

**SOCIAL MARKETING
*LET'S BEAT DIABETES***

A Social Marketing Strategy
in Partnership with
the Counties Manukau Community

**REGISTRATIONS OF INTEREST
(ROI)**

February 2005



1.0 BACKGROUND – OBESITY & DIABETES GLOBAL EPIDEMICS

1.1 The world is currently experiencing an unprecedented growth in obesity. Obesity is a major risk factor for Type 2 Diabetes.

In 1995, there were an estimated 200 million obese adults world-wide. By 2000, the number of obese adults had increased to over 300 million.

The situation in New Zealand is no different. Approximately 59.5 percent of all New Zealand adult males and 48.6 percent of all New Zealand adult females are overweight. These figures are more marked for Maori and Pacific adult populations, where 68.5 percent of Maori males, 59.2 percent of Maori females, 80.9 percent of Pacific males and 82 percent of Pacific females are overweight (Ministry of Health, 2003).

The figures for children are of particular concern with 31 percent of all children overweight, 62 percent of Pacific children overweight, and 41 percent of Maori children overweight.

The prevalence of obesity is increasing. Between 1989 and 1997 adult obesity increased by 55 percent. From 1997 to 2011 obesity is expected to increase by a further 70 percent. It has also been estimated that by 2011 approximately 29 percent of the adult population may be obese (Ministry of Health, 2002).

1.2 Diabetes – A Disease of Inequalities

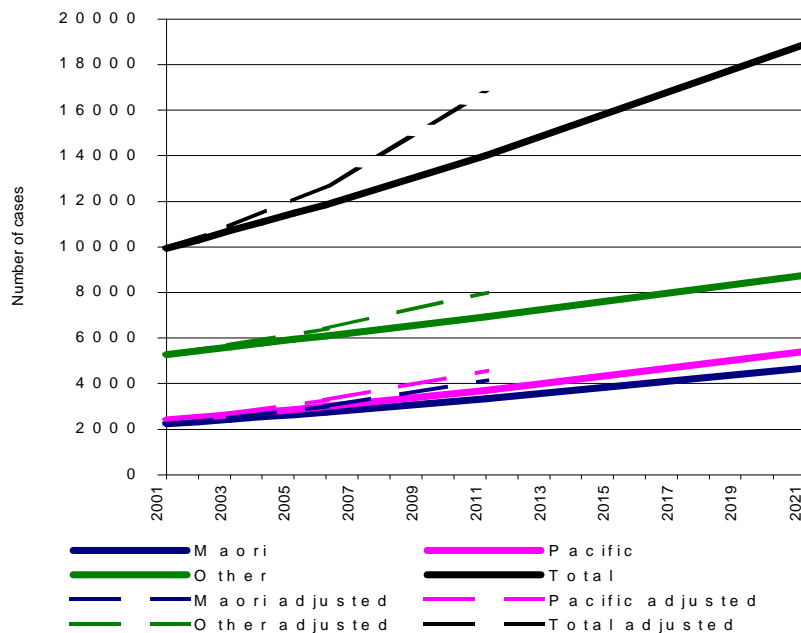
Diabetes is a serious chronic disease that leads to serious complications such as heart disease, kidney failure, stroke, and blindness. People with diabetes have a reduced life expectancy. Currently, one in 12 adults over 45 years in New Zealand have been diagnosed with diabetes.

Diabetes is a disease of inequalities, with Maori and Pacific peoples at greater risk of diabetes than other New Zealanders:

- § 21 percent of Maori males over 45 years have diabetes compared to 8.5 percent of non-Maori
- § 20 percent of all Maori and 17 percent of all Pacific deaths are due to diabetes – compared to 4 percent of deaths amongst European New Zealanders
- § The lifetime risk of being diagnosed for diabetes is one-in-four for Pacific peoples and one-in-three for Maori – compared to one-in-ten for European New Zealanders
- § Approximately 8 percent of Maori and Pacific adults have diabetes compared to 3 to 4 percent for European New Zealanders
- § Estimates are that from 1996 to 2011 the total number of adults with diabetes in New Zealand will increase by 78 percent, but the relative increase for Maori and Pacific peoples will be 130 to 150 percent (Ministry of Health, 2002).

1.3 Diabetes in Counties Manukau

Counties Manukau is experiencing a growing epidemic of Type 2 Diabetes. Currently there are more than 12,000 people in Counties Manukau diagnosed with diabetes. Almost double this number remains undiagnosed. It is estimated that the number of people with diabetes could more than double over the next 20 years, given population growth, the ethnic, youthful and generally low socio-economic make up of our population. In the graphic below the top dotted line shows the expected growth in diabetes if the prevalence of obesity goes on increasing – which is exactly what it is doing.

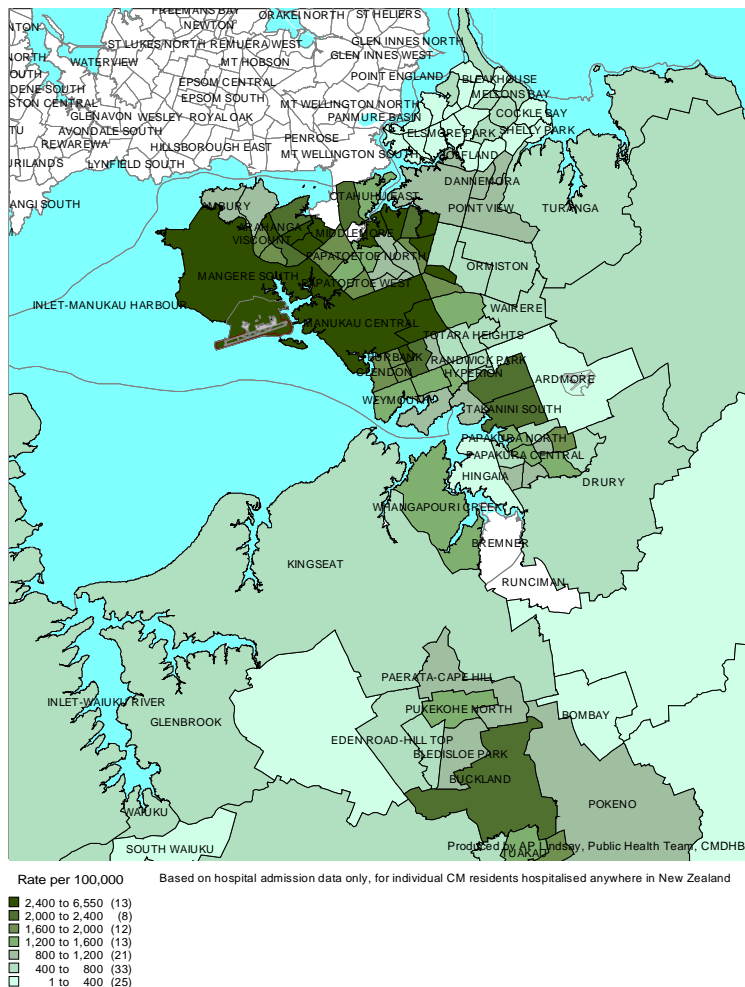


(Lindsay A, 2003)

A disturbing feature of this epidemic is that it is no longer ‘contained’ to people aged between 40 and 64 years of age. The number of young people being diagnosed with Type 2 diabetes, while still small, is increasing. Children as young as 6 years old are now being diagnosed with Type 2 Diabetes.

Mothers with gestational diabetes or pre-diabetic conditions may be passing on an increased risk of diabetes to the unborn child. With more women in the childbearing age group at risk of diabetes, the risk to future generations is increasing.

People living in low decile areas of Counties Manukau are more likely to suffer from diabetes. The map below shows where these areas are – which are also where there are high rates of diabetes (dark shading).



(Lindsay A 2003)

1.4 The Cost of Diabetes

Diabetes is a major driver of health sector costs within both primary and secondary care, with increased cardiovascular disease, kidney disease, stroke, lower limb ulcers and retinal damage. Diabetes has explicit social costs through loss of work and support payments and implicit costs through the impact of chronic disease on family and community life.

Growth in diabetes leads to a huge increase in hospital costs, social support costs and loss of economic contributions. It is estimated that a person with diabetes generates hospital costs on average 2.5 times as much as someone without diabetes – and that the indirect costs are as much again (PriceWaterhouseCoopers, 2001). It is also estimated that as the number of patients with kidney failure grows (primarily due to the increasing number of diabetics and an ageing population), the need for new dialysis stations will grow at a level that within five years, a new satellite clinic with 20 dialysis stations would be required every year to keep up with demand (Ratanjee, 2004).

The cost of diabetes to the family and community is significant and immeasurable. Diabetes robs us of our elders and the cultural richness and wisdom they bring to our society. With the increasing prevalence of diabetes moving down the age-spectrum, it is beginning to rob us of our future.

2.0 **Let's Beat Diabetes Plan**

*Let's Beat Diabetes ("LBD")*¹, commissioned by Counties Manukau District Health Board ("CMDHB"), is an integrated five year district-wide plan aimed at long-term, sustainable changes to prevent and/or delay the onset of diabetes, slow disease progression, and increase the quality of life for people with diabetes.

LBD is a multi-sectoral plan for the Counties Manukau district – not just the health sector, integrating central and local government, the private sector and local communities. It recognises the significant activity that already exists to prevent and manage diabetes, and creates a long-term vision to align existing activity and a context for new investment, based on evidence and best practice.

After extensive consultation, Ten Action Areas have been defined:

1. Supporting **Community Leadership and Action**
2. Promoting behaviour change through **Social Marketing**
3. Changing **Urban Design** to support healthy active lifestyles
4. Supporting a healthy environment through a **Food Industry Accord**
5. Strengthening **Health Promotion** co-ordination and activity
6. Enhancing **Well Child Services** to reduce childhood obesity
7. Developing a **Schools Accord** to ensure children are 'fit, healthy and ready to learn'
8. Supporting **Primary Care-based Prevention** and early intervention
9. Enabling **Vulnerable Families** to make healthy choices
10. Improving **Service Integration and Care** for advanced disease

Integral to the plan is its "whole society, whole life course, whole family/whānau" strategic approach:

- § *Whole society* – Acknowledgment that we cannot beat diabetes without the motivation and support of the communities, institutions and businesses that make up the social fabric of Counties Manukau.
- § *Whole life course* – A focus on supporting health and preventing and managing diabetes at all stages of disease progression.
- § *Whole family/whānau* – Acknowledgment that an individual is part of a family/whānau (or household) which has a large influence on environmental risks, choices and decisions. Working with families is pivotal.

The principles of Partnership, Protection and Participation underpin the plan.

¹ The latest version of LBD is available on: www.cmdhb.org.nz

3.0 BACKGROUND TO SOCIAL MARKETING

- 3.1 Diabetes is rapidly becoming a global health crisis and is at epidemic proportions in some New Zealand populations. It often has its beginning in poor nutrition choices and low levels of physical activity. One of the challenges facing the health sector and society today is to bring about a better understanding of the disease, how to prevent it and/or delay the onset of the disease, and a higher compliance to effective disease self-management.

At present, there is a lack of community awareness and understanding of diabetes, how to prevent it, where and how to seek help, and how to manage the disease effectively, particularly amongst 'high risk' population groups. These impact on their life decisions and health outcomes.

Many health messages can be confusing and are often poorly targeted. There is little integration or alignment of information resources across sectors or services. Health services frequently have a poor understanding of their client populations. People with diabetes and their families may also find it difficult to adhere to prescribed interventions and management because of required changes to long-standing social and cultural behaviours.

It is crucial that diabetes as a health condition is better understood by the population so as prevent and/or delay the onset of the disease, slow the disease progression, and improve self-management by peoples with diabetes, thereby improving their quality of life. Currently the populations in Counties Manukau who have the highest rates of disease demonstrate the need for better access to appropriate information.

Research indicates that social marketing is an effective investment in disease prevention and management programmes when integrated with other strategies.

4.0 PURPOSE OF SEEKING REGISTRATIONS OF INTEREST (ROI)

The purpose of this document is to seek registration of interest from parties who wish to work closely with CMDHB and the LBD marketing leadership group to develop and implement an effective social marketing strategy as part of the LBD plan.

CMDHB and the LBD marketing leadership group will use a collaborative process and will network closely with the provider, organisations and communities to ensure the social marketing strategy will achieve the LBD objectives. It is also expected that the provider/s will work collaboratively with other partners to build affiliations and partnerships that will be essential to the success of such a strategy.

Parties participating in this social marketing strategy must be willing to share lessons with the wider group.

The LBD Community Governance Group (CGG) will participate in an advisory role through this process.

5.0 DESCRIPTION OF THIS SERVICE

5.1 The service comprises the following components:

- § Baseline survey
- § Service planning and design
- § Implementation
- § Review
- § Communications

5.2 The contract for this service will be 38 months from 01 April 2005 to 31 June 2008, and will culminate in a major independent evaluation report. CMDHB may re-negotiate any extensions of the contract based on previous outcomes for an additional 24 month period.

6.0 OBJECTIVES

6.1 The key objectives for this service are:

- § A detailed survey and report on the knowledge, attitudes and behaviours as they relate to diabetes risk factors and health service utilisation in Counties Manukau.
- § Develop and implement a social marketing strategy that delivers sustained changed behaviour that prevents and/or improves the self-management of diabetes, based on the above report, the evidence base and the LBD objectives.
- § Provide advice on changes to health services to improve access, acceptability and effectiveness for high risk groups, based on the report, evidence base and the LBD objectives
- § Support the LBD philosophy of the need for “whole society, whole life course, whole family/whānau” responsibility for changing nutrition and physical activity environments.
- § Integrate with other LBD action areas to encourage collaboration and consistency of information across the broader plan.
- § Scope and develop impact and outcomes monitoring and evaluation for programme components.
- § Wherever possible, utilise or work closely with current community structures and partnerships to help build capacity in local organisations, create sustainable change processes, and ensure appropriateness, acceptability, and ownership of the strategy.
- § Make available all reports, publications and plans to CMDHB and the LBD social marketing group by the specified timeframes.

7.0 CMDHB'S ROLE

- a) CMDHB as local planners and funders through the New Zealand Public Health & Disability Act are required to:
 - § have a population focus, addressing disparities

- § emphasise promotion, prevention, early intervention
- § foster collaboration with providers and key stakeholders
- § promote outreach and local community initiatives
- § pursue the objectives achievable within the funding provided.

b) Funding

CMDHB is committed to working with successful parties to ensure the successful development and implementation of the social marketing strategy.

c) Contract Management

CMDHB will manage and oversee this contract.

8.0 CRITERIA

- 8.1 The following criteria will be used by CMDHB and the LBD social marketing group to identify possible partners for this social marketing strategy. There is no set requirement regarding the type of organisations or individuals sought to lead this project. CMDHB and the LBD social marketing group encourage collaboration, and therefore is open to the formation of consortiums to present joint registrations of interest.

Organisations must primarily consider their ability to work with CMDHB, the LBD social marketing group and community organisations to deliver on the objectives and achieve outcomes.

Detailed information outlining how your organisation/s meet the following criteria are required to be completed as per the specifications outlined on the attached response template. An overview of criteria is provided below:

- § Applicants must be able to demonstrate their experience and skills to provide successful large scale social marketing programmes.
- § Applicants must be able to demonstrate their ability to work collaboratively across sectors, services and communities.
- § Applicants must provide evidence that that their organisation has access to the resources, facilities and appropriate range of skills to effectively provide the service required.
- § Applicants must have existing management infrastructure and capabilities, in project management, financial management capabilities, robust governance, and strong quality and accountability systems.
- § Applicants must have a track record of delivering culturally competent social marketing services to 'hard to reach' populations or demonstrate how they intend to achieve this.

8.2 Additional criteria

- § Applicants should demonstrate a willingness and capability to consult with the sector during development and to share learnings from the development

- § Applicants should have established – or be able to quickly establish - relevant community linkages, and be able to demonstrate effective community consultation and participation processes.
- § Applicants should be able to show an ability to use a diverse range of social marketing techniques to support knowledge uptake, attitude and behaviour change at a population level.
- § Applicants should be able to show an ability to work constructively with health sector professional groups and organisations such as Primary Health Organisations.

9.0 REGISTRATIONS OF INTEREST

9.1 These should be submitted by completion of the following template to:

Diabetes Project Manager
Counties Manukau District Health Board
Private Bag 94052
South Auckland Mail Centre
MANUKAU CITY

By no later than 5.00pm on 25 February 2005.

9.2 Evaluation of the Registrations of Interest

- 9.2.1 Registrations of Interest will be evaluated by the LBD social marketing group using the criteria outlined in the attached check list of requirements. Members of this group include representatives from CMDHB's Executive Management Team (EMT) and Manukau City Council. Additional advice may be sought from community partners during the selection process.

A short-list of organisations for consideration will be prepared. These short-listed organisations will be provided with more detailed Service Specifications for the services and will be invited to submit a proposal in accordance with those Specifications. Advice on final selection criteria will be provided at that time.

- 9.2.2 Please note no contract is formed between us by reason of our invitation to you or from any application or proposal that you might make to provide the service. Neither this ROI nor any response to it constitute any legally binding obligation by any party.

CMDHB reserves the right to:

- a) Amend this ROI by way of a written amendment notice.
- b) Cancel the ROI process and not proceed with any of the submissions received.
- c) Waive any irregularity or informalities in the ROI process.
- d) Reject all or any proposals and not award and not accept any submissions.

- e) Meet with any applicant before and/or after the ROI closes and prior to selection of any preferred provider/s to seek further information and/or clarification of any proposal.
- f) Consider or reject any alternative proposal, at its sole discretion.
- g) Proceed with any third party and not deal exclusively with any applicant under the ROI process.
- h) To proceed to an RFP process if required.
- i) Adopt an alternative method to progress this strategy.

9.2.3 The ROI documents and any additional information requested by parties from the DHB during the ROI process will be posted on the CMDHB website: www.cmdhb.org.nz

9.0 TIMELINE

2005

25 February	Registrations of Interest close
7 March	CMDHB and LBD social marketing group to evaluate registrations of interest according to agreed criteria.
12 March	Un/successful applicants informed. Successful applicants invited to submit full proposal.