HEALTHY HOMES THROUGH WHANAU ORA
NEW ZEALAND

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Summary

Acknowledging housing as a key determinant of health, the New Zealand ‘Healthy homes through Whanau Ora’ project uses a holistic approach to health, drawing on health promotion principles of equity, partnership and empowerment to improve the community’s health and well-being.

Key words: equity, determinants of health, housing, New Zealand, holistic, empowering.

SETTING AND CONTEXT

The ‘Healthy homes through Whanau Ora’ project (the project) was established in Northland, New Zealand; a geographical location consisting predominantly of Māori in the far north and New Zealand Europeans in the urban centres. Māori are the tangata whenua (people of the land), the indigenous peoples of New Zealand, Aotearoa (Robson and Harris, 2007).

Current health statistics identify that Māori experience disadvantage over all indicators of health status (Ministry of Health, 2012a; Statistics New Zealand Tatauranga Aotearoa, 2013); such disparities were identified amongst Northland’s hospital admissions where asthma, bronchiolitis and gastroenteritis were amongst the leading reasons for medical hospitalisations related to people’s social gradient (Craig et al., 2012). Such disparities are particularly evident amongst Māori children, where one in five is affected nationally (Ministry of Health, 2012b).

The project aims to address such health disparities and improve the community’s health and well-being through a holistic Whanau Ora model of service delivery. The project has been designed to support Māori Whanau by identifying their aspirations, particularly related to housing.

AIMS AND OBJECTIVES OF PROGRAMME/ACTIVITY

The project aimed to:

1. reduce the number of children (0–16 yrs) admitted to hospital presenting with respiratory problems
2. reduce health disparities
3. offer free house insulation to those most in need.

DESCRIPTION OF THE MAIN FEATURES

In 2008 an insulation project named Healthy Homes Tai Tokerau [Northland] was established in response to the high numbers of cold, damp homes in Northland. The project was successful in insulating thousands of homes; however, local hospital data continued to identify that children's main medical conditions requiring admissions were related to asthma, acute bronchiolitis and upper respiratory tract infections. Such admissions were clearly linked to poor housing conditions and socio-economic situation as the majority of children from the lowest socio-economic groups were being admitted. This indicated that such admissions could be prevented through improved quality housing (Craig, 2012).

The project was therefore re-oriented with the appointment of a Health Coordinator in 2012, who strengthened and successfully promoted referral pathways from primary care, Māori health providers, Northland hospitals and other organisations involved in the health sector (e.g. Asthma Society). Reorientating the project using Whanau Ora/health promotion approaches transformed outcomes. This involved identifying the intentions of the service and the needs of whānau (family) beyond home insulation. A range of agencies and professionals were thereby linked into the project, including Māori health providers, childcare providers and wider health, education and social service professionals. Developing an appropriate, holistic and accessible service was the priority to ensure the project reached and empowered those in need; so the Whanau Ora approach informed the development and delivery of the project.

Whanau Ora is an inclusive health promoting approach to provide services and opportunities to all families in need across New Zealand. It empowers whanau as a whole rather than focusing separately on individual members and their problems which requires multiple government agencies working together with families (Te Puni Kokiri, 2013). The approach is particularly used in developing projects that enhance the effectiveness of health programmes for Māori and contribute to achieving equity. It emphasises self-management and participation where families and communities identify their problems and develop their own solutions. Whanau Ora moves from focusing on pathology to capacity building with a flexible approach to achieving outcomes that are derived, owned and developed by families (Alcorn, 2011).

Using this Whanau Ora approach, relationships and communication are central, for example informative and user-friendly documents and information sheets relating to the project were developed. Also a specific health condition component within the referral process was developed which increased access to the project. To address identified needs and reduce health inequities the project focused on prioritising the needs of Māori. The home insulation offered included floors, ceiling, wrapping hot water cylinders, floor matting and reducing draughts. The coordinator also engaged with the families to discuss their needs and to identify what further support was required to enable holistically healthier homes and wider whanau well-being.
A 2012 satisfaction survey was provided to 110 randomly selected clients of the service. From the 40 (36.6%) returned surveys, clients were extremely satisfied with the programme and the service that they received. The success of the 2012 programme included 600 referrals being received into the programme, with over 45% of the referrals being accepted by the meeting the inclusion criteria.

APPLICATION TO KEY PRINCIPLES OF HEALTH PROMOTION AND RELEVANT THEORY

The project embraces a holistic definition of health and implements the principles within the Ottawa Charter and New Zealand’s founding document the Treaty of Waitangi to enable people to increase control over, and to improve their health.

The Whanau Ora approach focused on midstream prevention through community participation and collaboration where the success of the project’s referral process was dependent on the partnership and collaboration of service providers, agencies and community across all levels and all sectors.

The project used the empowerment model to reduce health inequities and improve health and well-being through enabling the community to have more control over their life and the determinants of health (Tengland, 2012) which is positive for health (Wilkinson, 2010). Self-determination is central with the family actively participating in identifying solutions to their problems with the coordinator facilitating the process; enabling the community to participate in the change process while respecting their right to autonomy (Tengland, 2012). Such empowerment strategies were used as they reduce inequalities in health through targeting those with poorer health and living conditions (Laverack, 2009).

Key Links

Health Promotion Forum of New Zealand. www.hauora.co.nz/

The organisation builds leadership, relationships and the workforce in health promotion consistent with the principles of Te Tiriti o Waitangi and the Ottawa Charter.

Health promotion organisation Healthy Homes Tai Tokerau. www.manaiapho.co.nz

REFERENCES


