



COUNTIES  
MANUKAU  
HEALTH

# HANDLE

*THE*

# JANDAL

A Report Assessing

## **Social Mobilisation and Community Organising**

*in the* COUNTIES MANUKAU DISTRICT HEALTH BOARD  
*with* KO AWATEA, HEALTH SYSTEM INNOVATION AND IMPROVEMENT

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## The Challenge



As the second largest district health board in New Zealand, the Counties Manukau District Health Board (CM Health) is responsible for providing health services to over 500,000 people. It is also one of the most diverse: 22% of residents are Pacific. Operating primarily in South Auckland, CM Health works with a population that faces higher rates of social deprivation than other parts of the country. 34% of residents in Manukau, 43% of its children, and 74% of its Pacific population have incomes in the lowest two deciles of New Zealand.

Despite decades of effort seeking to elevate their health status, the Pacific population faces comparatively worse health outcomes. The Pacific and Maaori populations have a life expectancy of 77 years, as compared to 83 years for non-Pacific and non-Maaori populations. The Pacific population also has disproportionately high rates of chronic disease, diabetes, heart disease, breathing problems, and other health conditions. In recent years, a rash of suicides has brought attention to the growing problem of poor mental health among Pacific youth.

Meeting the health needs of its Pacific population has placed moral and financial stress on CM Health. Poor health leads to a high demand for expensive hospital services, and hinders CM Health's ability to fulfill its mission of "work[ing] in partnership with its communities to improve the health status of all, with particular emphasis on Maaori and Pacific peoples and other communities with health disparities." The challenge is heightened as this population grows. 60% of the Pacific population is under the age of thirty, and it is expected to grow by 81% by 2026. As the chair of the CM Health Board Gregor Coster put it, "A very fast train is coming down the track and we don't know how to stop it."

For CM Health, meeting the health demands of the future will depend on meeting what the Institute for Healthcare Improvement (IHI) calls the Triple Aim: better health and higher quality care delivered at lower costs—particularly for its Pacific community. But CM Health, like many of its counterparts around the world, has struggled to achieve this goal.

One approach to addressing the growing Pacific health crisis in South Auckland and reaching the Triple Aim is to focus on preventive care. Historically, much of CM Health's relationship to its residents has been reactive: it kicks in when a person comes to CM Health for service. Often, that is too late. Meeting the expanding demands on the health system requires CM Health to shift from intervention to prevention, from reactive care to proactive health promotion. Physical and mental wellbeing starts at home – not in the hospital.

But how? How can health systems, like CM Health, support residents in creating shared responsibility for health, to take measures to prevent illness, stay healthy, and seek help early?

## Why Organising?

Community organising is an approach to social change that works by developing power within a constituency seeking change so that they develop the resources they need to achieve the purpose they want. In organising, the power to make change does not come from having more money, a clearer message, or control over people. Instead, power is rooted in developing the capacities and resources of

the constituency through leadership development. Leadership, as defined by Marshall Ganz, a long-time organiser, Harvard professor, and founder of the Leading Change Network, is “accepting the responsibility for enabling others to achieve purposes in times of uncertainty.” Organisers create power by developing leaders, building community around those leaders, and drawing power from the resources of the community. Although community organising has been effectively used to enact reform in efforts ranging from the Salt Satyagraha campaign in India to the Civil Rights Movement in the United States, it has not been widely used as an approach to change in health and healthcare.

Yet, organising holds promise in an area where many previous reforms have failed. Often, population health strategies require behavior changes in the public that have proven hard to enact using traditional reform strategies. Traditional approaches, such as public health marketing campaigns, or reforms designed to create institutional incentives for behavior change, try to create change without developing people’s own sense of power over their health. In other words, many of these traditional approaches lack a strategy for creating agency within the constituency<sup>1</sup> they are seeking to change. Organising, in contrast, makes change possible precisely by developing the agency and power of the constituency to enable them to take control over their own health. Thus, it has the potential to make preventive health reforms more likely.

“That’s what I’m interested in – change! I don’t know if our community is helping each other but our campaign is helping them...Our Pacific peoples are going through a lot so it’s good in that way. People look down on our Pacific people and that motivates me to motivate others to join with me - I look forward to [Handle the Jandal] everyday!”

--HtJ Youth Leader

## CM Health’s Gamble: Betting on Pacific Youth

CM Health decided to take a gamble. They decided to explore the possibility of using community organising to help address the growing crisis in Pacific health. They decided to bet that developing the capacity of Pacific youth to create their own solutions to mental health challenges would ease the burden on CM Health.

In other words, they decided NOT to develop a plan and persuade youth to get involved. Instead, CM Health was taking a different approach. They were taking a risk on the youth: could they hand power over to the youth, and let the youth make it work?

To explore organising, Jonathan Gray of CM Health partnered with Hahrie Han and Kate Hilton of Organising for Health in September of 2011. For a year, Han and Hilton worked with colleagues to introduce a team in CM Health to the practices of community organising. Nine leaders enrolled in an online course on organising run by Organising for Health, and, in May 2013, Han visited New Zealand to

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<sup>1</sup> Constituents are the people whom we organise, whose leadership we develop and to whom we are accountable. Constituents are people who associate on behalf of common interests, commit individual resources to acting on those interests, and have a voice in deciding how we organise. In organising, this word is oriented toward action (VS political geography or affiliation). It is derived from “con stare” — to stand together.

work with a team of senior leaders from CM Health to identify potential strategic opportunities for community organising. After consulting with a range of people within CM Health, community leaders, and pastors within the Pacific community, CM Health decided to pursue an organising campaign focused on youth mental health.

Thus 'Handle the Jandal' (HTJ) was born.

HTJ developed as a campaign using the principles and practices of community organising to engage Pacific youth in addressing health issues in their own community. The question, as CM Health embarked on this campaign, was whether it would work. Would investing in the capacity of Pacific youth improve health outcomes? This report examines some preliminary data.

## Handle the Jandal: Project Strategy

A youth-led campaign, HTJ seeks to build resilience skills and youth-led support structures within and around Pacific youth to help them identify, acknowledge, anticipate, and cope with various sources of pressure (competing school and family obligations primary amongst them).

Handle the Jandal is an “inside-out Pacific youth network” that represents “a conscious shift from the system to the home, from intervention to prevention, from the outside in.”

--HTJ Campaign Materials

CM Health leaders recruited Alexandra Nicholas in August 2012 to lead the campaign as Lead Organiser. Throughout the campaign, Nicholas has been coached by Jake Waxman, a trainer with the Leading Change Network (see Appendix I for a biography), who joined the team in September 2012. Beginning in October 2012, Nicholas, Waxman, Han and a team from CM Health began meeting weekly to develop a campaign focused on Pacific youth mental health. The New Zealand-based team was led by Margaret Aimer and supported by Alison Schneller, Liz Stewart, and Kava Favuo. In addition to the weekly meetings of the Leadership Team, Waxman met once or twice a week with Nicholas to coach her in her role as Lead Organiser.

Organisers begin by identifying and recruiting leaders in the constituency. In December 2012, Nicholas began recruiting youth to join the campaign's leadership team—dubbed “The F.O.B. Five.” She conducted eight one-on-one meetings to recruit five other youth—Denero Faialaga, James Toea'ana, Va'a Lisone, Atelaite Mapa, and Fono McFarland—to join a youth leadership team.<sup>2</sup> Led by Nicholas, the FOB 5 began meeting weekly at the end of January 2013.

When the F.O.B. Five first began working together, it was unclear what direction the campaign would take. They knew they wanted to focus on Pacific youth mental health, and they knew that wanted to

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<sup>2</sup> Two members of this original team (Faialaga and Toea'ana) rotated off the team just before and after the April training, respectively, but Nicholas recruited others to fill their spots.

recruit a group of youth to attend a two day training on community organising. Exactly what they would be asking the youth to do after the training, however, remained nebulous. From February to April 2013, the FOB 5 worked to recruit 24 youth to attend the training in April. In addition, they began to strategise about directions the campaign could take, and the ways youth could begin to work together to address the issue of mental health. They narrowed the focus on the campaign from youth mental health more broadly to focusing specifically on helping youth develop coping mechanism for stress.

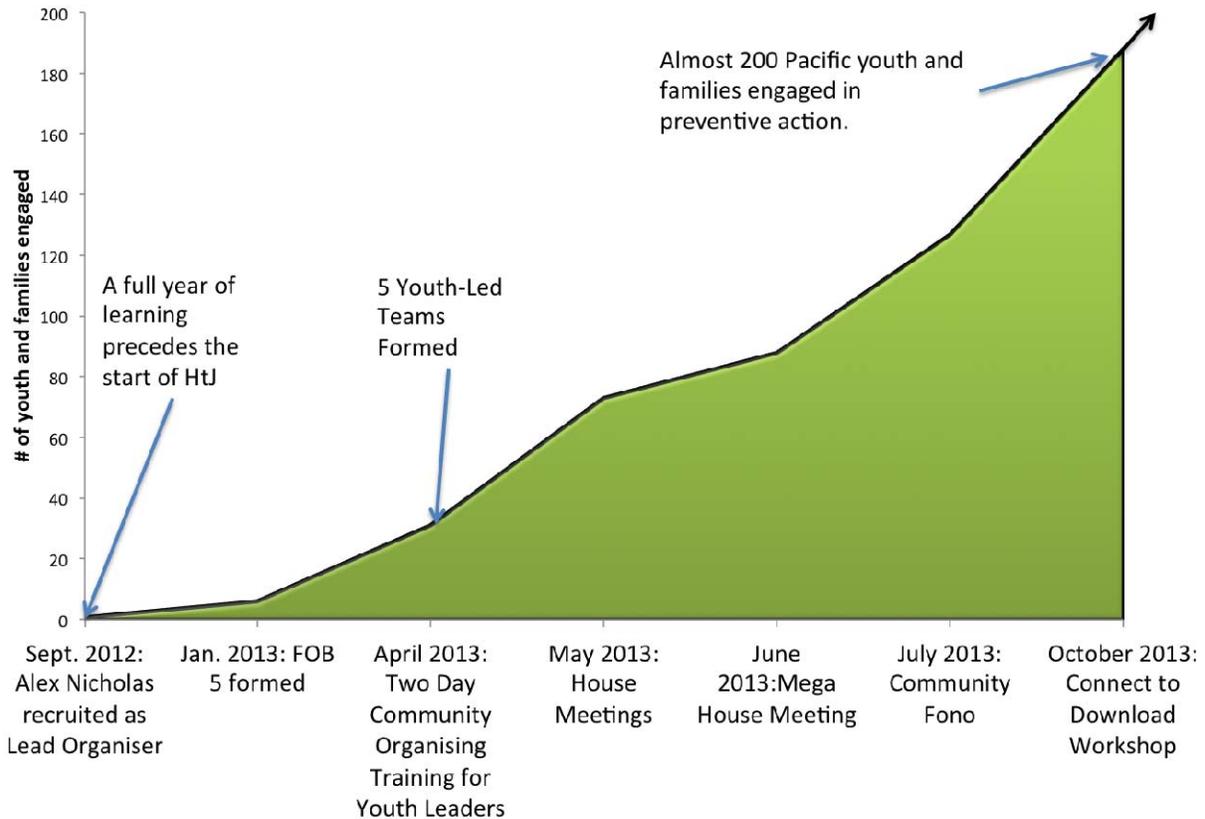


Figure 1 Handle the Jandal Campaign Timeline

Meanwhile, Waxman led a training team devoted to planning the Community Organising Training on 23-24 April, 2013 at CM Health. Waxman partnered with Natalie Finstad and recruited a team of eight facilitators, seven of whom had been trained in the practices of community organising through the Organising for Health online distance learning course in 2012. On 18-19 April, 2013, Waxman and Finstad led a training for the facilitators to prepare them to help lead the youth training. Immediately following the training for trainers, Waxman and Finstad worked with the training team to lead a two-day community organising training for the 24 youth. The youth were joined by two teams of ten CM Health employees who were interested in learning organising and exploring the possibility of using it in their work. The training covered the basic practices of organising:

1. Narrating shared values expressed as public narrative,
2. Building committed relationships,
3. Designing dynamic team structures that integrate local action with national purpose,
4. Devising creative strategy, and
5. Producing clear, measurable action.

A key outcome of the trainings was to develop a short-term, three-month strategic goal for the campaign. Because organising works by developing more leaders, the youth created a strategy that would expand the leadership “snowflake”. They decided to build five additional teams dedicated to engaging more youth and their parents around the issue of coping with pressure. Each of these teams would be led by one of the members of the FOB 5 and build towards a workshop in three months focused on equipping youth with skills for coping with stress. Five HtJ teams emerged: C.I.A, Lumana’i, Pain Killers, Rise Above, and Team Awkward.

Immediately following the training, the youth leaders worked to recruit 66 people to attend one of five house meetings hosted by each HtJ team in May 2013 and 50 people to attend a “Mega House Meeting” at AUT Manukau Campus on 6 June 2013. From these house meetings, the youth decided they wanted to host a community fono to include parents and other community leaders in their efforts. This fono was held on 17 July 2013 at the Latter Day Saints Chapel, and 50 people attended.

Together, these house meetings and the fono recruited a larger base of people to the HtJ campaign, and expanded the circle of leadership within the campaign. In August, the FOB 5 decided they should alternate their weekly meetings with meetings of a larger leadership circle that was emerging. One of those leaders, Lomas Maseali’i, stepped up to join the FOB 5 at the end of August, and took over the newly combined “Lumana’l Awkward” team.

From the end of July to October, the focus of the campaign was planning and recruiting for the Connect to Download workshop on 9 October 2013 at the Dream Centre, Manukau. Each of the HtJ campaign teams took charge of one aspect of the workshop, such as recruitment, communications, workshops and logistics. Attracting 92 Pacific youth and their parents, this workshop included five workshops designed to equip youth with skills to cope with distress. The workshop was a big success. As one youth leader said, “We had the Connect to Download workshop and it opened my eyes to what the campaign is actually about. It’s a serious situation and not just a little thing.” Another youth leader agreed: “[I]t’s a new issue that’s affecting our teens. So [this campaign] has given me the knowledge to deal with pressure and how we can solve the issue. It’s been really good.”

As the FOB 5 built its constituency in the events leading up to the Connect to Download workshop, the focus of the campaign began to become clearer. After the workshop, the youth leaders sharpened the campaign’s goal. As HtJ moves into its next phase, the goal is “to build an active network of resilient Pacific youth who have the support and opportunity to make healthy decisions which contribute positively to South Auckland and the nation of Aotearoa.”

Their strategy, detailed in the box to the right works by engaging a network of youth organisers as leaders helping others develop healthy strategies. In doing so, the leaders themselves expand their own capacity to make healthy decisions. As the network of youth leaders grows, more and more youth become equipped to exercise agency over their own health, and enable others to do so as well.

#### **Handle the Jandal Strategy:**

- “Build character by prioritising faith and culture
- Build safe, meaningful and supportive relationships through cell groups
- Build competency through workshops
- Build leaders who build leaders through cell groups
- Build community through service”

--HtJ Campaign Materials

## Preliminary Outcomes

Although the HtJ campaign is ongoing, we can draw on pilot data to assess some of the outcomes it has achieved in Phase II. Because the pilot data relies on a small sample size, all results should be interpreted with caution.

Organising campaigns are assessed not only by the public outcomes they achieve, but also by the extent to which they build the individual and collective capacities of the constituency with which they are working. This campaign is particularly interested in the impact it can have on population health, specifically youth mental health. As such, this report examines three inter-related outcomes:

- (1) The numbers of Pacific youth engaged in the campaign: The theory of change behind HtJ is that engaging youth in the HtJ network helps them develop the capacities they need to begin coping with pressures in their life. As such, knowing how many people have engaged with the campaign helps assess what kind of impact the campaign has had.
- (2) The effect of involvement in the HtJ campaign on youth mental health: A central premise of the entire campaign is that community organising can begin to improve health outcomes as people exercise more agency over their own health.
- (3) The extent to which youth learned leadership skills: Organising works by developing leaders, so the future promise of the campaign depends on the extent to which youth are developing their leadership capacities.

### **HtJ engaged almost 200 Pacific youth and families in preventive action.**

From April to October 2013, Handle the Jandal engaged at least 191 Pacific youth and families in taking preventive actions around youth mental health (detailed in Figure 1). A strong organising campaign starts by getting people involved, and HtJ was no exception. As one youth leader said, “I think we are doing a lot of things well because the feedback from the community is positive. People want to tag on and get involved and want to be part of the next big meeting. So we are getting it recognised out in the community and we’re doing a good job.”

These youth and parents attended house meetings, community fonos, the Connect to Download Workshop, and participated on teams planning and developing these events. Among that group, at least 25 youth have taken some leadership action. The core leadership of the campaign were the five youth leaders who comprised the FOB 5. Roughly speaking, each youth leader was responsible for engaging seven additional people in the campaign over a five and half month period.

In addition, the campaign created collective capacity through four campaign teams that emerged from the training in April 2013 (originally, five teams emerged, but two of them merged to form one team). Each of these teams had a core leader, who facilitated a group of other youth in taking responsibility for some aspect of planning for the Connect to Download workshop. The figure below depicts the numbers of people recruited by each team.



**Figure 2 HtJ Team Structure**

By involving so many people in the campaign, HtJ has begun to develop a presence in the community. One youth leader summarised the campaign’s accomplishments as follows: “If there is one thing this campaign has achieved it’s that we have got the issue out there. And you just need to look at how many people we’ve been able to contact and get to commit to this campaign to know that people are starting to take notice. We’ve put the issue out there in the community and we’ve made a big noise. And we can only go forward from here.”

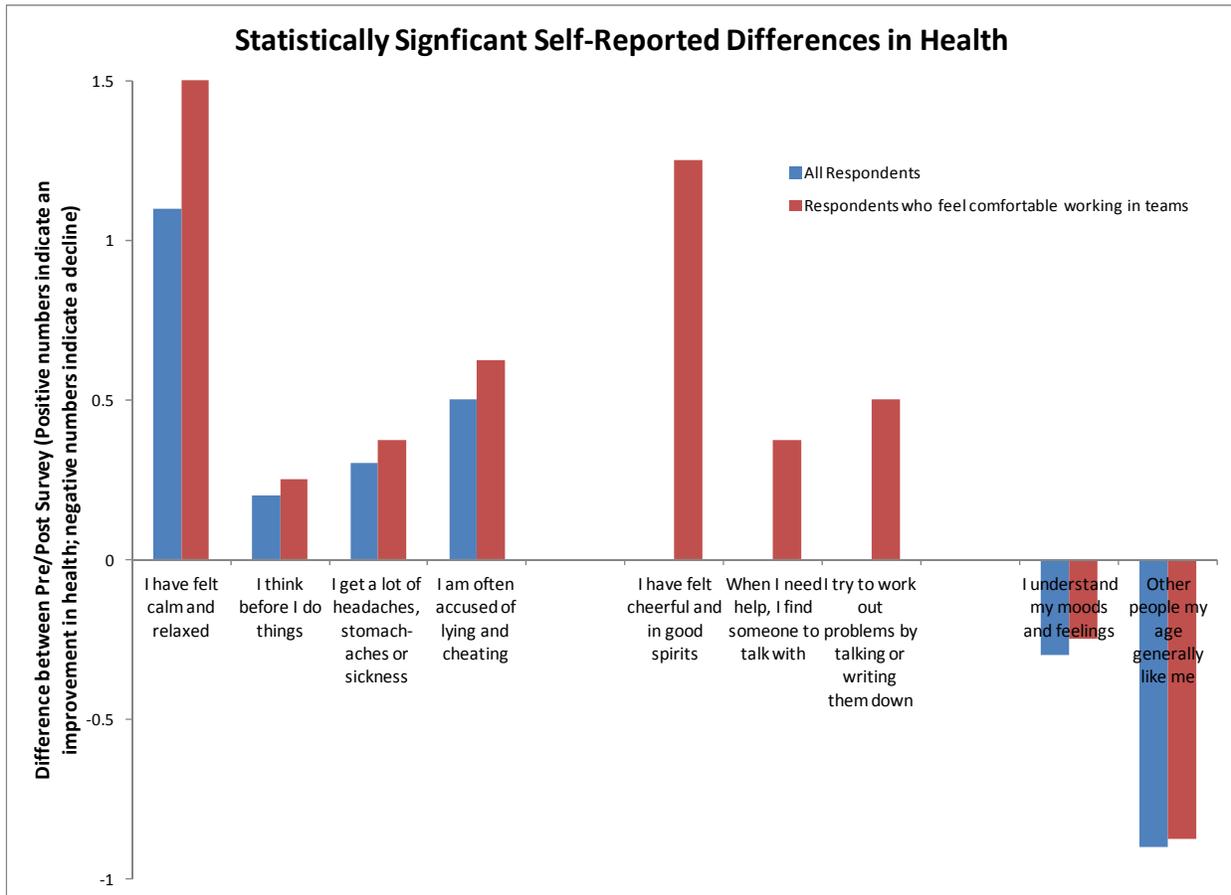
**Youth leaders reported improved mental and physical health.**

We can examine mental health outcomes through a pre-and post-survey given to youth leaders during the campaign. The pre-survey was first given to all the members of the FOB 5 leadership team and the 25 youth recruited to attend the training in April just before the training. Of those, 25 (83%) completed the survey. A second survey was administered in October 2013, just after the Connect to Download workshop. Of the 23 youth still involved in the campaign from the original group, 11 completed the survey (48%). In the end, we had nine completed pre- and post-surveys. Because all of the youth who took the pre-survey were those who attended the training, all of them went on to take some leadership within the campaign (though the level of leadership varied). As such, these results examine the effects of involvement in the campaign on youth leaders. Given the relatively small numbers of respondents, any results shown below should be interpreted with caution.

The pre and post-surveys included several batteries of questions taken from the “Youth’12 National Health and Wellbeing Survey of New Zealand Secondary School Students” run by the Adolescent Health Research Group and the University of Auckland. This national survey asks youth a number of validated

questions that assess youth’s sense of well-being, locus of control, identity, and other indicators of mental health.

Despite the small number of respondents on our surveys, some interesting patterns emerged in the data. First, when looking at the entire sample, statistically significant differences ( $p < 0.1$ ) emerged between the pre- and post surveys on eleven of the sixty-four mental health questions asked. Some of those differences are depicted in Figure 3.



**Figure 3 Statistically Significant ( $p < 0.1$ ) Differences in Health, Pre/Post Surveys.** Each bar represents the average difference in responses on the survey scales between the pre- and post-surveys. Bars are coded so that positive numbers represent an improvement in health outcomes and negative numbers represent a decline. Only statistically significant differences are shown.

As Figure 3 shows, after six months of involvement in HtJ, youth leaders report feeling more “calm and relaxed,” being more likely to “think before [doing] things,” less likely to have experienced “headaches, stomachaches, or sickness,” and being less likely to have been accused of “lying or cheating.” In addition, although it is not shown on the graph, they also reported being less likely to be the victim of bullying. In other words, respondents report experiencing some significant improvements in their mental health status over the six month period of the campaign.

## Positive health outcomes are strongest among those who feel comfortable working collectively with others.

Perhaps somewhat surprisingly, youth also report some setbacks in health as well (these are not shown in Figure 3). If we look at the entire sample, youth leaders report being more “restless,” more likely to “worry,” more “easily distracted,” and having less of an “attention span.”

Upon further examination, however, many of these negative effects disappear if we examine those who worked well with their team. A core part of organising—and HtJ in particular—entails working with others in a team. Yet, not all people feel comfortable working in teams. On the post-survey, 86% of respondents report feeling “comfortable” or “extremely comfortable” “working with others as part of a team.” 14% of respondents report feeling uncomfortable in this role. If we examine only the 86% of respondents who feel comfortable working in their team, a more positive pattern of results emerged, as shown in the figure.

Respondents who feel comfortable working in their team report positive changes after six months of being involved with HtJ. This group reports more positive health outcomes than the entire sample. Like the entire sample, they are statistically more likely to feel “calm and relaxed,” more likely to “think before [doing] things,” be less likely to have experienced “headaches, stomachaches, or sickness,” and less likely to have been accused of “lying or cheating”—on all of these items, they reported stronger results than the entire sample. In addition, they also reported being more likely to feel “cheerful and in good spirits,” be better at knowing where to go for help, and be more likely to “work out problems by talking or writing about them.” Youth leaders who feel comfortable working in their teams, in other words, have a stronger mental state and better mechanisms for coping with pressure.

“What I’ve learnt from this team is courage.”

--HtJ Youth Leader

Why is the team experience such an important factor? Through teams, youth leaders develop relationships that provide important skills and emotional resources that provide long-term support for the campaign. “Relationship building has worked well. We’ve built new relationships with others and that helps us in the long run. By sharing with someone, they can share it with other people.”

Through teams, youth leaders learn. “You get to meet new people, learn different skills and talents. So that was quite cool.”

Teams help youth leaders feel like part of something larger than themselves. Another youth said, “[My team] definitely brought us together. They weren’t my everyday talk to friends, they were recruited by other people. But now we’ve formed this group and there are other groups out there doing the same thing. And it’s been good because I think all groups want change and to be a part of something.”

Another leader said, “The best part for me is working with people who have the same goals and share the same interests as me...I like how our community [comes] together and build[s] a sense of belonging.”

In addition to emotional support and learning, teams also provide a source of accountability and connectedness: “It would be hard for me to back out because I feel accountable to this team and we all have got significant roles to play. We wouldn’t be as effective if one did decide to leave.”

## Youth leaders report stronger relationships with themselves, their families, their friends, and God.

CM Health has long believed that strong youth mental health is rooted in youth have strong relationships with adults and institutions in their community. Multiple youth leaders reported a strengthening of relationships with their families, churches, and peers as a result of HtJ. “I think there are new relationships evolving between us and the community,” one leader said. In their own words, the youth leaders reported:

- *Improved relationships with God and family:* “ It’s impacted on me spiritually. Like when I go to church I use to just go for the sake of going to church. But I’ve noticed that I have a reason to go now. Like when the Minister preaches I sit there and take it in whereas before I just listened...[N]ow I’m talking more to mum ever since being part of this campaign...I update her more about what I am doing....Also, I’ve always wanted change in the community but I didn’t think it could happen. But with this campaign I can see it.”
- *Improved relationships with peers:* “ I think for me it’s impacted on me socially. I’ve been meeting new people, the ones that don’t drink, the ones I don’t sit around with and have a coffee and cigarettes with. Yeah, it’s different, it’s nice.”
- *Improved relationships with family:* “I think it’s changed my relationship with my brothers. I think I expected too much from them now. We have it good - our family is good, parents work, we’re brought up well, others have a harder time. So for me I think there’s no reason for my brothers [not] to have good grades or get a job. I’ve set the bar high now; I think it’s a good thing.”

“I’ve learnt to accept myself a little bit more. I’ve got demons and it’s helped me spiritually and emotionally.

--HtJ Youth Leader

The effects of the campaign improved all aspects of the youth leaders’ lives. “I feel I am coaching for life,” one leader said, “not just around the campaign.”

## Youth leaders discovered their own power to make change.

In multiple focus groups and interviews, youth leaders reported a newfound sense of agency. One youth leader said that this was the first time someone had asked her to take action on behalf of youth mental health: “But then again it was something that I was looking forward to because this is the first time this has happened to me. That someone has approached me about this to help youths in South Auckland deal with pressure.”

Through community organising youth had to discover their own resources for change—youth leaders were, as one leader put it, “using the community to fix the community.” Where they were used to looking outside their own community to find resources for change, through HtJ, they found ways to find them internally. In some cases, the resources are material resources, like meeting space: “I’ve learnt to access resources without funding. Like where can we host our meetings, where can we have our house meetings? So all of that we’ve had to come up with - the power of connectedness.” In learning to develop those resources, however, youth discovered larger resources for change: “The resources to make change happen are already there – that’s what I learnt.”

The discoveries about their own power were predicated on CM Health's willingness to let the youth have control and ownership over the campaign. It was telling that when we asked youth leaders about the role of CM Health in the campaign, they said, "I forgot they were part of it" and "I don't really know who the DHB is." CM Health was successful in truly *enabling* the youth as leaders by equipping them with the capacities they needed to make the change they desired. One youth leader said, "Do we get supported by the DHB? I don't think so. I think just in terms of coaching yes it's given us the resources to build our skills but other than that we've had to build our own resources."

### Youth leaders are engaging with the emotional challenges of organising.

Even among this group, however, two patterns remain true: after six months of involvement in HtJ, youth leaders report that they are less likely to say they are "generally like[d]" by their peers and less likely to "understand [their] moods and feelings." These results are not entirely surprising given the emotional demands of organising. The exchange below in one of our focus groups underscores the challenges of organising:

Interviewer – "What about one thing you've learnt about community organising?"

Youth Leader 1: "It's hard."

Youth Leader 2: "That if you've got a group that's willing to make a change then the change can happen if you put your heart into it."

Youth Leader 3: "Yeah, but I think you need commitment and you have to want to do it to make it happen. You can't just tag along. It will happen but the change won't be there."

Youth Leader 4: "It's not easy, you have to be willing, and you have to be strong. If you slack off, it won't happen. We need to commit ourselves. We all have to put our minds and hearts into it."

Organising asks that leaders take emotionally challenging steps, such as putting themselves on the line, and asking others to join them in making a commitment to action. By enabling youth to provide leadership to others, organising challenges youth to navigate uncertainty in new ways. One leader said, "Sometimes I felt frustrated because he never told me what to do, allowed me to find my way but sometimes I just wanted to be told to do this!" Because organising pushes leaders to interact with others in new ways, emotional challenges, such as those reported by survey respondents, often arise.

The fact that these differences emerge in youth leaders can be interpreted as a sign that they are truly engaging in the hard work of organising. Luckily, other survey data seems to indicate that they have the resilience skills to deal with the emotional challenges. As one youth leader said when asked what word best sums up the HtJ campaign, "I said triumph...we had our ups and downs and there were heaps of challenges along the way. But everything we planned for did happen and we were able to still reach our

purpose. It's been successful as well and we've had people jump on as leaders...Yeah, it was rocky by we met our goals in the end."

Youth did not shy away from the emotional challenge. One youth describes a meeting in which he was asked to accept leadership responsibility: "And that meeting was pretty scary. He was saying he was handing over the leadership to me. And that was scary because I would always depend on him. I was scared. In my head I just thought that I would drive our team into the ground." But in the end, after accepting the responsibility, this same leader reports learning, "That I'm a good leader."

In sum, the data show that youth leaders who felt comfortable working with others in a team did report a general improvement in their mental state over a six month period. Challenges still remain for them as they grapple with the work of organising, but they generally report having the skills they need to meet those challenges. For youth leaders who did not feel comfortable working with others, however, they experienced a decline along some dimensions of their mental state. These findings reinforce the importance of investing in building strong teams that achieve their goals but also support their members.

### Youth leaders report developing their own leadership through HtJ.

Analyses show that the vast majority of respondents thought that the statements "Overall, the training equipped me to be an effective leader in the campaign," "The training got me excited about working on the campaign," and "The training taught me new skills" were "pretty much true" or "very much true." On a four point scale, the average response to these items was 3.6 for all three items. In addition, in evaluating the training itself in April, respondents gave it an average score of 9.5 on a 10 point scale. As one trainee said, "[In] all the training I have done, this was the first time I was taught something that connected to human essence, that is deeply powerful, that moves you to action."

The youth leaders say it best in their own words. When asked in a focus group what was one thing they learned about themselves in the campaign, youth leaders said:

- "To be more confident."
- "Me, I've learnt capability. I'm capable of doing things that I didn't know I was able to do."
- "I've learnt that I can be out there because I'm always the shy one."
- "I got renewed confidence."

"Coaching is one of the most meaningful things I have learned....How not to be the big dot. How to trust and release it. To be okay if it fails, being okay if there are failures....The idea of building others really appeals, rather than being the star. Investing in others, I've really learned to do that....My team leaders want to do things themselves, it's easier faster, I want them to learn to coach others. You have to snowflake things out, you need others. You have to take the time to do that."

--HtJ Youth Leader

Other youth reported that being part of the campaign made them more effective in other parts of their life as well: "It's improved my management skills heaps. Like on top of school, my responsibilities at home and at church I have to manage being on this campaign. So it's tested my management skills - how to complete tasks on time. I think I've done pretty well, I've learnt heaps though." Another youth leader told a story illustrating the way the campaign opened him up to new people:

“For me, when I started I couldn’t say no to Alex and I said. ‘Ok I’ll be a part of it’— because Alex made me. But I didn’t know there was a calling for me about it. I believe this is my calling. I see myself as one of the top leaders in this campaign and in other parts of my life. I’ve discovered that I can step up. It’s impacted on my character and myself as an individual. I used to be a really black and white kind of person. I was really judgmental and I wouldn’t interact with people who are under-achieving and all that drama. But being in this campaign has made me realise everyone has a story behind them and there is a space for us to change and help other people. And yeah, all the kids I didn’t like at school I asked to come and join in....[It used to] always be school first, but now I prioritise Thursdays around these meetings. Even though I miss school for the last 3 hours to bus get here (ha-ha). I [feel] like this is something I want to be a part of forever. It’s something I’m proud of.”

One leader summed it up as, ““This campaign has helped me a lot. I’m heading towards that place where I have a connection with my people and becoming a role model for others. And it’s motivated me to bring about change, good change.”

## Looking Ahead

When we asked the youth leaders where Handle the Jandal should go next, they resoundingly said, “New Zealand wide!” The optimism is high. Yet, Handle the Jandal is just beginning as a campaign. Launched in April 2013, the campaign has already achieved some significant outcomes and engaged a number of youth in taking responsibility for their own health. As it moves forward, the campaign seeks to create a more formal network of youth-led “cell groups” through which youth can create resources within their own community to help each other handle various pressures. The FOB 5 and the four campaign teams continue to work together to develop strategies for how to build these cell groups and what these cell groups can do.

A key challenge will be maintaining a campaign structure in which youth retain the power. As one leader said, “I have a concern that there is the chance that this will turn into an organisation. So, one of my things I am thinking about is how do we keep and retain the authenticity of this, that it is community driven, not disconnected from it, and then becoming an entity...We don’t want it to end up as something that is not owned by us.”

The campaign originally emerged in response to the moral and financial pressure felt by CM Health to address the stark health disparities in the fast-growing Pacific population. The goal of the campaign was to explore ways of using community organising to develop more preventive approaches to care. Although the analyses are preliminary and limited by the low numbers of respondents, the initial results show that organising can have a positive effect on youth mental health. More research on larger numbers of people is necessary to see precisely what these effects are, how lasting they are, and what the mechanisms are by which they emerge. Nonetheless, initial results are promising.

The Triple Aim is an important challenge to health systems around the world. Many questions remain about how to meet the three goals of better health, higher quality, and lower cost, but initial results from the Handle the Jandal campaign provide one clear pathway towards this goal. Instead of treating

patients as customers, or serving them as clients, health systems can partner with them as constituents and use organising to develop their own agency to improve their own health.

## Learn More

For more information about this work, please contact **Jonathon Gray**, Director, Ko Awatea at [Jonathon.Gray@cmdhb.org.nz](mailto:Jonathon.Gray@cmdhb.org.nz), **Margaret Aimer**, Ko Awatea, Development & Delivery Lead at [Margaret.Aimer@middlemore.co.nz](mailto:Margaret.Aimer@middlemore.co.nz) or **Alexandra Nicholas**, Ko Awatea, Lead Organiser, at [Alexandra.Nicholas@middlemore.co.nz](mailto:Alexandra.Nicholas@middlemore.co.nz). To learn more about this report, please contact **Hahrie Han**, Associate Professor of Political Science at Wellesley College at [hhan@wellesley.edu](mailto:hhan@wellesley.edu).

## Appendix I: Biographies

**Hahrie Han** is an Associate Professor of Political Science at Wellesley College, and was a Robert Wood Johnson Health Policy Scholar at Harvard University (2009-2011). She specialises in the field of American politics, focusing particularly on the role that civic associations play in mobilising participation in politics and policy advocacy. Her book, *Engaging People for Social Change: Civic Activism and Leadership in the 21<sup>st</sup> Century* (Oxford University Press, forthcoming 2014) examines the strategies that the most effective civic associations use to engage activists and develop civic leaders in health and environmental politics. Her first book, *Moved to Action: Motivation, Participation, and Inequality in American Politics* (Stanford University Press, 2009) examined the ways in which people become motivated to participate in politics, looking particularly at means of engaging underprivileged populations in political action. The book was the subject of a series of “Critical Dialogues” in *Perspectives on Politics*, our discipline’s leading journal of book reviews, an Author-Meets-Critics panel at the Southern Political Science Association, and positive reviews elsewhere.

Hahrie’s work on participation, civic associations, primary elections, and congressional polarisation has been published in outlets including *American Sociological Review*, *American Journal of Sociology*, *Perspectives on Politics*, *British Journal of Political Science*, *Legislative Studies Quarterly*, *Political Behavior*, and elsewhere. Her work was awarded the 2013 Outstanding Academic Publication on Membership Organisations Award by the Institute for Nonprofit Research, Education, and Engagement. She received her Ph.D. in American Politics from Stanford University in 2005 and her B.A. in American History and Literature from Harvard University in 1997. She sat on the Volunteer Leadership Advisory Committee for the National Sierra Club Board from 2009-2012 and acted as co-convenor of a Policy Advisory Committee for the 2008 Obama campaign. Hahrie also served as Chair of the Advisory Committee to the EAC Agency Review Team on the Obama-Biden Transition Team and also as National Issues and Policy Advisor to Senator Bill Bradley’s presidential campaign in 1999-2000. She was a National Science Foundation Graduate Research Fellow from 2002-2005 and received Stanford University’s Centennial Teaching Award in 2002 and Wellesley College’s Apgar Award for Innovative Teaching in 2006.

**Jake Waxman** is a trainer with the Leading Change Network. Jacob grew up on Maui, Hawaii, where he learned the value of community at his family’s house, which served both as an informal gathering place for people of all walks of life and a synagogue for the island’s small Jewish population. He first got involved with organising as a student at Emory University, where he helped found the Emory Living Wage Coalition, through which students joined with the University’s service workers to organise for improved wages and working conditions. Upon graduating, Jacob moved to Argentina where he learned the arts of political organising and Spanish while working at a local NGO. When he returned to the United States, he became involved with the labor movement, organising healthcare workers with the Service Employees International Union (SEIU). Jacob received his Masters in Public Policy from the Kennedy School of Government in 2009, where he was a teaching fellow for courses on leadership and organising. Since then he has had the chance to work with, teaching and learning about organising alongside leaders in the immigrant rights, climate change, labor, public education, and health/human rights movements. He also gets his “kicks” coaching youth soccer and stays active playing basketball, soccer, and riding the waves of the Pacific Ocean. When not outdoors, a movie or a book are likely companions.