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Health and Wellbeing Providers in the Newlands Community

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**Heather Cotton
Bridie Robins
Jarrod Coburn**

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Introduction

Why is health important to a community?

According to the World Health Organisation a climate that respects and protects basic civil, political, socio-economic and cultural rights is fundamental to promoting good mental health in people¹. It can be argued that the way an individual feels can affect their physical health and wellbeing. Thus it can be further argued that it is important to recognise the dimensions of democracy, equality and fairness in the overall wellbeing of a community.

We argue that the presence and accessibility of health and wellbeing providers gives a community a level of confidence and resources that contribute to overall healthiness. That is why we felt it important to recognise and bring together in one study the total sum of wellbeing providers in the community – no matter what area of practice they covered. Because – if we are to take a holistic approach to creating a stronger community – we need to acknowledge those who are working with the same aims in mind.

Terminology

In their 2002 report to the Minister of Health the Ministerial Advisory Committee on Complementary and Alternative Health (MACCAH) defined medicine as “1) The science or practice of the diagnosis, treatment, and prevention of disease, especially as distinct from surgical methods; 2) any drug or preparation used for the treatment or prevention of disease, especially one taken by mouth, and; 3) a spell, charm, or fetish which is thought to cure afflictions”.² They made further distinctions also, describing the sum of Western or scientific medical practices as “Biomedicine”. In that same publication they chose to use the construct “Complementary and Alternative Medicine” (CAM) to describe holistic or traditional medicines and treatments (*ibid*). For the sake of clarity we also use these definitions in this report.

Defining biomedicine and CAM further

CAM is the sum total of “knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses”.³ Biomedicine represents variety of terms used to refer to the medical paradigm that is dominant in New Zealand. This form of medicine uses a scientific framework that aims to base itself on evidence.⁴

Systems approach

We take a holistic (or “system”) approach to community research. In this case that means we view the sum of all the health and wellbeing practitioners as having a greater value than if each one’s impact is measured separately and added together. This is an underpinning philosophy in this report.

¹ World Health Organisation (2009) [A]

² Ministry of Health (2002)

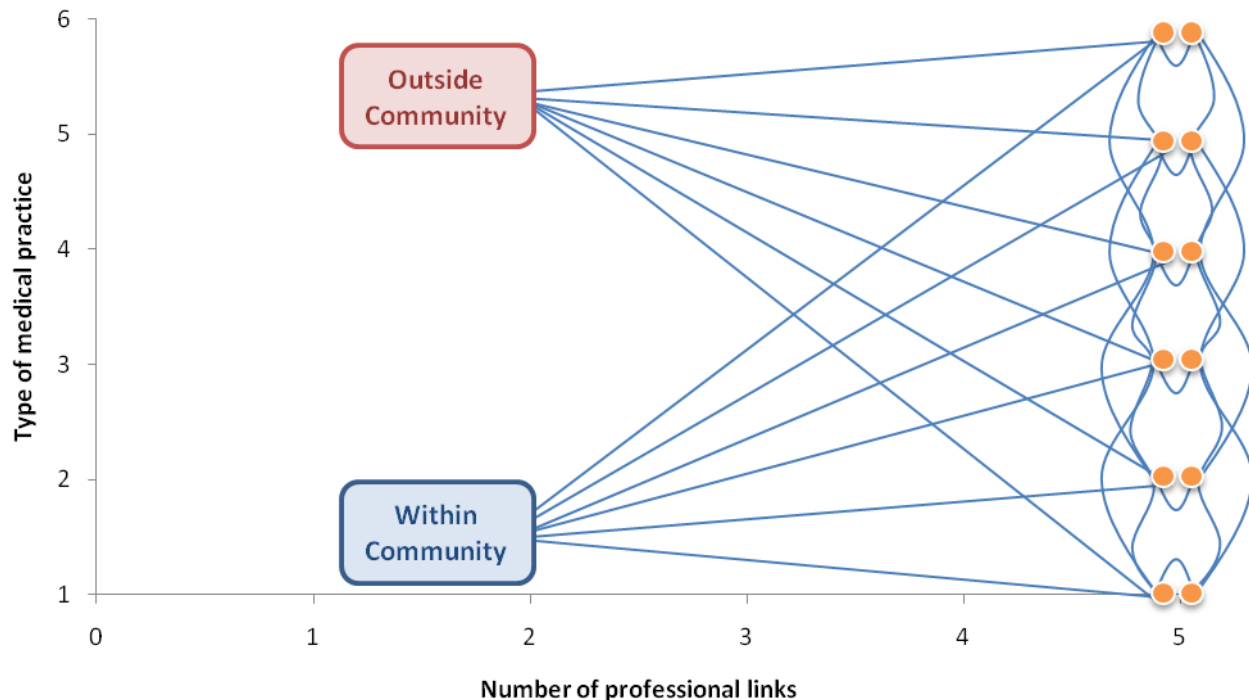
³ World Health Organisation (2009) [B]

⁴ Ministry of Health (2004)

Research question & hypothesis

We asked the questions “is health and wellbeing within Newlands delivered holistically?” and “how well-networked are the health and wellbeing providers in the Newlands Community?”. A holistic model of community healthcare would see a number of providers in different medical categories, who have links both to one-another and also to related providers both inside and outside of the community (fig. 1).

Fig1. Fully networked community health and wellbeing system



We hypothesised there would be a high level of networking amongst health and wellbeing providers in Newlands, because the community is geographically distinct, has a unique identity, and a strong community spirit.

Methodology

According to the World Health Organisation health is a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁵ This definition allows the researchers to take a community-wide approach in this project, hearing the views of a broad spectrum of practitioners who help the Newlands community stay healthy.

In 2002 MACCAH adopted the US National Center for Complementary & Alternative Medicine’s definitions of natural and complimentary medicines⁶. We have used this model to distinguish five categories of CAMs and added biomedicine as number six.

⁵ World Health Organisation (2009) [A]

⁶ Ministry of Health (2004)

To determine the type of medical practices in the community and the quality of networks we undertook a number of interviews at the start of 2009. Identification of nine medical practitioners was undertaken firstly using the Yellow Pages and Google search, then through contacting professional bodies directly and finally from gaining leads during interviews.

The interviews themselves were set up in the office or home of the health practitioner and lasted between 30 minutes and 1 hour. Each interviewee saw the results of the interview once written-up and were given the opportunity to suggest any changes.

The thrust of the interviews was twofold: firstly to define the health and wellbeing sector in Newlands, secondly to understand how they networked with one another. The interviews were semi-structured with a core number of questions (Appendix Two). Additional information was provided in the form of an informal chat after the interview process was completed.

We asked interviewees to identify their affiliations with other health providers to determine the level of networking within the Newlands community (see “Networks” below for further findings). Some named specific practitioners they worked with, others gave a general description, for example “Doctors”. As we were looking at networks within the community we counted such generalities as one health contact.

Findings

Employees

An additional 39 people are employed in total by the nine practitioners we interviewed.

Role in community

The majority of practitioners saw themselves as providing health services to the whole community, whilst a few were client-oriented. One interviewee surprised (and delighted!) us by saying they played a role in “enabling members of the community to meet one-another”.

Services

The services offered by health practitioners in Newlands are mostly clustered around the manipulative/body-based therapies and biomedicine categories. Some practitioners also offer educational services to the wider community.

Affiliations

The interviewees were asked about affiliations both within the health and wellbeing sector and the wider community.

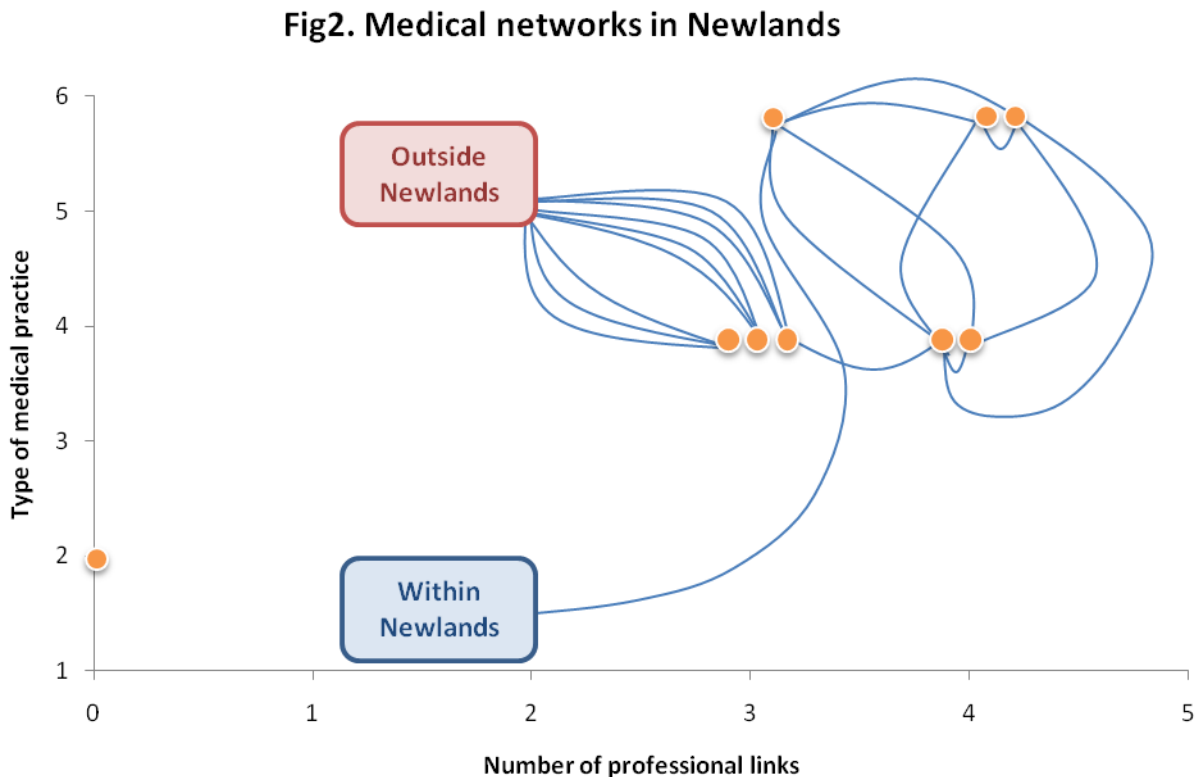
The average number of health contacts (either with individual practitioners or a collection within the same field of practice) was 3.1. This compares to an average of 1.4 for community affiliations. There are no conclusions to draw from these figures (the total sample is too small and the methodology not robust enough to be statistically significant) however Fig.2 below offers a visual interpretation that shows the size of the networks in relation to each category of health provider.

Networks

Fig 2 below shows the Newlands medical practitioners and their links with one-another and other health organisations not interviewed. The **orange dots** represent the practitioners arrayed according to the category of medical practice (**y-axis**) and number of links to other health providers (**x-axis**).

The most striking revelation from this analysis is the clustering we see around category 4 (mind-body therapy) and category 6 (biomedicine) and the stark differences in local networking.

As you will see by the diagram, about half the medical providers in the community are well networked internally, and one third are networked almost exclusively externally. One provider identified no affiliations to other healthcare providers.



Conclusions & recommendations

Whilst our hypothesis was not completely realised, there is evidence of rudimentary professional networking in the community. There is no direct evidence that the people of Newlands would benefit from a greater amount of networking between medical providers, but opportunity certainly exists for this to happen and – at the very least – it is likely the practitioners themselves would get some form of benefit from greater networking opportunities.

It would be interesting to replicate this research in other communities in Wellington to gain a broader dataset which could allow for some comparisons to be made. It would also be of interest to gain an understanding of how health practitioners view the importance of networking relative to their operational and clinical capabilities.

References

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1. World Health Organisation Fact Sheet on Traditional Medicine, (2009), available on the World Wide Web at <http://www.who.int/mediacentre/factsheets/en/> . WHO: Switzerland. [A]
2. Ministerial Advisory Committee on Complementary and Alternative Health, (2002), Terminology in Complementary and Alternative Health, Ministry of Health: New Zealand.
3. World Health Organisation Fact Sheet on Mental Health, (2009), available on the World Wide Web at <http://www.who.int/mediacentre/factsheets/en/>. WHO: Switzerland. [B]
4. Ministerial Advisory Committee on Complementary and Alternative Health, (2004), Complementary and Alternative Health Care in New Zealand: Advice to the Minister of Health, Ministry of Health: New Zealand.
7. National Center for Complementary & Alternative Medicine, (2001), *Major Domains of Complementary & Alternative Medicine*. NCCAM: USA.

Appendix One: Categorisation of CAM⁷

Group 1: Alternative medical systems	Examples
<p>Alternative medical systems involving complete systems of theory and practice that evolved independently of, and often prior to, the biomedical approach. Many are traditional systems of medicine that are practised by individual cultures throughout the world.</p>	<ul style="list-style-type: none"> • traditional oriental medicine • Ayurveda • traditional systems developed by Native American, Aboriginal, African, Middle Eastern, Tibetan, Central and South American cultures • homoeopathy • naturopathy
Group 2: Mind–body interventions	
<p>Mind–body interventions employ a variety of techniques designed to facilitate the mind’s capacity to affect bodily function and symptoms. Only a subset of mind–body interventions are considered CAM. Many that have a well-documented theoretical basis, (for example, patient education and cognitive–behavioural approaches) are now considered ‘mainstream’.</p>	<ul style="list-style-type: none"> • meditation • hypnosis • dance therapy • music therapy • art therapy • prayer • mental healing
Group 3: Biological-based therapies	
<p>This category includes natural and biologically based practices, interventions and products; many overlap with conventional medicine’s use of dietary supplements.</p>	<ul style="list-style-type: none"> • herbal therapies • special dietary therapies • orthomolecular therapies • biological therapies
Group 4: Manipulative and body-based therapies	
<p>This category includes methods based on manipulation and/or movement of the body.</p>	<ul style="list-style-type: none"> • chiropractic • osteopathy • massage therapy
Group 5: Energy therapies	
<p>Energy therapies focus on either energy fields originating within the body (biofields) or those from other sources (electromagnetic fields). Biofield therapies are intended to affect the energy fields that surround and penetrate the human body.</p> <p>Bioelectromagnetic-based therapies involve the unconventional use of electromagnetic fields.</p>	<ul style="list-style-type: none"> • qi gong • reiki • therapeutic touch • bioelectromagnetic-based therapies

⁷ NCCAM (2001)

Appendix Two: Core interview questions

1. What is your role in the organisation?
2. What suburb do you live in?
3. Who else is in your organisation?
4. What are their roles?
5. What do you see as your organisation's role in the Newlands community?
6. How long have you been operating in Newlands?
7. Please describe the services you provide.
8. Do you belong to any professional associations? If so, what are they?
9. What professional affiliation with other health and wellbeing providers do you have?
10. Do you have affiliations with community groups or anyone else of interest?