type="checkbox"/> 50 to 59 years    |
| <input type="checkbox"/> 30 to 39 years | <input type="checkbox"/> 60 years and over |

**32. What are your Iwi affiliation/s? Please specify.**


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**33. What was your role in Maori public health at the time of enrolling on the course?**


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**34. Are you still employed in the same role? Yes/No**

If not, what is your new role?

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**35. Any other comments you wish to make overall about the programme**


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Please check that you have:

Answered **all the questions**Ticked the box if you wish to enter the **prize draw** for six prizes of \$50 worth of vouchers Ticked the box if you wish to receive a **summary** of the evaluation findings Ticked the box if you are willing to be **interviewed** as part of the evaluation, AND/OR 

Contact Kataraina Pipi on 09 816 8907 or 0274 589 919 to set up an interview time

Please write your name and contact details in the space below if you have ticked any of the boxes above

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (day): \_\_\_\_\_

Phone number (evening): \_\_\_\_\_

Your personal details will remain confidential to the evaluation team and we will only use these details to contact you if you win the prize draw, agree to be contacted by the evaluator, or to send you the summary evaluation report.

Once you have completed the questionnaire, please return it via the self-addressed stamped envelope to:

Kataraina Pipi  
186 Huia Rd  
Titirangi

**Thank you very much for your time and contribution in completing this questionnaire, and look forward to your response.**