

An Evaluation of WellSouth's Diabetes Education Programme – Take Control Of Your Diabetes (TCOYD)



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Diabetes

Type-2 diabetes (T2D) is a significant contributor to morbidity and mortality. Māori, Pacific Peoples, Asian, and MELAA populations, along with those living in areas of greater socioeconomic deprivation, experience a higher prevalence of T2D than NZ Europeans.

What is TCOYD

WellSouth developed TCOYD, a 2-hour peer group workshop delivered in a community setting that provides information and advice regarding diabetes. TCOYD kōrero focuses on what diabetes is, signs and symptoms of diabetes, and complications from poorly controlled diabetes.

The evaluation

This evaluation was requested to determine the effectiveness of TCOYD as a diabetes programme. Specifically, whether the impacts of TCOYD were experienced equitably, in line with WellSouth's commitment to Te Tiriti, and meeting the needs of priority populations.

Evaluation methodology

Descriptive Statistics



- TCOYD referral data analysed descriptively.
- 265 referrals in total, 258 of which were accepted.
- 222 referrals had been processed at time of analysis.

B-IPQ Survey



- B-IPQ - tool to measure illness perception – administered before, immediately after, and 3 months after TCOYD.
- 70 consumers (51%) completed pre- and post-B-IPO.

Semi-structured interviews



- 5 consumers interviewed, prioritising Māori and Pacific voices.
- Supplemented by Uruuruwhenua Hauora and observation of two TCOYD sessions.

Access to TCOYD

Referral rates for Māori and Pacific Peoples were greater than for NZ Europeans, however, referrals did not translate into correspondingly high attendance rates. This is reflected in the higher rates of decline or unable to attend on the day.

Māori

3.0x

more likely than NZ Europeans to decline or be unable to attend on the day.

Pacific Peoples

3.4x

Interview findings



Desire to know more

People were “interested”, “motivated”, and “keen” to learn more about their diabetes.



Access(ibility)

Shorter duration of TCOYD was more accessible, while transport and feeling unsure of what to expect impeded access.



Cultural appropriateness

Developing more New Zealand-specific content and exploring the impact of diabetes in different cultures was suggested



Opportunities

Recognition of the importance of a facilitator with lived experience of diabetes and shared cultural background



Valued aspects of TCOYD

People learnt things they didn't know, and appreciated the facilitator being clinical. Content and asking questions were also valued.



Starting to act

People had started to make small but meaningful changes to their lifestyle, including diet, exercise, and engagement in primary care.

“A big group always makes me nervous”

“I’ve found that whenever they go on about healthy eating, it’s really expensive shit”

“I walked away with lots of information and excited about the next workshop”

“I have to find a way to listen to these things and educate myself”

“There’s not a lot of information as to how it works for Māori, Pacific Peoples”

“I’ve got to walk in the morning and at night”

Recommendations

Consider how TCOYD can be improved to better meet the needs of priority populations and those who experience socioeconomic deprivation.



Co-design services with providers



Integrate lived experience and cultural expertise



Develop Aotearoa specific content and resources



Support staff to deliver culturally appropriate service



Reduce the rate of decline or unable to attend



Consider a novel approach for men with diabetes

He mana tō te whānau
Whānau Centred

Tōkeke
Equitable

Manawa whakaute
Respectful

Pono
Transparent