



Libraries and Learning Services

# University of Auckland Research Repository, ResearchSpace

## Version

This is the publisher's version. This version is defined in the NISO recommended practice RP-8-2008 <http://www.niso.org/publications/rp/>

## Suggested Reference

Sheridan, N., & Kenealy, T. (2016). Consumers with high complex needs co-create a relationship-based approach to care. In *International Journal of Integrated Care: Annual Conference Supplement 2016* Vol. 16 (6). A330. Barcelona, Spain: Ubiquity Press. doi:[10.5334/ijic.2878](https://doi.org/10.5334/ijic.2878)

## Copyright

Items in ResearchSpace are protected by copyright, with all rights reserved, unless otherwise indicated. Previously published items are made available in accordance with the copyright policy of the publisher.

This is an open-access article is distributed under the terms of the [Creative Commons Attribution License](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

For more information, see [General copyright](#), [Publisher copyright](#), [SHERPA/RoMEO](#).

---

## CONFERENCE ABSTRACT

# Consumers with high complex needs co-create a relationship-based approach to care

16<sup>th</sup> International Conference on Integrated Care, Barcelona 23-25 May 2016

Nicolette Sheridan, Timothy Kenealy, project team The iCOACH

University of Auckland, New Zealand.

---

**Introduction:** People in all countries experience different social circumstances that result in avoidable differences in health. The health care system has an important role to play in creating opportunities for all populations to be as healthy as possible, especially those with high complex health and social needs. In New Zealand, Māori, Pacific peoples, and those with lower socioeconomic status experience higher levels of chronic illness, which is the leading cause of mortality, morbidity and inequitable health outcomes. Whānau Ora (family health) is an inclusive interagency approach that empowers whānau / family as a whole rather than focusing separately on individual family members and the challenges they face in isolation. Government has invested NZ\$164 million to implement Whānau Ora through community-based primary health care. Regional Māori provider organization collectives work together with tribally and geographically based populations.

**Description of practice change:** Older Māori adults with high complex needs co-created a whānau ora / family health centred approach to care in a poor urban and semi-rural community. They selectively engaged with health professionals for the purpose of building knowledge and skills to be more able to care for themselves and their extended whānau / family. It was clear that most were already actively engaged in self-care activities that did not need health providers. It was also clear that these older adults sought out health professionals for assistance with activities, particularly related to social service needs. Given their cultural worldview of the participants, it was only a relationship-based model that was going to be acceptable, effective and sustainable. Such a relationship extended beyond mere transactions to embrace shared values and mutual respect and care.

This case study explores Whānau Ora and identifies the benefits of this community-based primary health care approach as perceived by the participants. Face-to-face interviews were conducted with 15 older Māori adults living with chronic conditions and enrolled with Ki A Ora Ngatiwai, a Māori Health Provider Organisation. The interview asked questions about living with chronic conditions, the experience of accessing / receiving health and social services, the most important challenges faced daily and the quality of relationships with health professionals. Data were analysed inductively. Stakeholders included the Ki A Ora Ngatiwai staff and Governance Board.

Sheridan; Consumers with high complex needs co-create a relationship-based approach to care.

**Key findings:** Participants had on average four chronic conditions. They rated the impact of Ki A Ora Ngatiwai on four cultural dimensions of wellbeing as “good” (+16) or “excellent” (+32) on a scale from -32 to +32 points. Participants described the quality of healthcare delivered by Ki A Ora Ngatiwai as “excellent”, “invaluable”, “personalized”, and “accessible”. The Nurse Practitioner was “like family” and “(we) tell her the truth”. Health professionals took the time to explain, and “use words I can understand”, emphasizing the importance of care that “taught me to be independent”. Knowledge, skills, follow-up, friendship and teaching by health professionals was highly valued. Relationships were seen as a necessary part of health services; without such relationships access to services was considered difficult. Learning and engaging with the nurse, general practitioner, Nurse Practitioner or pharmacist, among others, was motivated by improving self and whānau care. New knowledge led to participants taking on new roles within the extended family and more widely, which included whānau advocate, health specialist, social support, communicator, marketer for (health) programs and knowledge broker.

**Highlights:** Participants were activated and engaged, learning about their physical and emotional health, accessing services and entitlements, and having the confidence to ask questions and pursue information. Health literacy improved as they accessed resources and became more self-sufficient.

Participant’s motivation and engagement with services underpinned a need to care for both themselves and their extended families. Health professional relationships were seen as a necessary part of accessing services but were not solely transactional – patients valued relationships for their own sake with people who cared about them.

Participants saw health providers attending to social concerns as being most important to them. Maintaining a positive outlook was a means of coping, especially in the context of unavoidable stresses, most commonly related to whānau / family household expenses.

**Conclusion:** Participants self-selected into a service that attempted to meet their needs and engaged them in a way that traditional general practice had never managed to do. Central to the Whānau Ora model of care was integration of health and social services, facilitated by health professionals. This comprehensive approach met whānau / family needs, recognized poverty as a health issue, and was directly compatible with shared cultural values.

---

**Keywords:** consumer experience; chronic conditions; whānau ora; community-based primary health care; integrated health and social care

---