



**Healthier  
Lives**  
Implementation  
Network

## **Healthier Lives Implementation Network: Evaluation Report**

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# Abstract

## Background

The Healthier Lives Implementation Network was developed to facilitate the implementation of novel programmes, interventions and products that help meet the health needs of Māori and Pacific communities. The network developed a communication infrastructure and engaged in an exploratory research project on implementation barriers and facilitators as well as four implementation pilot projects with four providers. The purpose of this report is to evaluate the value the network had for its members and identify any areas for improvement.

## Methods

The overall evaluation design was multi-method and cross-sectional observational design. There were three ways that network members could participate in the evaluation of the network: a) survey (n=8), b) hui-fono (n=4), and c) interviews (n=11).

## Results

The survey respondents had a positive evaluation of the network with a mean satisfaction with the network at 3.71 on a 4-point scale. Interview and hui-fono participants identified three core themes that capture the value of the network: collaboration and co-design, connection, and communication. Collaboration and co-design centred on working in partnership with the network to develop and implement new programmes or adapt existing programmes. Connection focused on developing relationships with like-minded individuals and organisations to learn new information. Communication focused on the quality of the newsletters and website offered by the network. There also were improvements identified in these themes.

## Conclusions

The network was generally seen as positive with the focus on collaboration, co-design, connection, communication and culture. Both participants who participated in the implementation pilots and those who did not found positive collaboration and connection features with the network. The communication tools were seen as positives with the desire to have more short videos and regular virtual meetings for sharing what other network members are doing.

The primary challenges with the network are time and sustainability. Community providers are busy and have limited resources and that can limit how much they can engage with the network activities. Nonetheless, the participants think the network has value and that providers will participate as they can. Sustainability is a challenge as the funding has completed. We will continue to explore ways to support the network and see if we can identify project-based funding to support some network relationships and functions.

# Background

## Network Overview

The Healthier Lives Implementation Network was developed to facilitate the implementation of novel programmes, interventions and products that help meet the health needs of Māori and Pacific communities. It consists of community providers, researchers and health systems representatives although it is community provider and community focused with other members supporting the efforts of providers.

The network was co-created through several hui-fono taking direction primarily from the community providers. It is grounded in the following key principles:

- *Localised knowledge and context*
- *Partnership and co-design*
- *Mutual respect*
- *Options and Self-determination*
- *Health equity*
- *Bi-directional learning and dialogue*
- *Sustainability*

The network has three key hubs. The first was the communication hub that led the research and communication components of the network. There were two university researchers and one communication staff member in this hub. The second hub was the Kaiwhakahaere Māori led by Toi Tangata. Their focus was on the following: a) Recruiting and building relationships with Māori providers, b) Administering research, and c) Supporting implementation. The third hub was the Pacific Team Aiga, Kāinga, Kopu Tangata led by South Waikato Pacific Islands Community Trust. They had the following responsibilities: a) Recruiting and building relationships with Pacific providers, b) Administering research, and c) Supporting implementation. There was a community researcher and chief executive in the second and third hubs. We also had an advisory board that we met with quarterly. They reviewed our work and offered feedback as well as helped us to connect with other stakeholders and create awareness of health system changes.

## Network Activities

The communication hub included two primary tools. The first was a monthly newsletter that highlighted events and research findings. These focused on the network, but also included opportunities from other network members and within the health system. The second was the website which provided an overview of the network and participants, summary of research, a dashboard for sharing promising programmes for implementation, and a blog for connecting with others. These features were developed based on co-design hui-fono with potential network members at the start of the project.

Research activities involved several factors for understanding implementation processes. During the first year of the project, we completed a survey and conducted interviews that explored the facilitators and barriers of implementing new programmes. These findings are

shared on our website:

<https://www.healthierlivesimplementationnetwork.co.nz/research.html>

The second primary research activity were four implementation pilots. We invited all provider members to review the dashboard and contact us if they were interested in implementing one of the programmes. We had two Pacific and two Māori providers decide to implement a new programme. After selecting a programme, the providers worked with our community researchers and their own staff to adapt the programme to fit the needs of their community. They also worked with the communication hub to develop an evaluation design for assessing outcomes and implementation process. Brief summaries are available on our website: <https://www.healthierlivesimplementationnetwork.co.nz/implementation-pilots-summary.html>. There are infographics on each pilot available as well: <https://www.healthierlivesimplementationnetwork.co.nz/implementation-pilots-infographics.html>.

## Network Evaluation

The aim of this report is to conduct an evaluation of the network. The primary purpose is to determine whether the network had value for the community providers and what could be improved.

## Methods

The overall evaluation design was multi-method and cross-sectional observational design. There were three ways that network members could participate in the evaluation of the network: a) survey, b) hui-fono, and c) interviews. Research ethics for the evaluation was obtained from the Health Research Ethics Committee at the University of Waikato (2022#45).

### Survey Method

We sent an invitation to 122 members who receive our newsletter including advisory board members, researchers, health system members, and community providers. There were eight people who participated in the survey. Self-reported demographics included the following: a) Ethnicity: two Māori, one Pākehā, one other; b) Gender Identity: three female, one male; c) Employer: one Māori community provider, one Crown/University researcher, and two others.

The survey was administered through Qualtrics and comprised of 18 closed-ended questions. There were four sections considered: a) overall evaluation (4 questions), b) communication (4 questions), c) barriers to participation (4 questions), and d) future improvements (6 questions). They were measured on a four-point Likert scale of 1=strongly disagree to 4=strongly agree. Given the limited responses, only descriptive statistics were provided.

## Hui-Fono Method

At least one representative from each of the network members (N=23; 12 Pacific and 11 Māori) was invited to participate in a hui-fono on 7 June 2024. We had accepted invites from 10 of the members although only four were able to attend on the day due to work commitments. The four participants represented four of our Māori community providers. One of the four had participated in an implementation pilot, while the other three had not. We also had five team members and our communication staff member.

The hui-fono was held virtually on Zoom and was recorded and transcribed with the permission of the participants. It lasted 76 minutes. The hui-fono began with a karakia and a brief whakawhanaungatanga. We then provided a summary of the work of the network and asked three key questions: 1) Does this network still have value as a means to support implementation of new programmes? 2) What can the network do to improve? 3) How can we continue the works of the network? The data were analysed using thematic analysis alongside the interview data.

## Interview Method

After the hui-fono, we contacted the remaining network members who were not able to attend and asked if they would be willing to participate in an individual interview. We conducted five interviews with Pacific partners (three who had done an implementation pilot and two who had not) and two with Māori partners (both had done a pilot). The interviews were conducted via zoom or in-person and recorded and transcribed. The interviews covered positive features of the network, feedback about the communication tools, value of the network, improvements for the network, and future funding ideas.

We also asked the two lead community partners to have an interview conversation between the community researcher and chief executive. The conversation covered the best features of the network, how it connected with existing work and networks, reflected on experience of the network relative to original expectations, biggest challenges for the network, and areas for improvement. These conversations were held in Teams and recorded and transcribed.

The interviews and hui-fono data were analysed together using thematic analysis. The analysis was led by one of the university team members and themes were shared with the team for verification.

# Results

## Survey

Table 1 provides a summary of the responses to survey items. The respondents had a positive evaluation of the network with a mean satisfaction with the network at 3.71 on a 4-point scale. Communication tools were rated highly, particularly the website (4.0 on 4-point scale). Barriers were identified at a moderate level and focused more on timing as a

constraint (a point noted in the qualitative responses as well). Finally, six suggestions were offered for future improvement and all were rated at 3.50 or above on the 4-point scale.

*Table 1. Survey Items and Descriptive Statistics (out of 4-point scale with 4= strongly agree and 1=strongly disagree)*

<b>Item</b>	<b>Mean</b>	<b>SD</b>
<i>Overall Evaluation</i>		
1. The benefits we received from the Network were worth the time we invested.	3.57	.54
2. I felt I was able to participate actively in the Network.	3.33	.52
3. I'd like to see the Network continue.	3.75	.46
4. I am satisfied with the Healthier Lives Implementation Network.	3.71	.49
<i>Communication</i>		
1. I thought the newsletters were effective for sharing information.	3.60	.55
2. The website was a good reference point for information about the Network.	4.00	.00
3. The dashboard was a good way to share information about potential programmes to implement.	3.25	.50
4. There was enough communication from the Network.	3.00	.71
<i>Barriers to Participation</i>		
1. Timing was a factor and did not work in our favour.	3.25	.50
2. I wasn't sure how our organisation could participate in the Network activities.	3.00	.71
3. We wanted to implement a programme but did not have the workforce.	2.25	.96
4. My organisation didn't find the programmes offered by the Network that fit our needs.	2.00	1.16
<i>Future Improvements</i>		
1. Trainings on Implementation Science—how to implement new programmes.	3.75	.50
2. Workshops on new programmes.	3.67	.58
3. Quarterly meetings to engage in planning and coordination activities.	3.50	.58
4. Virtual hui/fono to share research findings and experiences from other community providers.	3.67	.58
5. Virtual hui/fono to bring ideas and programmes from researchers.	3.50	.58
6. Participating in grant proposals on specific research projects.	3.50	.58

## Qualitative Feedback

Overall, there was a lot of support for, and satisfaction with, the network. Participants identified key features that made the network effective and a few areas for strengthening these features. During the hui-fono, one of the team members summarised the key components of the network as the four Cs: “So connecting, communication, collaboration and co-designing. That’s sort of what I’m hearing from everybody today.” (P8) An additional team member also added cultural capital as well forming the five Cs that ground the network and are consistent with the principles that were identified during the co-design process. During the evaluation interviews and focus group, culture was not prominent as it was taken largely as a given—we had a strong cultural focus and there wasn’t much need to comment on that. This section is organised around the remaining Cs in three groups: Collaboration and co-design, Connection, and Communication. The strengths and areas for improvement on each of these are offered. Quotes are identified by a participant number and whether representing a Pacific (P) or Māori (M) provider. Table 2 provides a summary of themes and exemplar quotes.

*Table 2. Themes and Quotes Related to Network Evaluation*

Theme	Direction	Exemplar Quote
Collaboration & Co-Design	Strengths	“I think being able to read through other peoples’ perspectives on information and being able to utilise them and knowing that if at any time you needed different information you could just go straight to the network and have a look, like on mental health or child infancy programs, things like that. It was really helpful to be able to know the network is sitting there.” (P4)
	Constraints	“When it came to the implementation, I think probably one of the biggest things was how much work it was going to take. Maybe organisations realised that it was going to be over and beyond what they were already doing.” (M8)
Connection	Strengths	“It [network] connected well with people, once they identified they would really be interested in an area, it sort of opened up the doors a bit more. You could actually connect into ways that they wanted and that’s where I think the value of it was strong.” (M7)
	Improvement	“I feel like it’s at a stage where we need to have the providers come together again and actually talanoa about the best way forward. I think definitely good to have a network but also it needs to be active.” (P5)
Communication	Strengths	“I think the regular comms is great. I think if we just keep to that and just having the opportunity like I mentioned before, having someone like you [network leader] to be in touch with throughout the program. That made things a lot easier for me.” (P3)



	Improvement	“Quick and snapping and purposeful [short videos], whether it's about content program content, like we've been doing sort of like reels and drops and things like that. And it's not too onerous. Hey, this is what's happening. Boom! And then you could maybe have some links if anybody wanted something else or more information.” (M4)
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### Collaboration & Co-design

Collaboration was identified as a key feature of the network by staff providers who participated in an implementation pilot. Two providers offered the following comments:

“I think they've [network members] been supportive. Before the 12-week process kicked off and then throughout it. Post facilitation of the programme and what we're after it has been very good.” (P1)

“I think for me it was just a great experience, like I mentioned earlier, having the opportunity to be able to provide this to our young people and the extra support around being able to provide that.” (P3)

Several network participants who did not implement a pilot also noted benefits of collaboration with the network. These participants noted that they could utilise information and expertise of the network as needed.

“I guess it's around having the ability to tap into the expertise. And what that expertise looks like, and then how we can utilize that, making sure that kind of fits within what we can or looking to work up.” (M4)

“I do feel like if there were any new programs, it's good to know the network is there as support. I guess for us we have existing programs so it was a little bit different in terms of us being able to implement anything else. It wasn't anything new. It was more just how could we improve the services that we provide our Pacific communities. I know just having the network there and having the support helped others.” (P5)

Thus, providers found that the network was a source of information and expertise that they could engage with to help them achieve benefits for their communities. They appreciated learning about the research and opportunities to implement for themselves or make some adaptations to programmes they were already implementing. The members appreciated have a collaborative source.

One of the community team leaders noted that the collaborative and co-design process was key to the success of the network:

“We were all on the learning journey together. One, always be informed by the network and then accordingly adjust to ensure that what we are doing is in sync with what everyone else would like from it. I like that level of flexibility. We weren't made to be what it is and that's it. It was that if we didn't have 'it must be A plus B plus C.'

You know there were points where we went from A and then we went straight to M and then came back to C.” (P6)

The flexibility and co-design process was appreciated by the network members.

There were also constraints to the collaboration and co-design, but these were related to timing and workload not the network itself. These constraints were identified by the community team leaders rather than network members themselves:

“Yes, it was just really timeliness. The willingness was obviously there. We did not get any response from any provider that said, ‘No, I’m not interested.’ There was always genuine willingness. But it really was the day-to-day operational priorities for many of them that impacted on their ability to stay the course.” (P7)

“So I think it was one of those things where you'd hope for it to be able to relieve some of the mahi for people, but in reality it didn't necessarily do that. They kind of felt like it was an additional lot of something to do.” (M7)

The network members have a heavy workload trying to meet the needs of their communities and this constrained their ability to engage with the network activities. The network tried to make the process easy, but there was still a lot of work involved and not all providers could participate during the implementation pilot process.

### Connection

Connection related to network members being able to engage with others in the network as “like-minded” organisations. The provider members saw it as an opportunity to learn from others and potentially engage in collective action.

“I think positives is being able to have that kind of wider outlook of what’s going on across the different Pacific organisations but also both Māori and Pacific. Just being able to connect when it would have suited us or not but just knowing what else was going on within the network. I think that was probably the biggest positive for us.” (P4)

“As a rural community we sometimes don’t always have access to that level of peer support, per se. It was useful for us to extend our reach and by association be able to bring those other groupings along with us to be able to access the benefit of the network. Which was primarily around being able to build a platform where those like-minded providers were able to connect and in doing so be able to extrapolate the benefits as it related to their individual organisation.” (P6)

“I think in terms of what already existed, it just sort of allowed us to sort of chime into our current spaces that we already do existing mahi with, or have wanted to continue to foster and connect and have decent relationships with each of these spaces.” (M8)

“We're more than welcome to share any of the knowledge. And when we're open to any kind of learning as well. And that's probably where we would find more gain as if

we had like-minded organizations that shared the same intent and why they do these things. I think it could be handy because the barriers that we face here and also do might be absolutely different to the ones that they face somewhere else.” (M2)

The connections to others were valued and the participants saw ways that the network could engaged in active connections. They offered additional opportunities the leadership team could use to foster stronger connections.

“I'm sort of getting the sense from those who are here today that that coming together just having some sort of mechanism to bring people together. To focus on whatever topic or whatever whether it is simply just to connect with each other for a pre decided purpose with clear communication. That that might be a more helpful way of connecting people together. In the 1st instance, I think virtual is the way.” (P8)

“Interesting because I'm kind of in this position now where I'm ready to step in to do my PhD but my barrier right now is how do I make that work with my life and knowing that you need that really good supportive network in order to allow you to study for that kind of stuff. In order to do that where is the support for us to do the research for those of us who have got research backgrounds, who are keen to do research? It just feels really overwhelming to even move into that space.” (M1)

“You mentioned the recent implementation science training that was put forward. I think it was a research group that was looking at looking at implementation science models from a New Zealand context and adapting one of the models to be responsive to Māori communities. Those that attended their group were aware of this network, and there was some interest in combining both of those groups to be able to continue.” (M3)

“Hosting virtual events are really good. There's an organisation where they do lunch and learn. All it is, is like a 20-minute online education thing where you sit during your lunchtime. For 20 minutes they have a presenter, a facilitator who just talks about health issues or whatever and you just sit there.” (P4)

In summary, these suggestions range from a talanoa to re-assess the ways to connect in the network to hosting virtual events to share learnings and build relationships. In addition, there is a desire to connect with additional researchers to explore opportunities for programmes and further study. The participants thought that a variety of opportunities could be fostered to help network members easily connect with others.

## Communication

The participants had positive comments about the communication tools used by the network.

“It was good to be able to read the website and then jump on some different Zoom and stuff.” (M1)

“I think the process in which the Healthier Lives Implementation Program has been really good just sending out monthly newsletters. They’re really good just with core information and then the links if you can or if you want to go on to read the full story or read what else is happening around the place. Just the newsletters are awesome.” (P4)

All the participants identified positive aspects about the communications and some room for improvement.

“Just receiving them [newsletters] is a good reminder. It’s quite hard. I think for me it would have been good to have another get together with the group to showcase that website because I don’t remember us ever getting to a stage where that was, it kind of just came live and then it was like we’re receiving this newsletter.” (P5)

“When I go online I like to click on little information videos that tell us this is what the long-term plan is all about and outcome all these little prompts and stuff like that. A five-minute video to help me be informed is going to be a lot more beneficial than sitting there for an hour. Visual clips will be really helpful.” (P4)

“Sometimes I just want to catch up to see what everyone's up to. So if there was like a possibility of having a 1 min to 90 second video of program delivery just to get a snapshot of some highlights of what people up to. That's easier. You could just you can just push, play, watch it. Yup, I mean blogs. A pretty ancient and nearly obsolete way of communicating these days.” (M2)

In summary, participants liked the newsletters and the website and thought of additional ways to communicate. The newsletter was read by only 30-40% of the recipients so while participants like it, it didn’t have the reach for all members. The website was seen as a useful resource, particularly the dashboard. The blog space was not successful as no one used it. For improvement, participants suggested having short videos of what others are doing. These could be shared on the web site or via the newsletter. Social media was not something desired by the participants during the co-design phase and only one of the participants in the evaluation phase suggested using social media.

## Limitations and Conclusions

### Limitations

There were some limitations with the evaluation itself. We invited all members of the network to complete the survey or participate in the evaluation hui-fono and yet we had limited response. Individual invitations for interviews were more successful although we still did not have all provider members participate. Thus, the evaluation is based on those who responded. We did achieve saturation in qualitative responses, but the survey response results are limited due to a low sample size. Nonetheless, the responses from the survey were consistent with the qualitative feedback received.

## Conclusions

The network was generally seen as a positive with the focus on collaboration, co-design, connection, communication and culture. Both participants who participated in the implementation pilots and those who did not found positive collaboration and connection features with the network. The communication tools were seen as positives with the desire to have more short videos and regular virtual meetings for sharing what other network members are doing.

The primary challenges with the network are time and sustainability. Community providers are busy and have limited resources and that can limit how much they can engage with the network activities. Nonetheless, the participants think the network has value and that providers will participate as they can.

The sustainability of the network is a challenge with the funding from Healthier Lives completed. We explored the idea of shared leadership with the network members; the idea is that each member might take a month to direct communication and lead a webinar or post videos. Only one of the non-team participants suggested that shared leadership was viable. Most supported the idea of leadership staying with the current leadership team.

Without additional funding, it will be difficult to support the changes to communication tools. However, we will try to support the virtual meetings for sharing findings and experiences, particularly related to the implementation pilots. We will also explore additional funding mechanisms although most of that seems to be project based rather than supporting the infrastructure of the network. One non-project based approach might be to seek university funding if that university desires to have strong community engagement with Pacific and Māori community providers.

In conclusion, we view the network as a success and are happy with the connections that were created. Hopefully, sustainable or at least continual fundings can be identified to continue the network and increase the active connections desired by members.