



2019

Kia Ora Hauora programme evaluation study



Whitireia
New Zealand
Central Region
Kia Ora Hauora

Central Region Kia Ora Hauora Programme Evaluation Study report

This evaluation was undertaken in 2017-18 by a team from Whitireia New Zealand and Central Region Kia Ora Hauora.

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Executive Summary

This report presents the findings of a project undertaken by Central Region Kia Ora Hauora and Whireia New Zealand in 2017-2018. Kia Ora Hauora operated in partnership with Capital & Coast District Health Board until 2017 and from 2018 with the Wairarapa District Health Board. The project evaluated the effectiveness of three specific events (called interventions) held between the years of 2010-2017. The interventions: Tū Kaha, Workchoice Day and Work Experience Day were designed to engage secondary school students in activities that would promote the health professions as a career option.

Background

There is a global shortage of health professionals and demand for healthcare services continues to increase (World Health Organisation, 2014). In New Zealand, a key workforce priority is the recruitment and retention of Māori into the health sector workforce (Kia Ora Hauora, 2015). In 2006, the Ministry of Health launched Raranga Tupuake, the Māori Health Workforce Development Plan, to facilitate a co-ordinated approach to address the under-representation of Māori in the NZ health and disability workforce (Ratima et al., 2007). A report commissioned by the Ministry of Health and the Health Research Council of New Zealand, the Rauringa Raupa report (Ratima et al., 2007) provided an analysis of the barriers and influences which increase Māori participation in the workforce and identified retention issues (Kia Ora Hauora, 2015).

Māori are highly underrepresented in the health and disability workforce, especially in the professional occupational groups (Ministry of Health, 2007). The Public Health Workforce Development Plan (Ministry of Health, 2007) noted that Māori make up 33% of the workforce but are concentrated in lower paid positions with limited decision-making. Gilchrist and Rector (2007) observe that a culturally diverse workforce easily identifiable to minority groups, makes it more probable that the latter will access health services.

In August 2008, an interim project team of District Health Board, Ministry and Sector Stakeholder representatives was established to initiate the design of the Health as a Careers Programme, known as Kia Ora Hauora (Kia Ora Hauora, 2015). In April 2009, the programme was fully endorsed by Tumu Whakarae, the Māori Workforce Champions Group and District Health Board New Zealand (Kia Ora Hauora, 2015).

Kia Ora Hauora (KOH), Supporting Māori into Health, is a national programme established in 2008 to increase the recruitment of Māori into a range of health careers. The programme is a nationally coordinated and regionally driven workforce development programme, led by Canterbury District Health Board, linking with four regional hubs. Central Region is one

of the four hubs. This project evaluated events (interventions) that engaged secondary school students in specifically designed activities promoting health careers.

The Central Region Kia Ora Hauora Programme is currently led by Wairarapa District Health Board (WrDHB). It was previously led by Capital and Coast DHB (CCDHB).

Methods

Following registration into the Central KOH (CR KOH) programme (Appendix 1), registered students from secondary schools in the region were contacted via email and social media and encouraged to attend a range of promotion events (interventions) about health-related careers. Students attended the intervention of their choice and completed a paper-based evaluation of the intervention (Appendix 2). There had been no evaluation to date, of the effectiveness of the interventions offered as part of the programme to increase the recruitment of Māori into a range of health careers.

Purpose

The purpose of this project was to retrospectively analyse data previously collected during specific KOH interventions. Interventions included in this report are Tū Kaha Central Region Māori health development conference (TK), Workchoice Day (WC) and Work Experience Day (WED). Workchoice Day is a mainstream health careers promotional day, developed and led by Workchoice Trust for senior secondary school students (Years 12 & 13). This day was not targeted solely at Māori students. CR KOH funded Workchoice Trust to deliver the WC programme at Wellington Hospital in 2012 & 2013. Work Experience Day was designed by CR KOH in collaboration with CCDHB Māori Health Development Group to target a younger Māori audience (Years 9 – 11) and to lower running costs by developing the programme in-house.

Key findings

Overall, the three interventions which were the focus of this project: Tū Kaha, Workchoice Day and Work Experience Day, were effective in engaging and maintaining students interest in a health-related career:

- Pre-intervention 48% of students said they were considering a career in health
- Post-intervention 62% of students said they were considering a career in health
- Students attending CR KOH interventions were mainly female (64%), Year 10 (21.5%) and identified as Māori (69%)
- Work Experience Day (WED) was the most attended intervention
- The most effective intervention motivating an interest in a health career was Workchoice Day (90%), closely followed by Work Experience Day (84.5%)
- The most popular activities at interventions were simulation experiences (Operating Theatre, Air Ambulance), followed by engaging with real health professionals.

Conclusion

The Central Region Kia Ora Hauora programme, specifically Tū Kaha, Work Experience Day and Workchoice Day interventions, achieved the goal of recruiting Māori youth into specifically designed activities that promoted and maintained an interest in a health-focused study pathway.

Recommendations

- That the CR KOH programme continues to receive funding to provide interventions to support Māori rangatahi¹ into a health-related career option,
- That the interventions continue to have a strong focus on simulation/hands-on activities and meeting health professionals,
- That the CR KOH programme provides more specific information on health careers and career pathways,
- That further research is undertaken to find out how many students from the CR KOH programme enter health-related tertiary study and then move into a health career.

"I am a future Māori paediatrician! Thank you so much for providing us with this amazing opportunity and for really showing me that as a Māori woman I can do all things!"

Student participant, Kia Ora Hauora Programme

¹ Young person, between ages of 12-24

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Introduction

There is a global shortage of health professionals as demand for healthcare services continues to increase (World Health Organisation, 2014). In New Zealand, a key workforce priority is the recruitment and retention of Māori into the health sector workforce (Kia Ora Hauora, 2015). In August 2008, an interim project team of District Health Board, Ministry of Health and Sector Stakeholder representatives was established to design the national Māori Health as a Careers Programme, known as Kia Ora Hauora (Kia Ora Hauora, 2015).

Kia Ora Hauora (KOH), Supporting Māori into Health, is a national programme established in 2008 to increase the recruitment of Māori into a range of health careers. Central Region is one of the four hubs. From 2013 – 2016 the national Kia Ora Hauora programme aimed to recruit and support 1500 new Māori onto a programme that promoted health study pathways and support at least 300 new Māori into first year tertiary study. In 2015 it was reported that the national programme exceeded goals with 3,651 Māori registered in the programme since 2010 and 2,555 Māori identified on a health study pathway since 2010.

The Central Region Kia Ora Programme is currently led by Wairarapa District Health Board (DHB). It was previously led by Capital and Coast DHB. Two of the interventions evaluated in this project (Work Experience Day and Workchoice Day) were delivered at Wellington Hospital. To date, there has been no evaluation of the effectiveness of the interventions offered as part of the programme to increase the recruitment of Māori into a range of health careers. The purpose of this study was to retrospectively analyse data previously collected during specific CR KOH interventions.

CR KOH registered students from secondary schools were contacted via varying means (social media / school career advisors / whānau² nominations) and invited to attend a range of promotional events aimed at exposing the diversity in health careers. Students attended and participated in a range of activities (interventions) aimed at encouraging them to pursue a health and disability-related career. Interventions included (but were not limited to):

1. Tū Kaha Central Region Māori Health Development Conference (TK)

- Rangatahi attend from across the country.
- DHBs responsible for selecting attendees to TK
- Must be Māori
- Must be KOH registered
- Must be Years 12 & 13 at secondary school.

2. Workchoice Day (WC)

- Mainstream programme
- Workchoice Trust worked with priority schools who paid to be involved
- CR KOH rangatahi invited to attend
- Aimed at Years 12 & 13 at secondary school.

3. Work Experience Day (WED)

- CR KOH targeted Wellington, Porirua and Hutt Valley schools
- Allowed schools to identify which students to attend
- Encouraged to prioritise Māori
- Years 9 – 11 only.

² Extended family

Method

Following ethical approval by the Whitireia and Weltec Ethics and Research Committee (RP120-2016: 1 June 2016), existing CR KOH evaluations (Appendix 2) of TK, WC and WED interventions in 2010–2017 were analysed to answer the research question:

What interventions in the Central Region Kia Ora Hauora programme are most effective to increase the recruitment of Māori into a range of health careers?

Descriptive statistics, simple inferential statistics and NVivo thematic analysis was used to analyse the evaluation data. Note that where percentages are used (%), results are rounded to the nearest 0.5%. This may mean that percentage results may not exactly add up to 100. These results are presented here.

Attendance

A total of 608 secondary school students registered for the interventions. Additionally, eight students attended twice (1.3%) and one student attended three times (0.16%). These nine students were younger students with four in Year 9, three in Year 10, and one in each of Year 11 and 12.

The three interventions were undertaken on ten occasions between 2010 and 2017 as follows:

- Tū Kaha (TK): 2010 ($n=37$), 2012 ($n=44$), 2014 ($n=42$), 2016 ($n=46$). Total 169 students.
- Workchoice day (WC): 2012 ($n=54$), 2013 ($n=67$). Total 121 students.
- Work Experience Day (WED): 2014 ($n=67$), 2015 ($n=58$), 2016 ($n=71$), 2017 ($n=122$). Total 318 students.

Table 1 shows the numbers of students attending by intervention. Student numbers increased each year over the time 2010-2017, peaking at 122 at the WED intervention in 2017. Overall, the WED was the intervention most attended.

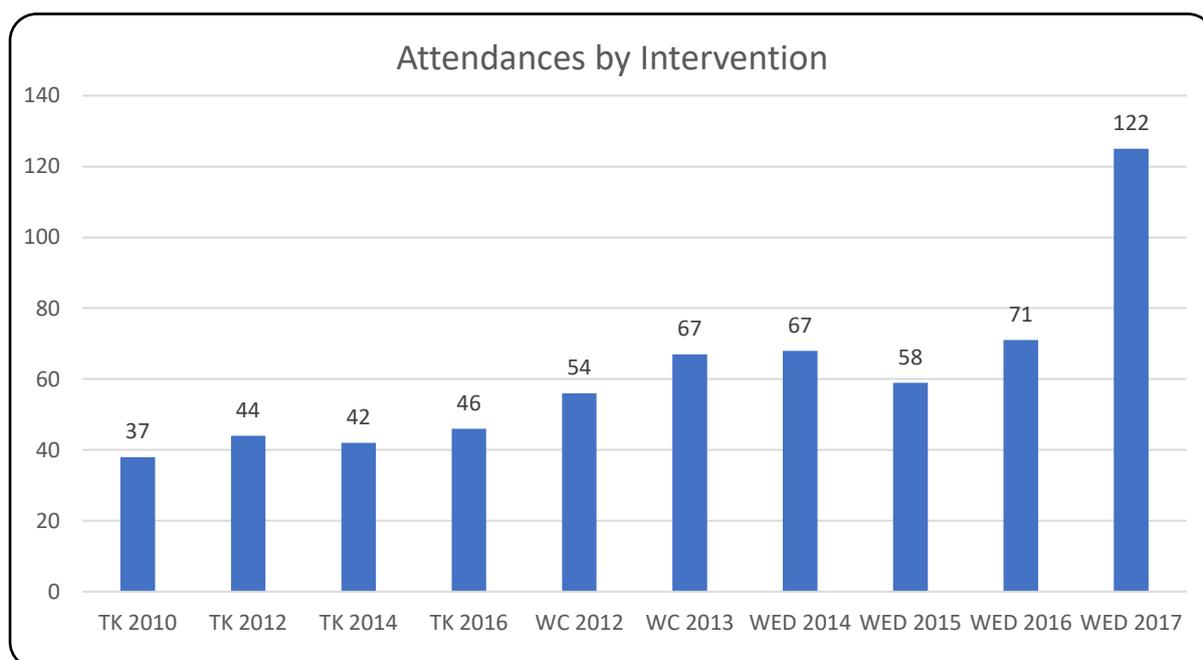


Table 1. Attendees by intervention.

Gender

Female secondary school students comprised 64% ($n=391$) of the total. The individual interventions varied between 58.5-75.5% female attendance with 128 (75.5%) attending TK interventions (TK 2010 – $n=24$; TK 2012 – $n=33$; TK 2014 – $n=33$; TK 2016 – $n=38$), 72 (58.5%) at WC interventions (WC 2012 – $n=25$; WC 2013 – $n=47$) and 191 (59%) attending the WED intervention (WED 2014 – $n=30$; WED 2015 – $n=36$; WED 2016 – $n=48$; WED 2017 – $n=77$). The greatest numbers of females attended the WED programmes but the greatest percentage of females attended the TK programmes.

The interventions attracted 206 male students (34%) in total, ranging from 24-40% of the total cohort in each intervention. 41 male students (24%) attended TK interventions (TK 2010 – $n=13$; TK 2012 – $n=11$; TK 2014 – $n=9$; TK 2016 – $n=8$), 49 (40%) at WC interventions (WC 2012 – $n=29$; WC 2013 – $n=20$) and 116 (36%) at WED interventions (WED 2014 – $n=37$; WED 2015 – $n=22$; WED 2016 – $n=22$; WED 2017 – $n=35$). Males exceeded female numbers in two programmes; WC 2012 had 53% students indicating male gender and WED 2014 had 55% indicating male gender.

Eleven students did not indicate their gender (2%). Table 2 shows the overall gender spread across all interventions and Table 3 shows the gender diversity by each intervention programme.

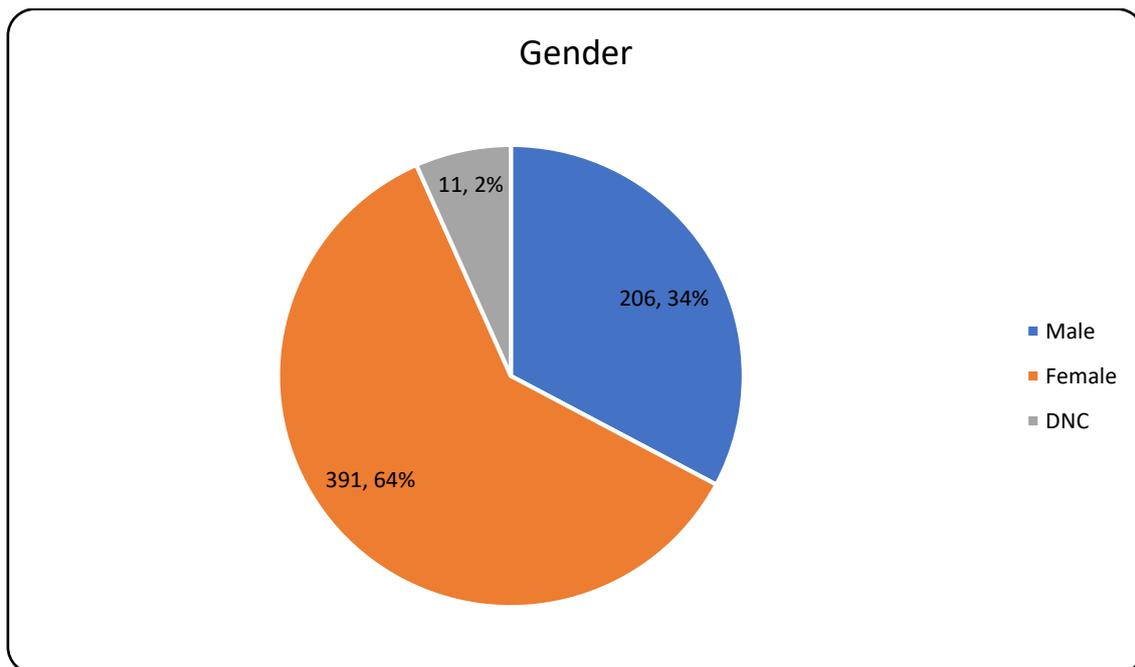


Table 2. Gender across all interventions

Gender	Males	Females	Unknown	TOTAL
TK 2010	13	24		37
TK 2012	11	33		44
TK 2014	9	33		42
TK 2016	8	38		46
WC 2012	29	25		54
WC 2013	20	47		67
WED 2014	37	30		67
WED 2015	22	36		58
WED 2016	22	48	1	71
WED 2017	35	77	10	122
TOTAL	206	391	11	608

Table 3. Gender diversity across individual intervention programmes

Year at School

Each intervention was designed with a specific student target:

- The TK intervention for Year 12-13.
- The WC intervention target group was Year 12-13
- The WED intervention aimed at Year 9-11

Across all interventions, the greatest number of students attending were in Year 10 (21.5% $n=131$), closely followed by Year 12 (21.3% $n=130$). Year 13 comprised 19.5% ($n=118$) of the student cohort with 109 Year 9 students (18%). Year 11 represented the lowest numbers of students attending (15% $n=90$). 23 students (4%) did not disclose their year at school and 7 students (1%) indicated they were in Year 14, this heading was used to include second chance learners (early school leavers) and 1st year tertiary students. Table 4 shows each intervention programme attendance by year at school.

Yr. level	DNC	Yr. 9	Yr. 10	Yr. 11	Yr. 12	Yr. 13	Yr. 14	TOTAL
TK 2010	1	1	5	10	11	9	0	37
TK 2012	0	0	0	5	11	27	1	44
TK 2014	0	0	1	2	19	19	1	42
TK 2016	4	0	2	0	18	19	3	46
WC 2012	0	0	1	5	33	13	2	54
WC 2013	1	0	0	1	34	31	0	67
WED 2014	0	19	36	11	1	0	0	67
WED 2015	1	14	21	19	3	0	0	58
WED 2016	1	17	32	21	0	0	0	71
WED 2017	15	58	33	16	0	0	0	122
TOTAL	23	109	131	90	130	118	7	608

Table 4. Attendance by Year at School

The majority of Year 9 students (99% $n=109$), Year 10 students (93% $n=131$) and Year 11 attendance (74.5% $n=90$) was greater at the WED programmes. Year 12 students mostly attended the TK (45.5%

n=59) and WC (51.5% *n*=67) interventions. The TK and WC interventions were aimed at this year group. Year 13 only attended the TK (62.5% *n*=74) and WC (37% *n*=44) interventions. The targeted interventions for this year group was the TK and WC interventions.

Ethnicity

Ethnicity across all interventions

Across all interventions, 427 students identified as Māori (70%) and 176 as non-Māori (29%), with 5 students (1%) not indicating ethnicity. Table 5 shows Māori and non-Māori ethnicity across all interventions.

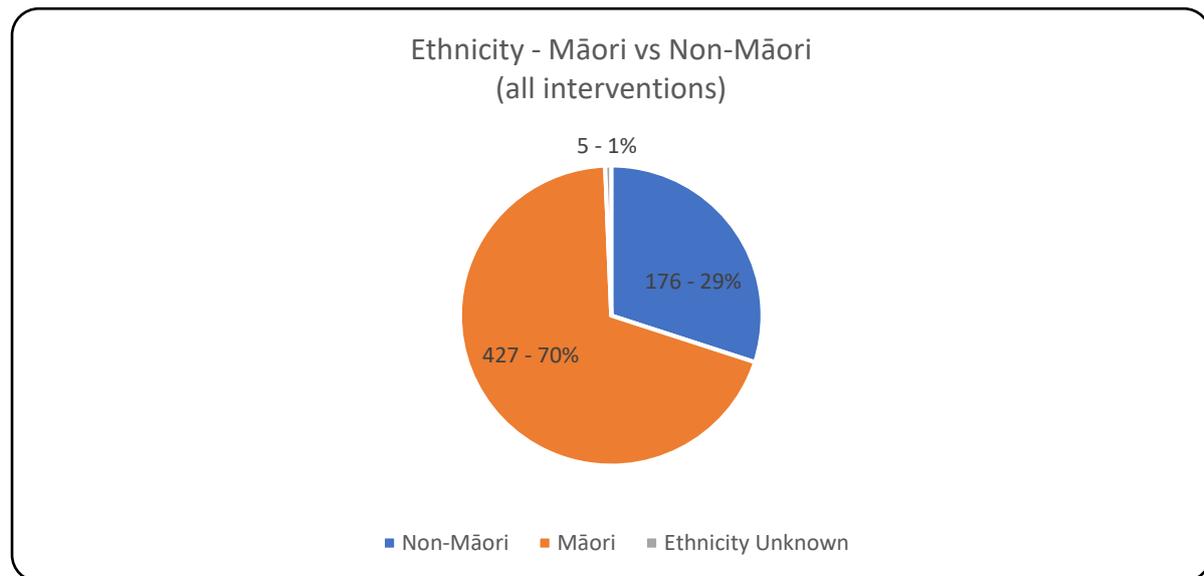


Table 5. All intervention Māori and non-Māori ethnicity

Non-Māori ethnicity across all interventions has been analysed according to the Ministry of Health ethnicity protocols Level 1. Students identifying as European comprised the largest group (*n*=71; 40% of the non-Māori cohort and 11.5% of the total student cohort), followed by Pacific peoples (*n*=58; 33% of the non-Māori cohort and 9.5% of the total student cohort). Pacific peoples include Pacific, Samoan, Tongan, Tokelauan, Cook Island or Fijian. Asian ethnicity was identified by 25 students (14% of the non-Māori cohort and 4% of the total student cohort). Students indicating their ethnicity from the Middle East, Latin America or Africa (MELAA) numbered 13 (7.5% of the non-Māori cohort and 2% of the total student cohort). Indian ethnicity was identified for nine students (5% of the non-Māori cohort and 1.5% of the total student cohort). Table 6 shows non-Māori ethnicity data across all interventions.

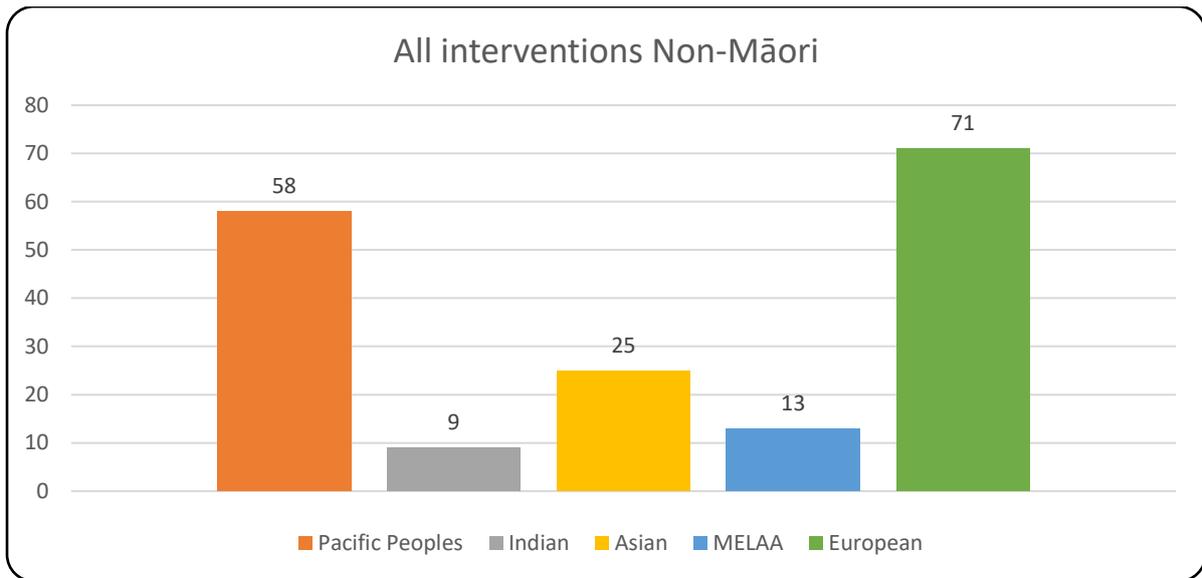


Table 6. Non-Māori Ethnicity across all interventions

Students may identify with more than one ethnicity. One hundred and seventy-nine students (29%) identified with at least two ethnic groups. Fifty-eight students (9.5%) identified with both Māori and Pacific people ethnicity. One hundred and twenty-three students (20%) identified with both Māori and European ethnicities.

Ethnicity by intervention

TK Intervention

One hundred and fifty-six students (93%) who attended the TK interventions identified as Māori. This intervention was targeted for Māori. Table 7 shows the Māori v non-Māori attendance across the TK programmes.

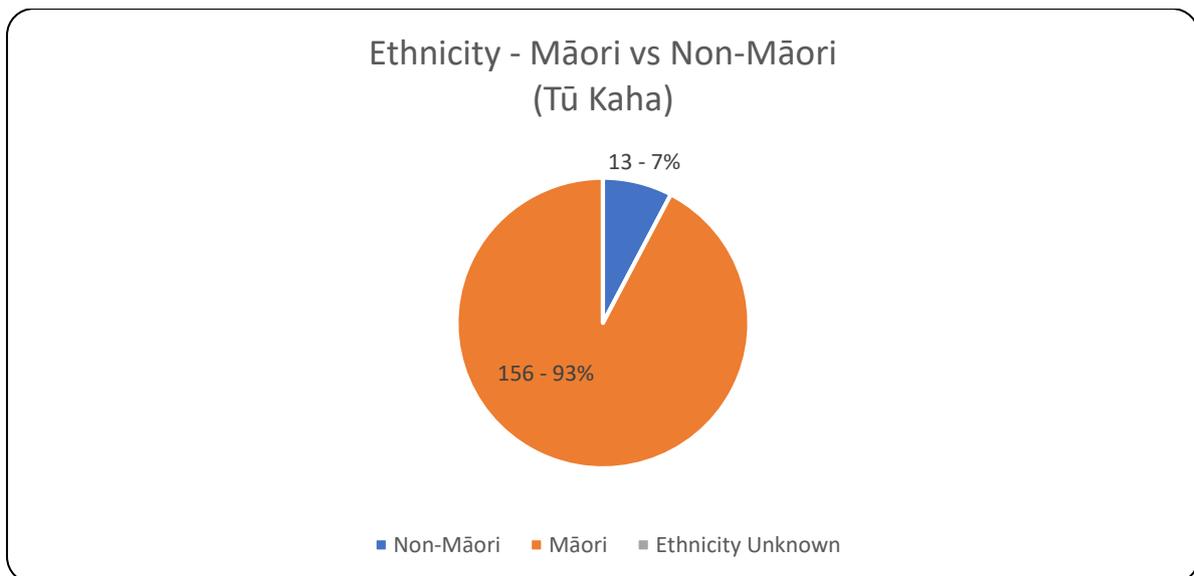


Table 7. Māori v non-Māori attendance across the TK programmes

100% of attendees at TK 2012 ($n=44$) and TK 2014 ($n=42$) identified as Māori. In the TK 2010 programme ($n=37$), 31 students (83.5%) identified as Māori. The remaining six students (15%) identified as Pacific people (8% $n=3$), Indian (2.5% $n=1$), Asian (2.5%

$n=1$), and European (2.5% $n=1$). In the TK 2016 programme ($n=46$), 39 students (76.5%) identified as Māori. The remaining seven students (15%) identified as Pacific peoples (8.5% $n=4$), and Asian (6.5% $n=3$). Table 8 shows the ethnicity data across the four programmes in the TK intervention.

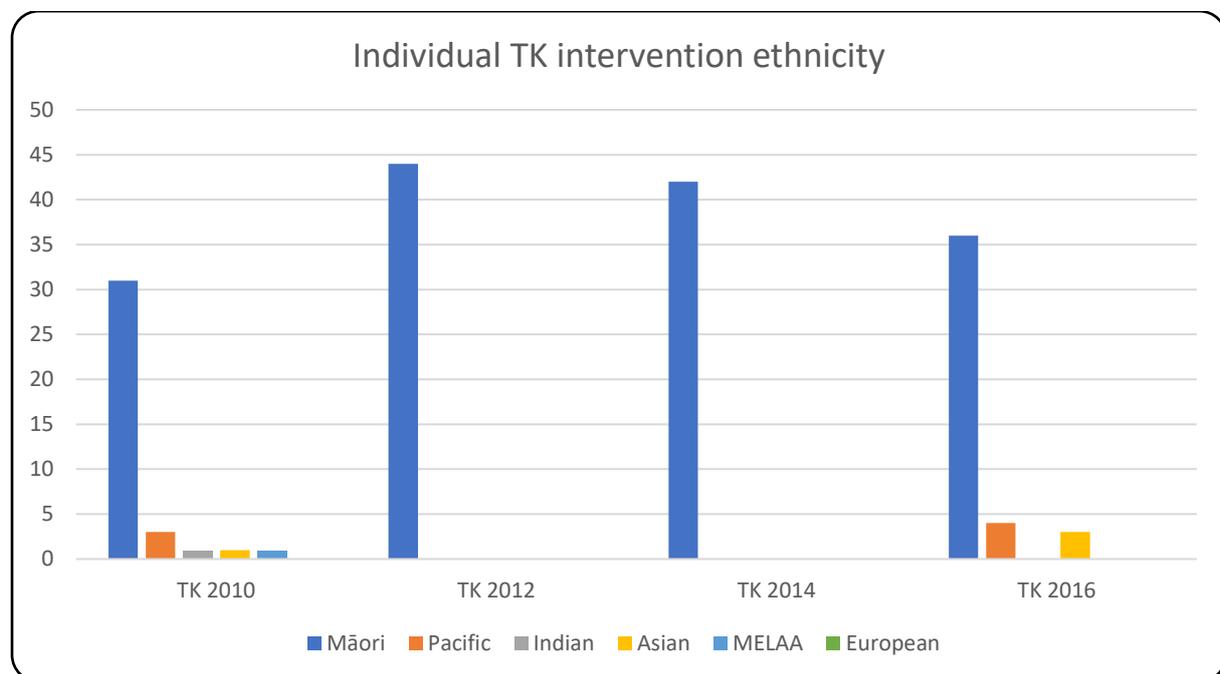


Table 8. Individual TK intervention ethnicity

π Students identifying first as Māori and then also indicating as a Pacific people as a second or third choice

TK 2010 - Four students (13%)

TK 2012 - Five students (11.5%)

TK 2014 - One student (2.5%)

TK 2016 - One student (2.5%)

Total Eleven students (7%)

WC Intervention

Twenty-four students (20%) attending the WC interventions identified as Māori. The intervention was not Māori specific. Table 9 shows the Māori v non-Māori attendance across the WC programmes.

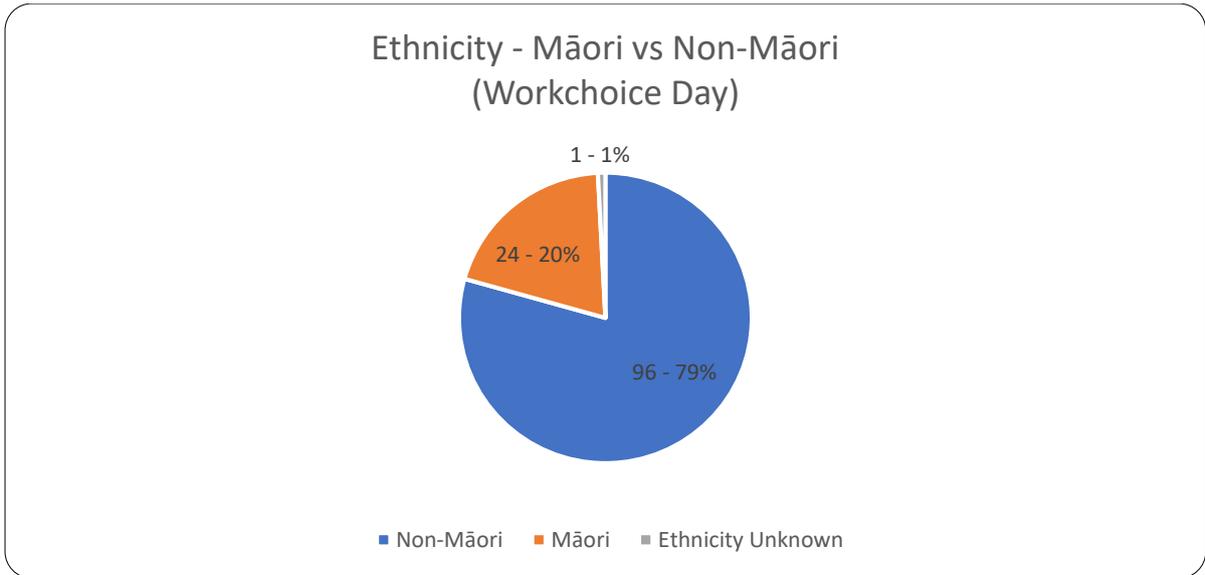


Table 9. Māori v non-Māori attendance across the WC programmes

The WC 2012 programme registered nine students (16.5%) identifying as Māori. The remaining 45 students (83.5%) indicated the following ethnicities; Pacific people (5.5% $n=3$), Indian (11% $n=6$), Asian (20.5% $n=11$), MELAA (5.5% $n=3$) and European (42.5% $n=22$).

The WC 2013 programme registered 15 students (22.5%) identifying as Māori. The remaining 50 students (76%) indicated the following ethnicities: Pacific people (10.5% $n=7$), Indian (3% $n=2$), Asian (12% $n=8$), MELAA (7.5% $n=5$), European (41.5% $n=28$). Two students (3%) did not indicate their ethnicity. Table 10 shows the ethnicity data across the two programmes in the WC intervention.

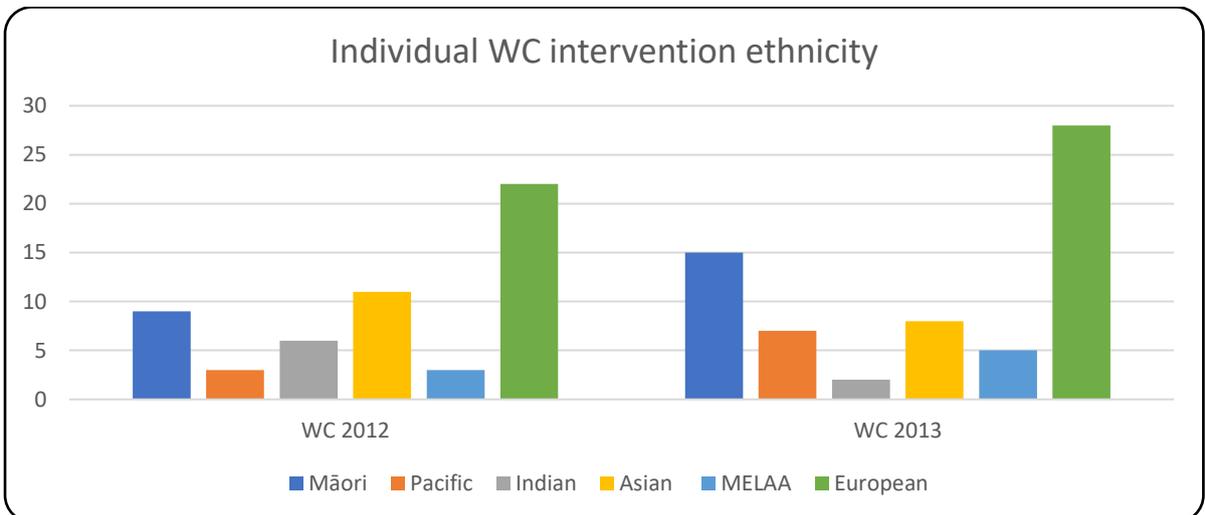


Table 10. Individual WC intervention ethnicity

π Students identifying first as Māori and then also indicating as a Pacific people as a second or third choice

WC 2012 – Three students (33%)

WC 2013 – Two students (13.5%)

Total **Five students (21%)**

WED Intervention

Two hundred and forty-seven students (78%) attending the WED intervention identified as Māori. This intervention was specifically targeting Māori. Schools were encouraged to invite Māori students. Table 11 shows the Māori v non-Māori attendance across the WED programmes.

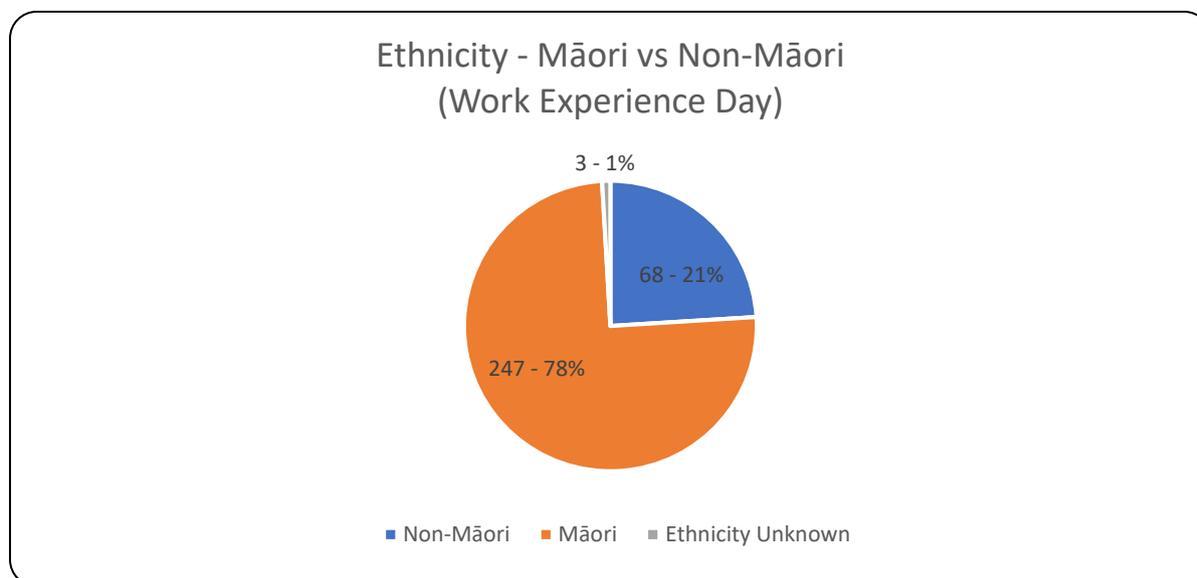


Table 11. Māori v non-Māori attendance across the WED programmes

The WED 2014 programme registered 39 students (58%) identifying as Māori. Twenty-seven of the remaining students (40%) identified with the following ethnicities: Pacific people (33% $n=22$), MELAA (1.5% $n=1$), and European (6% $n=4$). One student (1.5%) did not indicate ethnicity.

The WED 2015 programme registered 47 students (81%) identifying as Māori. Nine of the remaining students (15.5%) identified with the following ethnicities: Pacific people (1.5% $n=1$), Asian (1.5% $n=1$), MELAA (3.5% $n=2$) and European (8.5% $n=5$). Two students (3.5%) did not indicate ethnicity.

The WED 2016 programme registered 48 students (67%) identifying as Māori. The 23 remaining students (32.5%) identified with the following ethnicities: Pacific people (15.5% $n=11$), MELAA (3% $n=2$) and European (14% $n=10$).

The WED 2017 programme registered 113 students (92.5%) who identified as Māori. The remaining nine students (7.5%) indicated their ethnicity as Pacific people (5.5% $n=7$), Asian (0.8% $n=1$) or European (0.8% $n=1$). Table 12 shows the ethnicity data across the four programmes in the WED intervention.

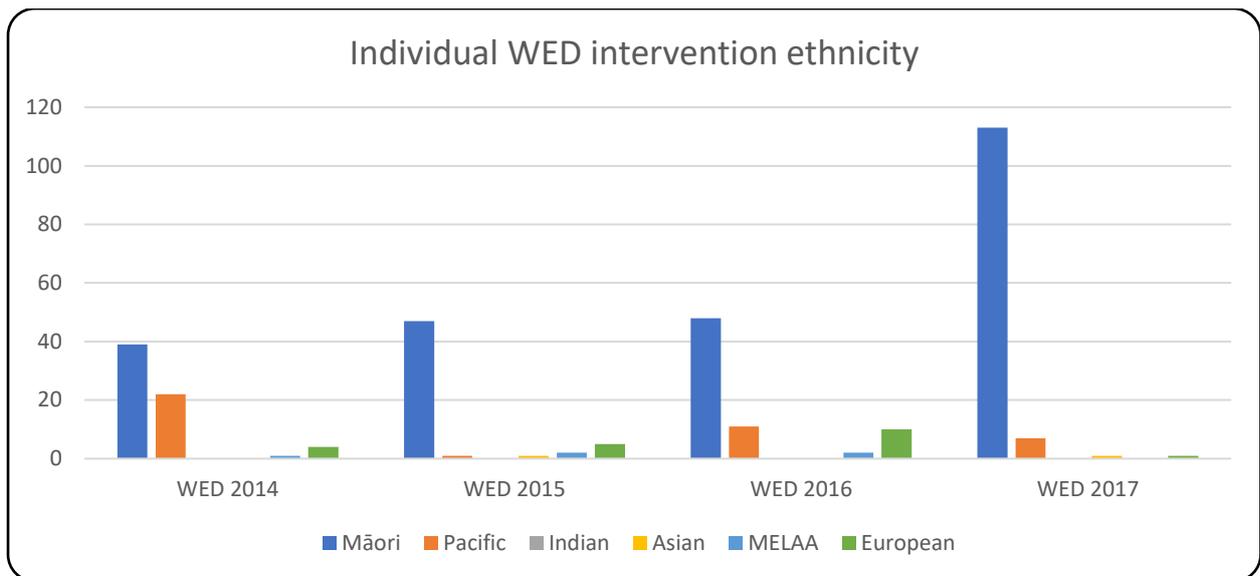


Table 12. Individual WED intervention ethnicity

π Students identifying first as Māori and then also indicating as a Pacific people as a second or third choice

WED 2014 - Ten students (25.5%)

WED 2015 - Seven students (15%)

WED 2016 - Eight students (16.5%)

WED 2017 - Eighteen students (16%)

Total 43 students (17.5%)

Student interest in a health career pre- & post-intervention

Pre-intervention

All interventions

Students were asked if they were considering a career in health *prior* to the interventions. They could respond with *yes*, *maybe* or *no*. Across all interventions, 293 students (48%) responded *yes*, 235 (38.5%) responded *maybe* and 43 (7%) *no*. 37 students (6%) did not respond. Table 13 shows the overall programme responses.

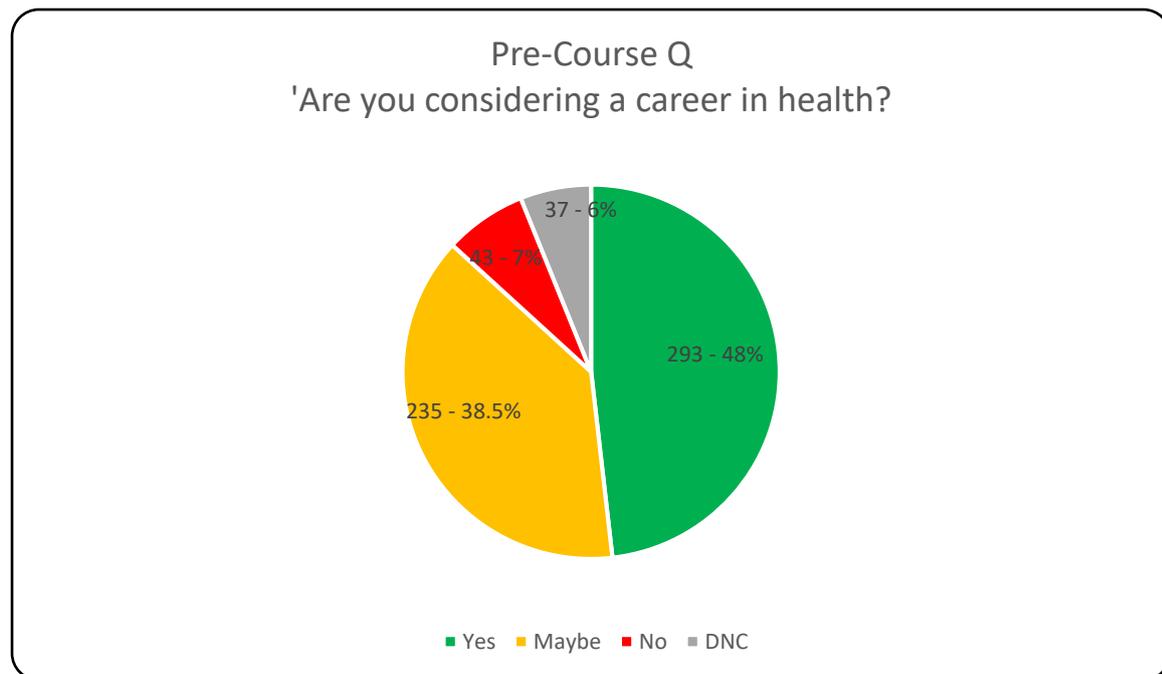


Table 13. Interest in health career pre-intervention

Individual interventions

The individual interventions show a significant difference in the student interest in health pre-intervention. Table 14 shows the individual intervention data.

TK	Yes	Maybe	No	DNC	WED	Yes	Maybe	No	DNC	WC	Yes	Maybe	No	DNC
TK 2010	19 (51.5%)	8 (21.5%)	3 (8%)	7 (19%)	WED 2014	27 (40%)	30 (44.5%)	6 (9%)	4 (6%)	WC 2012	45 (83.5%)	6 (11%)	1 (2%)	2 (3.5%)
TK 2012	31 (70.5%)	8 (18%)	3 (7%)	2 (4.5%)	WED 2015	26 (45%)	25 (43%)	4 (7%)	3 (5%)	WC 2013	50 (74.5%)	10 (15%)	0 (0%)	7 (10.4%)
TK 2014	31 (74%)	10 (24%)	0 (0%)	1 (2.5%)	WED 2016	21 (29.5%)	45 (63.5%)	4 (5.5%)	1 (1.5%)					
TK 2016	32 (69.5%)	9 (19.5%)	5 (11%)	0 (0%)	WED 2017	11 (9%)	84 (69%)	17 (14%)	10 (8%)					
ALL TK	113 (67%)	35 (20.5%)	11 (6.5%)	10 (6%)	ALL WED	85 (26.5%)	184 (58%)	31 (9.5%)	18 (5.5%)	ALL WC	95 (78.5%)	16 (13%)	1 (0.8%)	9 (7.1%)

Table 14. Individual intervention interest in health

The TK and WC programmes had the highest numbers of students indicating a yes (67-78.5%) for interest in a health career and the lowest numbers indicating a *maybe* (13-20.5%).

A lower number of students indicated a yes (26.5%) for interest in a health career in the WED programme and the *maybe* option was selected for 58.5% of the students; twice as high as the TK and WC programmes.

In two programmes, there were no students who selected the *no* option (TK 2014; WC 2103).

Post-intervention

Following the intervention, students were asked about the extent to which the *intervention itself, motivated the students to consider a career in health*. They could respond with *yes, maybe* or *no*. Across all interventions 377 students (62%) responded *yes*, 104 students (17%) responded *maybe* and 25 students (4%) responded *no*. 102 students (16.5%) did not respond. Table 15 shows the results across all interventions.

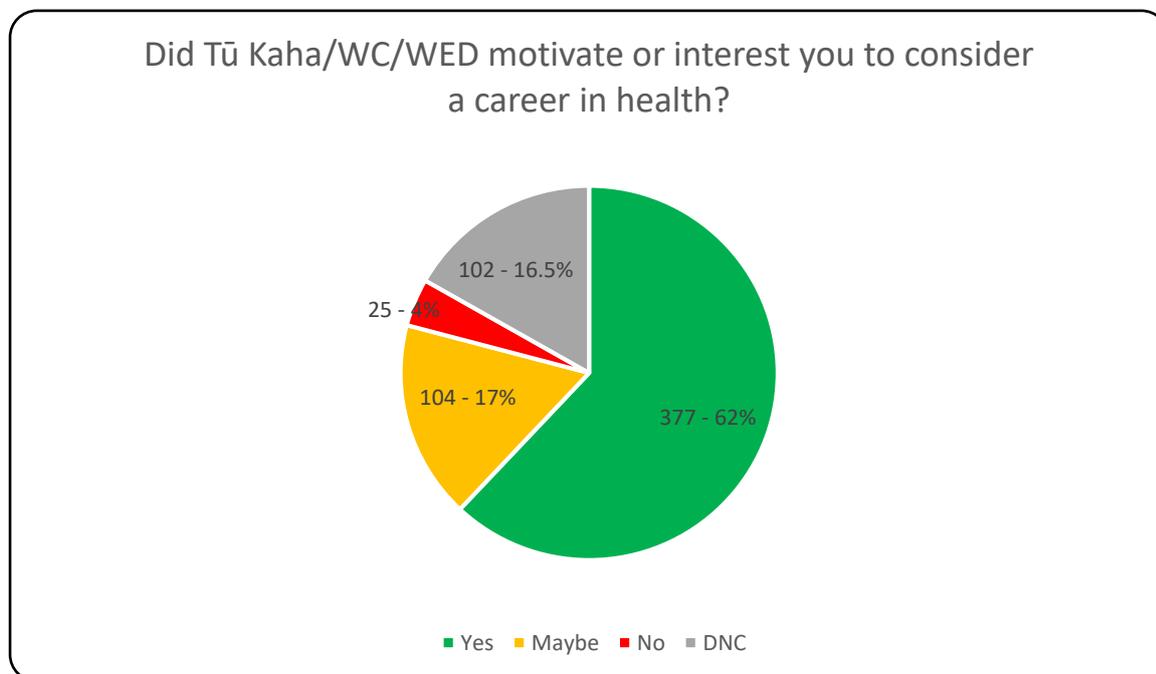


Table 15. Motivation to a health career

Numbers of students *motivated* by the intervention to consider a health career, was similar across two of the interventions; with *yes* indicated by 89 students (52.5%) in the four TK programmes and 188 students (59%) in the four WED programmes. The *yes* response was significantly higher in the two WC programmes ($n=100$; 82.5%).

Numbers of students *partially motivated* by the intervention to consider a health career, were similar across two of the interventions; with *maybe* indicated by 13 students (7.5%) in the four TK programmes and 9 students (7.5%) in the two WC programmes. The *maybe* response was significantly higher in the four WED programmes ($n=82$; 25.5%)

Numbers of students *not motivated* by the intervention to consider a health career, was similar across the three programmes; with *no* indicated by 5 students (3%) in the four TK programmes, 12 students (3.5%) in the four WED programmes and 8 students (6.5%) in the two WC programmes.

36.5% of students ($n=62$) did not respond in the TK programmes, with 38 students (11.5%) and 4 students (3.5%) not responding in the WED and WC programmes respectively. Table 16 shows the individual motivation ratings between intervention programmes.

TK	Yes	Maybe	No	DNC	WED	Yes	Maybe	No	DNC	WC	Yes	Maybe	No	DNC
TK 2010	21 (56.5%)	7 (19%)	2 (5.5%)	7 (19%)	WED 2014	47 (70%)	11 (16.5)	4 (6%)	5 (7.5)	WC 2012	47 (87%)	2 (3.5%)	3 (5.5%)	2 (3.5%)
TK 2012	19 (43%)	5 (11.5%)	2 (4.5%)	18 (41%)	WED 2015	39 (67%)	6 (10.5%)	0 (0%)	13 (22.5%)	WC 2013	53 (79%)	7 (10.4%)	5 (7.5%)	2 (3%)
TK 2014	36 (85.5%)	1 (2.5%)	1 (2.5%)	4 (9.5%)	WED 2016	45 (63.5%)	24 (34%)	1 (1.5%)	1 (1.5%)					
TK 2016	13 (28%)	0 (0%)	0 (0%)	33 (71.5%)	WED 2017	57 (46.5%)	41 (33.6%)	7 (5.5%)	17 (14%)					
ALL TK	89 (52.5%)	13 (7.5%)	5 (3%)	62 (36.5%)	ALL WED	188 (59%)	82 (25.5%)	12 (3.5%)	36 (11.5%)	ALL WC	100 (82.5%)	9 (7.5%)	8 (6.5%)	4 (3.5%)

Table 16. Motivation between interventions

The intervention where success in motivating interest in a health career was greatest was the WC intervention with 82.5 % of students indicating a *yes*. Combining *yes* and *maybe* coding, indicates students potential interest was also greatest in the WC intervention (90%), followed by WED intervention (84.5%) and then the TK intervention (60%).

Thematic analysis of comments

Students who attended interventions also gave written comments in their post-intervention evaluations. The following section reports on the thematic analysis of the answers provided to two questions: "Anything else important you think we should know?", and [tell us about] "The event or the presentation you will remember the most". For each of these interventions, responses were further broken down into three sub-categories with comments related to: i) What was good / enjoyable / positive comments; ii) What students did not like / negative comments; and iii) What is needed. The thematic analysis is reported separately for each of the three types of interventions: Tū Kaha, Workchoice Day, and Work Experience Day.

Thematic analysis of answers to: “Is there anything else important you think we should know?”

Tū Kaha Māori Health Development conferences.

Data were available for all TK programmes (TK 2010, TK 2012, TK 2014, TK 2016) except for 43 students in TK 2012 and TK 2016. Data were collated from the remaining 127 students.

Forty-nine students (38.5%) did not comment. Twenty-three students (18%) stated “no comment” or similar. Twelve students (9.5%) only commented to say *thank you* and eight students (6%) expressed statements related to “having fun / it was awesome” or similar. Three students (2%) commented on the refreshments.

Longer experiences were recommended by four students (3%).

i. What was good / enjoyable / positive comments:

Eight students (6%) made comments specific to what they enjoyed or indicated as a positive experience. The following are excerpts from the evaluations taken verbatim.

- “Really enjoyed having different speakers!”
- “Tū Kaha was without a doubt the best experience I've had. I've made so many new friends and we're all going to stay in contact. There's been so many inspirational people and from the conference I've been inspired to go further than physio and become a doctor”
- “Tū Kaha was crazy! Learned so much, met so many aspiring young Māori like myself. I hope to come back and share my journey when I finish my study”
- “Overall had a really good time. It was really informative. I enjoyed the company of other Rangatahi knowing we had the same values and interest etc. Really privileged”
- “Thank you for making me feel a little bit involved!”
- “I AM A FUTURE MĀORI Paediatrician! Thank you so much for providing us with this amazing opportunity and for really showing me that as a Māori woman I can do all things!”
- “I think having rangatahi was good”
- “I think that staying at the Marae was cool because it ‘Māori-fied’ the experience more”

The main themes from these comments are a). students developing relationships and b). students feeling empowered to seek a career in health.

ii. What students did not like / negative comments:

Five students (4%) made comments on what they did not like or indicated a negative experience. The following are excerpts from the evaluations.

- “Keep rangatahi more informed and interested”
- “I think some of the talks we had to listen to were hard to follow because it wasn't about stuff that involved us, so I couldn't follow it”
- “I personally found the event boring, as I feel that I could not relate towards some of the older speakers, as it felt that they were more engaging to people who were already in health professions”

- "I think some of the talks we had to listen to were hard to follow because it wasn't about stuff that involved us, so I couldn't follow it"
- "People were being a bit disrespectful but besides that 'everything was kei te pai'³"

The main theme is students finding it difficult to relate to some activities.

iii. What is needed:

Fourteen students (11%) provided feedback on what could be improved or what they were looking for. The following are excerpts from the evaluations.

- "Youth need more excitement and youth surrounded workshops. More downtime for rangatahi"
- "More youth stuff - Music, Kapa Haka, Dance etc."
- "Thanks for the opportunity for us rangatahi to be heard. The organisation could have been a bit more organised and more teenage things"
- "More rangatahi and more fun stuff"
- "Need more activities for rangatahi"
- "Need to make it more active for the youth. Great people and really good to be able to connect with others who are looking at the same work"
- "Add more practical things"
- "Add more practical work"
- "There should've been more hands-on activities. A disco or something...less talking and more hands-on activities"
- "More physical activity"
- "More interaction time 'straight' to the point' speakers"
- "I think this conference should continue to be open to youth"
- "Overall conference was great but the rangatahi should be Year 12 & 13s"
- "Have more time with the professionals. The speakers spoke for a long time so I got bored after 15 minutes or so but some things were really interesting. Just think they should speak for a shorter time. Longer Conference dinner. LOVED THE VIDEO"

The main theme is that students requested more active and practical sessions.

Workchoice Day

Data were collated for both programmes (WC 2012, WC 2013), a total of 131 students.

Sixty students (49%) did not comment. Twenty-four students (19.5%) responded *no* or similar. Five students (4%) only commented to say *thank you* and seven students (6%) expressed statements related to *having fun / it was awesome* or similar. No students (0%) commented on the refreshments. Two students (1.5%) commented on their future by referring to returning to work in the organisation.

i. What was good / enjoyable positive comments:

Nine students (7%) made comments specific to what they enjoyed or indicated as a positive experience. The following are excerpts from the evaluations.

- "Felt the tour focused a lot on roles not requiring medicine (as in doctor's) which was interesting as other roles [are] often overlooked"
- "Was a very successful day. Showed lots of interesting pathways I was unaware of"
- "Best careers trip ever!!"

³ good

- "Yes, I think it would be fun and interesting to be a radiologist"
- "Yes, it encouraged me to follow my dream job in being a nurse"
- "This trip has helped me decide about a possible career in nursing/radiographer"
- "I want to get a Bachelor of Nursing Pacific"
- "Music helps students pay attention"
- "I really enjoyed the instructive rotations with demonstrations"

The main theme is that students found some career direction within health.

ii. What students did not like / negative comments:

Four students (3%) made comments specific to what they did not like or indicated a negative experience. The following are excerpts from the evaluations.

- "didn't interact much with different schools. Highlight of day: seeing/meeting [the Hospital Recruitment Manager]"
- "I want to be a pediatric [sic] but there wasn't [that opportunity]. I really enjoyed the blood test collecting job because I found that really helpful for looking after my son, the hours are helpful"
- "No but...the guy with the blue shirt needs to be a little less serious"

There was no clear theme identified in this section.

iii. What is needed:

Ten students (8%) provided feedback on what could be improved or what they were looking for. The following are excerpts from the evaluations.

- "More pharmacy"
- "I think it's be great to do a section on paediatrics"
- "Would have loved to see a Physiotherapist, but my "guide" was lovely (Smiley Face)"
- "Could be more focused on career pathways; subjects info; where to study different subjects; practical info OR just about HR in the hospital (function). And should talk about primary care not just hospital focus. Ka Pai!!"
- "Make this presentation involve all ethnicities, not just Māori & Pacifica. (Supporting Māori students into health)"
- "Make the presentations a little longer"
- "Make the presentation a little bit longer"
- "Make sure people aren't skipping rotations, although we do apologise for taking too long"
- "Be on time, don't go overtime"
- "More paper, so we don't have to memorise everything"

The main theme in this sub-section focussed on students wanting more specific health career information.

Work Experience Day

Data were available for WEDs 2014, 2015, 2016 and 2017, a total of 308 students.

One hundred and twenty-one students (39%) did not comment. One hundred and one students (32%) stated *no* or similar. Seven students (2%) only commented to say *thank you* and 21 students (6%) expressed statements related to *having fun / it was awesome* or similar. Thirteen students (4%) commented on the refreshments.

i. What was good / enjoyable / positive comments:

Fourteen students (4.5%) made comments specific to what they enjoyed or indicated as positive experience. The following are excerpts from the evaluations.

1. "I want to be a Surgeon"
2. "My favourite one was the air ambulance"
3. "Theatre scenario was the funniest. Airway management presenter was funny"
4. "Anything to do with theatre/air ambulance please update me"
5. "It was really fun and encouraged my choice in health profession"
6. "I had a great day and when I get older I will be looking to study and get a job at Wellington Hospital"
7. "The German dentist lady deserves a hug"
8. "Was a fun day and I learnt a lot"
9. "Increased my knowledge and interest"
10. "Learnt heaps, cheers"
11. "Very educational and interesting. Thank you very much. My father is a surgeon here and at four other hospitals. I can ask him for advice"
12. "I could help my family's health"
13. "I enjoyed it, thank you very much. Does dyslexia prevent people from becoming a doctor?"
14. "Thank you for having us and teaching us! :-)"

The main themes are students learning about a health career and students identifying potential pathways.

ii. What students did not like / negative comments:

Three students (0.9%) made comments specific to what they did not like or indicated a negative experience. The following are excerpts from the evaluations.

1. "I was tired at Airway Management because this was the last session"
2. "That it was an alright day, last year better"
3. "You should have more drink options".

There was no clear theme in this section.

iii. What is needed:

Ten students (3%) provided feedback on what could be improved or what they were looking for. The following are excerpts from the evaluations.

- "More body stuff"
- "Knowing about more Cancer"
- "Wanted to see Plastic Surgery"
- "Although it focused on all health careers, maybe looking at different types of medicine specialisation"
- "I think it would be cool to have a forensic part"
- "Make some of the workshops more interactive"
- "I loved the trip - have another one"
- "Longer sessions"
- "I had a good day, love all of it I just need to know more"

- “This was really fun. Don't forget to listen and follow all comments! It might help. Mauri ora ⁴- descendents of the sun. Wai ora - pools of life. Karakia⁵ was amazing!!”

The main theme focussed on students wanting more specific health career information.

Comparing findings across all interventions for the question: “Is there anything else important you think we should know?”

Across all three programmes students indicated similar positive findings with comments focussed mostly on finding a career direction within health. The TK programme feedback revealed students wanted a longer programme and they found it difficult to relate to some activities. After analysis of comments related to the WC and WED programmes, no clear themes emerged. Students had more *recommendations* to make than positive and negative comments. The TK programme main theme was a request for more active and practical sessions whereas the WC and WED programmes revealed students wanted more specific health career information.

Thematic analysis of answers to: “What was the event or the presentation you will remember the most?”

The students were asked to identify aspects of the programme that they remembered the most as part of their post-intervention evaluation. The following analysis is undertaken by programme so that differences can be identified between interventions.

Tū Kaha Māori Health Development conferences

Data were analysed for all TK programmes (TK 2010, TK 2012, TK 2014, TK 2016) and are reported separately as they differed in outcomes. Key note speakers at the Tū Kaha conferences are identified with an asterisk* after their name.

Tū Kaha 2010

Thirty-seven students attended, and 34 four comments were made, but no data was available for one student and eight students did not respond.

The ten top activity workshops/presentation are listed below, in ranked order with some of the associated student’s comments.

- “FLEP” [sexual health theatre group]- “(funny, relate to what was happening, had great message)” (*n*=18)
- “Conference master of ceremonies” - [hilarious] (*n*=3)
- “Tā Moko” ⁶[presentation] (*n*=3)
- “Meeting people” (*n*=2)
- “Debate- (humorous, awesome)” (*n*=2)
- “Health professional speaker” - [relevant] (*n*=2)
- “Staying at the marae” (*n*=1)
- “Sir Mason Durie”^{*} [Professor of Māori Studies] (*n*=1)
- “Waiata”⁷ games (*n*=1)
- “The inspiring speeches that gave us Māori hope” (*n*=1)

⁴ Life force

⁵ Prayer

⁶ Tatoo

⁷ Singing

The most common memorable aspect of the programme with 18 comments related to FLEP, the sexual health theatre group. Seven students identified two or more events / presentations.

Tū Kaha 2012

Forty-four students attended the programme. Thirty-six comments were made, no data was available for 14 students and three students did not respond.

The ten top activity workshops/presentation are listed below These are listed below, in ranked order with some of the associated comments.

- "Health presenters" [psychologist, ED physician, 4th year medical students, talking to people about career paths, health career presenters, meeting my mentor] (*n*=19)
- "Debate [crack up]" ⁸(*n*=7)
- "Nancy Tuaine"* [Te Oranganui Iwi Health Authority] (*n*=2)
- "Sir Mason Durie"* [Professor of Māori Studies] (*n*=2)
- "He honore in sign language" (*n*=1)
- "Te Wānanga" ⁹(*n*=1)
- "Meeting the 1st Nations" [people from USA] (*n*=1)
- "Break outs" (*n*=1)
- "All speakers were elite" (*n*=1)
- "Conference dinner" (*n*=4)

The most common memorable aspects of the programme were the health presenters (*n*=19) and then the debate (*n*=7). Ten students identified two or more events / presentations.

Tū Kaha 2014

Forty-two students attended the programme. Forty-nine comments were made and six students did not respond.

The 11 top activity workshops/presentation are listed below, in ranked order with some of the associated comments.

- "Speed dating"/"talking to health professionals" / "careers talk" /"meeting tertiary students" ("very motivating and awesome") (*n*=15)
- "The Iron Māori" ¹⁰debate" ("really interesting and kept me focused and motivated") (*n*=10)
- "Meeting people/ Whakawhanaungatanga" ¹¹ (*n*=5)
- "Workshops" (*n*=3)
- "University stalls" (*n*=1)
- "Waimirirangi's* speech" [tertiary student, previous Kia Ora Hauora student] (*n*=1)
- "Sir Mason Durie"* (*n*=1)

"Shayne Walker"* [Hawke's Bay DHB] (*n*=1)

- "Patu gym" (*n*=1)
- "Mental health interview" (*n*=1)

⁸ Amusing

⁹ Place of learning

¹⁰ A triathlon focused on Māori

¹¹ Process of establishing relationships

- "Dinner" (n=9)

The most common memorable aspects of the programme were the events focussed on careers and specifically speed dating which involved talking to health professionals with 15 student responses related to this activity. The 'Iron Māori' debate was commented on by 10 students. Fifteen students identified two or more events / presentations.

Tū Kaha 2016

Forty-six students attended this programme and 14 completed evaluations.

The seven top activity workshops/presentation are listed below, in ranked order with some of the associated comments.

- "Paul Whatuira" *(Rugby league player) (internal strength) (n=4)
- "Te Kahu Rolleston"* (Poet) (n=2)
- "Cliff Curtis"* (Actor) [inspiring] (n=1)
- "Dame Tariana Turia"* (Politician) (n=1)
- "Meeting people" (n=1)
- "Health professional speaker [so close to home and makes me aspire to her]" (n=1)
- "Key note speakers [inspiring]" (n=1)

The most common memorable aspect of the programme was the key note speakers with nine student comments. One student identified two or more events / presentations.

Tū Kaha Interventions Summary

The aspects of the Tū Kaha interventions identified by students across as being the most memorable were talking to health professionals / careers talk (n=23), FLEP¹² (n=18) and Debate (n=14).

Workchoice Day:

Data were available for both programmes (WC 2012, WC 2013). The students identified career pathways of interest to them. The theatre scenario is a simulated activity where students undertake different health professional roles, for example nurse and surgeon.

WC 2012

Fifty-four students attended and 42 completed evaluations. The students were introduced to eleven health career workshops. The most popular workshops are listed in ranked order below.

- Paramedic (n=8)
- Medical Laboratory Sciences / Lab (n = 7)
- Nursing / Plastering (n=7)
- Radiation Therapy (n=6)
- Nursing / CPR (n=4)
- Human resources (n=2)
- Pharmacy (n=2)
- Cardiac Physiology (n=2)
- Radiology (n=2)
- Physiotherapy (n=1)
- Flight / Transit (n=1)

¹² Sexual health theatre group

Paramedicine ($n=8$), Medical lab sciences ($n=7$) and nursing / plastering ($n=7$) ranked most highly. Eight students identified two or more options, however for the benefit of ranking the first choice was counted.

WC 2013

Sixty-seven students attended and 63 completed the evaluation. The most popular workshops are listed in ranked order below.

- Radiology ($n=30$)
- Theatre scenario: two students identified the nursing role and one surgeon role ($n=22$)
- Medical technician ($n=19$)
- Phlebotomy ($n=10$)
- Occupational therapy ($n=3$)
- CPR workshop ($n=4$)

Radiology ($n=30$), theatre ($n=22$) and medical technician ($n=19$) roles were most often indicated. Twenty-three students identified two or more options.

Workchoice Days Interventions Summary

The most memorable events / presentations identified by students across the interventions were: Radiology ($n=32$), Theatre scenario ($n=22$), Medical technician ($n=19$) followed by Phlebotomy ($n=10$), Paramedic ($n=10$) and Nursing ($n=9$). However, radiology, theatre scenario, medical technician, phlebotomy and nursing were not offered in 2012. Further, 19 more students completed the evaluation in 2013, as there were twelve more students in 2013 than 2012, thus more students and less workshops were on offer in 2013.

Work Experience Day:

Data were analysed for WED 2014 -2017:

WED 2014

Sixty-seven students attended and 59 completed evaluations. The students were introduced to nine health career workshops. The most popular workshops are listed in ranked order below.

- Radiology ($n=10$)
- Physiotherapy ($n=10$)
- Theatre scenario ($n=7$)
- Occupational therapy ($n=3$)
- Infection Control ($n=3$)
- CPR workshops ($n=2$)

Radiology ($n=10$), physiotherapy ($n=10$) and theatre ($n=7$) roles were most often indicated. Seven students identified two or more options.

WED 2015

Fifty-eight students attended and 46 completed evaluations. The students were introduced to nine health career workshops. The most popular workshops are listed in ranked order below

- Theatre scenario ($n=34$)
- Dental ($n=10$)
- Physiotherapy ($n=5$)

- Dietician ($n=2$)
- Occupational therapy ($n=2$)
- Paramedic ($n=1$)

The simulated theatre scenario ($n=34$) was overwhelmingly the most common memorable event with dental next with ten students indicating this career area. Nine students identified two or more options.

WED 2016

Seventy-one students attended and 68 completed the evaluations. The students were introduced to nine health career workshops. 2016 was the first year that an ambulance scenario was included in the programme. The most popular workshops are listed in ranked order below

- Air Ambulance scenario ($n=31$)
- Theatre scenario ($n=24$)
- Physiotherapy ($n=16$)
- Occupational therapy ($n=6$)
- Midwifery ($n=5$)
- Dietetics ($n=2$)
- CPR workshop ($n=5$)

The air ambulance scenario proved most popular with 31 student responses. 19 students identified two or more options.

WED 2017

One hundred and twenty-two students attended and 27 did not respond to this evaluation question. Of the nine workshops / activities that the students were exposed to, they identified their most memorable. These are listed below, ranked in order.

- Air ambulance ($n=30$)
- SWIS science -digestive tract simulation ($n=24$)
- Simulation / theatre ($n=12$)
- Everything ($n=6$)
- Anaesthetic technicians ($n=6$)
- Radiation therapy ($n=6$)
- Food – lunch, afternoon tea ($n=3$)
- Medical students talk ($n=3$)
- Infection control ($n=3$)
- Physiotherapy ($n=1$)
- Science – cellular plant dissection ($n=1$)
- DNC ($n=27$)

Air ambulance was the most memorable presentation / event with SWIS science, the digestive tract simulation following next with 24 student responses.

Eighteen students identified two or more options, however for the benefit of the list ranking order above, only their first presentation/ event was recorded.

WED Interventions Summary

The most memorable events / presentations identified by students from the WED interventions were the Theatre scenario - Simulation ($n=77$) and Air Ambulance ($n=61$).

Comparing findings across all interventions for the question: “What was the event or presentation you will remember the most?”

Analysis of all interventions highlights two key themes as indicated by students’ responses of their most memorable event or presentation attended. Firstly, opportunities provided by simulated experiences were overwhelmingly the most popular, particularly in the WED intervention. Secondly, interaction with health professionals themselves was identified across all interventions as memorable. This included opportunities to talk to health professionals themselves, attending careers talks and ‘speed dating’ activities. Together, this suggests that students most enjoyed practical experiences and engagement with health care professionals.

Summary

A total of 608 secondary school students registered for three interventions (Tū Kaha (TK), Workchoice day (WC), Work Experience Day (WED) undertaken on ten occasions between 2010 and 2017. Female secondary school students comprised most attendees (64%) with 34% male students. Across all interventions, the greatest number of students attending were in Year 10 (21.5%), closely followed by Year 12 (21.3%). Year 13 comprised 19.5% of the student cohort with 18% Year 9 students. Year 11 represented the lowest numbers of students attending (15%). Four hundred and twenty-seven students identified as Māori (69%) and 176 as non-Māori (29%) with five students (0.8%) not indicating ethnicity. A further analysis of the 176 Non-Māori shows 58 students (9.5% of total student cohort) as Pacific people (Pacific, Samoan, Tongan, Tokelauan, Cook Island or Fijian), nine students (1.5% of total student cohort) as Indian, 25 students (4% of total student cohort) as Asian, 13 (2% of total student cohort) as MELAA (Middle Eastern, Latin American and African) and 71 students (11.5% of total student cohort) identifying as European.

Students were asked if they are considering a career in health *prior* to the interventions. They could respond with *yes*, *maybe* or *no*. Across all interventions, 293 students (48%) responded *yes*, 235 (38.5%) responded *maybe* and 43 (7%) *no*. 37 students (6%) did not respond.

Following the intervention, students were asked about the extent to which the *intervention itself, motivated the students to consider a career in health*. They could respond with *yes*, *maybe* or *no*. Across all interventions 377 students (62%) responded *yes*, 104 students (17%) responded *maybe* and 25 students (4%) responded *no*. 102 students (16.5%) did not respond.

In all three interventions when asked what they would like Kia Ora Hauora to know about their experiences, students indicated similar positive findings; comments focussed mostly on finding a career direction within health. Students had more *recommendations* to make than positive and negative comments. The TK programme main theme was a request for more active and practical sessions whereby the WC and WED programmes revealed students wanting more specific health career information.

Students indicated two key themes across all interventions when evaluating the most memorable event or presentation. Firstly, simulation was overwhelmingly the most indicated item, particularly in the WED intervention. Health care role interaction was identified in the TK intervention (talking to health professionals / careers talk) as well as the WC and WED interventions. Together, these suggest that students most enjoyed practical experiences and engagement with health care workers.

Conclusion

Overall, the Central region Kia Ora Hauora interventions increased the amount of interest the students had in a health career. Prior to the intervention, 48% indicated *yes*, they were interested in a health career rising to 62% post-intervention when asked if the intervention motivated them to consider a career in health. 38.5% responded *maybe* pre-intervention dropping to 17% post-intervention. Those indicating a *no*, dropped slightly from 6% to 4%.

The intervention where success in motivating interest in a health career was greatest was the WC intervention with 82.5 % of students indicating a *yes*. Combining *yes* and *maybe* coding, indicates students potential interest was also greatest in the WC intervention (90%), followed by WED intervention (84.5%) and then the TK intervention (60%).

Students were most highly engaged in practical activities such as simulation and interactions with health care workers and professionals:

- Pre-intervention 48% of students said they were considering a career in health
- Post-intervention 62% of students said they were considering a career in health
- Students attending CR KOH interventions were mainly female (64%), Year 10 (21.5%) and identified as Māori (69%)
- Work Experience Day (WED) was the most attended intervention
- The most effective intervention motivating an interest in a health career was Workchoice Day (90%), closely followed by Work Experience Day (84.5%)
- The most popular activities at interventions were simulation experiences (Operating Theatre, Air Ambulance), followed by engaging with real health professionals

These results indicate that the Central Region Kia Ora Hauora programme, specifically Tū Kaha, Work Experience Day and Workchoice Day interventions, are engaging Māori secondary school students in activities and events that result in increased interest in health careers with the intention of recruiting Māori youth into a health focused study pathway.

Recommendations

- That the Central Region Kia Ora Hauora programme continues to receive funding to provide interventions to support Māori rangatahi into a health-related career
- That interventions continue have a strong focus on simulation/hands-on activities and meeting health professionals
- That the CR KOH programme provides more specific information on health careers and career pathways
- That further research is undertaken to find out how many students from the CR KOH programme enter health-related tertiary study and then move into a health career.

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Appendix 1: Example of KOH registration form

Kia Ora Hauora Registration Form – High School

First Name:		Last Name:		Male / Female	
Phone:		Mobile:		Postcode:	
Street Address:		Suburb:		City:	
Password (re-entry into website): <u>(firstname.lastname)</u>				Date of Birth: DD / MM / YYYY	
Email Address:				Facebook:	
What is your IWI:	1.	2.			
What is your HAPU:	1.	2.			
What is your MARAE:	1.	2.			
High School:		Year <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14		Tertiary: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
What are you currently studying?		Ethnicity: (Please tick)		Can you speak te reo Māori?	
1. _____		<input type="radio"/> European		<input type="radio"/> Fluent	
2. _____		<input type="radio"/> Māori		<input type="radio"/> Conversational	
3. _____		<input type="radio"/> Pacific Peoples		<input type="radio"/> Beginner	
4. _____		<input type="radio"/> Asian		<input type="radio"/> No	
5. _____		<input type="radio"/> MELAA (Middle Eastern/Latin American/African)		_____	
6. _____		<input type="radio"/> Other		Would you like to have a mentor?	
		Please specify: _____		<input type="radio"/> Yes	
				<input type="radio"/> No	
				<input type="radio"/> Maybe	
Are you considering a career in a health-related field? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe					
What area(s) of health are you interested in?		1.		2.	
What career do you intend to study towards?			What tertiary programme have you applied for?		
What tertiary institution(s) have you applied for?			What scholarships/grants have you applied for?		
How do you plan to pay for your study? <input type="radio"/> Scholarship <input type="radio"/> Saving <input type="radio"/> Loan <input type="radio"/> Grant					
<input type="radio"/> Other. Please specify: _____					
Have you attended a Kia ora Hauora event before? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe					
What:	1.	2.			
When:	1.	2.			
Where:	1.	2.			
Do you know there is a variety of jobs in health: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe			Questions or Comments		
Do you know of anybody currently in a health role:			_____		
<input type="checkbox"/> Friend		<input type="checkbox"/> Family Member		_____	
<input type="checkbox"/> Acquaintance		<input type="checkbox"/> No		_____	
Important information for you					
Please read this information and sign below					
- I understand that the information I have provided will be used by the Kia Ora Hauora programme to provide information and support services to me.					
- I understand Kia Ora Hauora will follow the Privacy Act 1993 requirements and not use this information for any other purpose, or disclose to a third party without my consent.					
- I understand I have the right to access and correct information about me that is held by Kia Ora Hauora.					
- I agree to be contacted by the Kia Ora Hauora programme about Kia Ora Hauora activities and events.					
- I guarantee that any statements made by me are to the best of my knowledge true and correct and that neither those statements shall violate or infringe the rights of any other person.					
- By signing this form you are accepting these terms and conditions					
Signature: _____				Date: DD / MM / YYYY	

Appendix 2: Example of KOH evaluation form

Name:		Date: Friday 26 May 2017		
School:	 "O for Awesome"	 Was okay	 Needs improving	Comments
Overall, how would you rate Work Exposure Day?				
Thinking about the workshops you attended, how would you rate:				
1. AM - Community Ora - Melissa Room 1				
1. PM – Physiotherapy – Frank Room 1				
2. Anaesthetic Techs – Lucy & Jodie Room 2				
3. Infection Control – Carolyn & Karen Room 3				
4. Theatre Scenario – Peter & Jeanette Room 4				
5. Air Ambulance – Carrie & Shaun Room 5				
6. SWIS Science - Matt Room 6				
6A. <u>UoQW</u> – Sara Room 6A				
7. Radiology – Jackie & students Room 7				
8. AM – Radiation Therapy - Janeane Room 8				
PM – Medical Students Room 8				
Manaaki (Care & Support)	Yes	Maybe	No	Comments
• Did Work Exposure Day interest you to consider a career in health?				
• Would anything you saw or heard stop you from a career in health?				
• Did you feel valued and included throughout your visit?				
Lasting Impressions...				
• What was the event or presentation that you will remember the most?				
• If you could change anything about your experience, what would it be?				
• If you would like a career in health, would you like us to contact you with information?	YES		NO	
• Is there anything else important you think we should know?				

Thank you and we hope you enjoyed your visit.
 Feel free to contact us should you have any other queries.
Kia Ora!