Negotiating challenges in targeted health promotion: The power of indigenous networks

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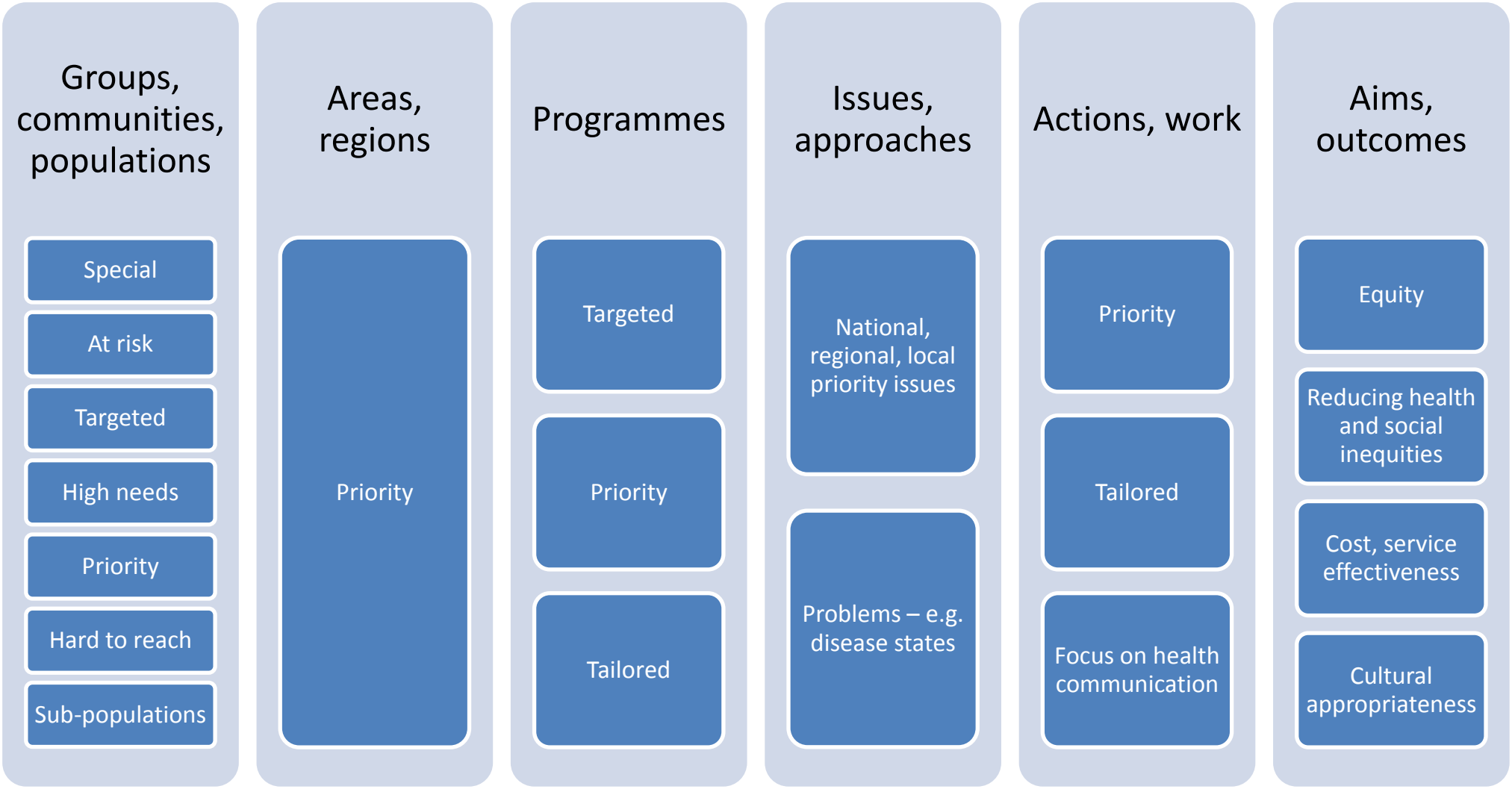
Why focus on targeting and indigenous networks?

Targeting as problematic within the context of:

- A study by a non-indigenous researcher about 'community participation' in a health development programme
- A programme in which there were many challenges with engaging 'targeted' communities
- In one project a community worker's personal and professional indigenous networks made the difference by:
  - Enabling specific programme outputs to be met
  - Overcoming some barriers to community engagement in a largely 'top down' programme
  - Enabling targeted Māori groups to meet their own needs

Variations on the concepts and approaches of targeting in health development



Problematising targeting

Issues of target selection

- By whom?
- How?
- Why?

Problematising the processes of targeting

- Othering, insider-outsider positions
- Centre-periphery relations
- Labeling
- Effects on identity
- Self determination, self governance
- Population risk discourses
- Deficit rather than strengths
- Normative practices e.g. ‘consultation’
- Paternalism
- Same group – multi target

Two perspectives on targeting Māori

- Māori - a 'target' and 'priority' group for health development:
  - The Treaty of Waitangi means the Crown's undertaking is to ***actively protect*** the health of Māori – *"... to safeguard Māori interests to the extent that Māori themselves can enjoy similar health outcomes to other New Zealanders"* (Durie, 1998, p. 88).
  - As a population group Māori experience significant, persistent health disparities e.g. in 2001, the gap between life expectancy at birth for Māori and non-Māori males was 8 years and 9 years for females (Ajwani *et al*., 2003).

Targeting within one programme

- *Aim*

  To increase the fruit and vegetable intake of Māori, Pacific Peoples, and low income earners

- *Timeframe and funding*

  Three-year funding from the Ministry of Health via a competitive fund. Aims of the fund included cancer reduction, health sector collaboration, and capacity building in health promotion and community development

- *Location*

  In a provincial city and surrounding rural area in New Zealand

Rationale for the programme and a targeted approach

Multiple, overlapping reasons at different levels:

Nationally

- Recognised health inequalities experienced by Māori (and other priority populations) - cancer, poor nutrition, chronic illnesses e.g. diabetes
- Specific funding for '*Healthy Eating*, *Healthy Action*' and cancer impact reduction

Regionally

- Shift in regional health sector planning to a 'population' approach
- Other 'successful' *Healthy Eating*, *Healthy Action* projects
- Recognised regional health inequalities

Locally

- Community members with a *passion* for heirloom plants and their health benefits
- Personal aims to instill a 'health' and 'prevention' focus in the health sector:

> *"My secondary role* [in the programme] *is probably to bring in a shift in paradigm in health. And that is a little bit grandiose, but it's just to bring in alternative concepts, not so much concepts, maybe more the practical side. To make headway it's got to be grassroots ...."* (Community member, in Batten, 2008, p. 324).

Projects	Case 1: Plant distributions	Case 2: Community gardens
Led and driven	Primarily by community members	Primarily by the health sector
Project breadth	•Narrow focus - distributing free plants with identified health benefits •Overall aim expansive – improved population health	•Broad focus - establishing community gardens •Evolved from settings (e.g. schools) to 'community'
Length of engagement desired	For most, short term engagement (collecting plants), followed by longer term plant growing and fruit harvesting	Overall, long term engagement needed to develop gardens, however some brief involvement possible
What worked well - captured community involvement by a combination of:	•Being unique •High profile community members •High public interest (free heritage plants, reported anti-cancer properties) •*Targeted distributions effectively built on personal and professional indigenous networks*	•People's interests in the idea of community gardens •People's wider interests e.g. environmental sustainability, food production •One-off events •For some, proximity to the garden - being 'local'

What worked well in the programme?

- Over 8,000 heritage variety fruit/tomato plants distributed to ‘target’ groups and the general public. Of the ‘targeted’ recipients who participated in an evaluation:
  - 96% grew their plants
  - 93% harvested tomatoes
  - 47% saved tomato seeds for growing the next year
- The plant distribution that reached the ‘targeted’ populations most effectively was organised by a Māori community worker. Used extensive personal and professional networks to reach the target groups:
  - Formal and informal indigenous networks, organisations, and contacts used
  - Key people and groups were contacted quickly
  - Ease of involvement was facilitated e.g. plants provided locally for distribution
  - Knowledge of other synergistic activities underway (such as marae orchards, gardens) enabled this project to strengthen other projects
  - These activities were seen as **‘work-as-usual’** by the community worker

Forever discovering

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What didn't work well in the programme?

- One of four proposed community gardens established, however after faltering development, it was disestablished at the end of the programme
- The local community perceived this as '*an imposed garden',* as did health sector staff:

  "And I think we imposed that garden on the community … so is it any wonder that it is not really flying" (Health sector staff member, in Batten, 2008, p. 169)

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What can others learn from this work?

- For health development and community practitioners
  - Indigenous networks and/or an ability to work with people that have those networks are important components of a community worker's skill set
- For policy makers
  - Its not *that* some groups are targeted that matters, but the processes of *how* they are targeted that matter
  - Targeting (groups, programmes, areas, actions, issues) is *not a neutral* activity
  - However, if an indigenous group is chosen as a priority population, involvement of indigenous practitioners with established cultural networks can make a significant difference in meeting both the group's aims, needs and interests *and* those of the programme

References

Ajwani, S., et al. (2003). *Decades of disparity: Ethnic mortality trends in New Zealand 1920-1999*. Wellington: Ministry of Health & University of Otago.

Batten, L. (2008). '*Lady, is this civilisation?' A case study of community participation in a health development programme in Aotearoa New Zealand.* Unpublished PhD, Massey University, Palmerston North.

Durie, M. (1998). *Waiora. Māori health development* (2nd ed.). South Melbourne, Australia: Oxford University Press.