

SHIFTING THE DIAL ON DISABILITY OUTCOMES BY USING A COLLECTIVE IMPACT APPROACH

NICKY MAYNE

GENERAL MANAGER COMMUNITY SERVICES

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OUTLINE

- The challenges faced
- Taking a Collective Impact approach – what this means
- Where we are working in this way
- Achievements so far
- What's next

THE CHALLENGES FACED

- SFNZ has struggled to engage effectively with priority populations who have poor stroke outcomes
- For Māori and Pacific peoples, stroke occurs:
 - at a higher rate
 - around 15 years earlier than Pākehā/European
 - with more severity
- At least 75% of stroke is avoidable or delayable
- Despite attempts at stroke risk reduction, we have not made meaningful change within priority populations
- Having the 'will' and the 'tools' is not enough.



THE PROBLEM

We need to do things differently!



COLLECTIVE IMPACT – WHAT IS IT?

Six pou:

1. Leadership, culture & iwi/Māori partnerships
2. What matters to whānau/communities
3. Rohe activity plan
4. Metrics that matter
5. Backbone for change & implementation – seen as key area for Stroke Foundation
6. Continuous engagement



COLLABORATIVE
AOTEAROA

- Diagram shows the *Collective Action* model - an enhancement of *Collective Impact* promoted by **Collaborative Aotearoa**
- Incorporates Te Tiriti and addresses equity

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ALIGNMENT WITH EGL

- Brings to life the vision of disabled people and whānau having greater choice and control over what supports them and their lives
- Champions EGL principles e.g.
 - Relationship building
 - Self-determination
 - Mana enhancing
 - Person/whanau centred/directed
 - Beginning early – focus on stroke risk reduction



WHAT DOES THIS MEAN IN PRACTICE?

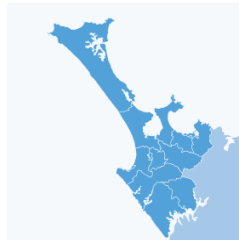
- Dedicating investment in time and resources to building relationships in specific communities.
- Listening to what communities need - & providing coordination and advocacy to support achieving those results.
- Building strong relationships with people on the ground
- Continuous engagement and communication & being responsive.



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CURRENT COLLECTIVE IMPACT INITIATIVES

TE HIKU | WESTERN BAY OF PLENTY | CANTERBURY | PORIRUA | FRANKLIN



- Te Hiku, the Far North of Te Tai Tokerau
- Connected to Taikorihi locality



- Porirua
- Linked into the locality framework, Ngati Toa health arm Ora Toa & existing SFNZ staff connections



- Western Bay of Plenty PHO owned by Ngāti Ranginui, Ngāi Te Rangi & Western Bay of Plenty Primary Care Providers Inc
- MOU with WBOP PHO – running shared initiatives through this



- Partnering with Whitiōra & Ōtautahi Māori Women's Welfare League
- Working in Ngāi Tūāhuriri tākiwa, Canterbury



- Engaging in Franklin, the southernmost Auckland ward
- Developing a working relationship with Huakina Trust, kaupapa Māori health & social services provider

SPECIFIC RESULTS TO DATE

- Linked stroke survivors to services of which they were previously unaware and/or provided education and support that was requested
- Kaikohe-based Te Hau Ora O Ngāpuhi (THOON), a kaupapa Māori hauora provider invited SFNZ to join with them in an MOU
- THOON engaging with SFNZ's library of resources on stroke risk reduction and life after stroke stories and partnering with SFNZ social media leads to promote to their audience
- Western Bay of Plenty PHO, THOON and MahiTahi Hauora PHO inviting SFNZ to provide *Stroke 101* training for kaimahi & others joining the queue!
- SFNZ being entrusted with whānau voice in Ōtautahi, Tauranga Moana and Te Hiku

WHAT'S NEXT

- At work aligning SFNZ's overall way of working and engagement with this approach – moving from a one-to-one model of service to one-to-many.
- Moving from 20% prevention / 80% support after stroke, to 50/50 integrated community support delivered through Community Stroke Navigators
- Determining outcome measurement for evaluation.
- Ensuring we can support robust governance frameworks in each area.
- Potentially extending to another geographic area where there is high need.

Questions and comments

THANK YOU!

PO Box 12-482 Wellington 6144

0800 78 76 53

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