

# Kupu Whakataki – About this journal

## Welcome to BPJ 22, our second journal focused on Māori Health

E aku iti, e aku rahi, rau rangatira mā, koutou ngā manukura, ngā manutaki o te hauora o te iwi tēnā koutou.

Koutou mā kua timu i te tai, koutou mā kua rere atu i te Pū-nui-o-tonga, koutou mā kua haere ki tua o Paerau. Moe mai, okioki mai.

Ka aro atu ēnei tuhinga ki te whakapakaritanga o te hauora o te Māori, ka aro pū tonu atu ki ngā ngāngara e ngau kino tonu ana ki te iwi taketake o ēnei whenua, a ka whai atu anō ki ētahi ngāngara anō e kīkini ana ki te tangata whenua, ko te oranga niho, te mate tākihi ukiuki me te aukatinga kai paipa.

Koutou mā te arero o te taiaha o tēnei pakanga hauora, nei te mihi kore mutu ki a koutou, werohia, werohia, werohia rā!

This edition focuses on three health issues for Māori where ethnic disparities are significant:

- Oral health
- Chronic kidney disease
- Smoking cessation

These are all areas where primary care has the potential and opportunity to make a significant contribution to improving Māori health.

One of the key contributors to disparities in health outcomes is the cost of accessing care. Financial barriers can be significant with over 56% of Māori located in the three most deprived socio-economic deciles. This journal includes information on the subsidies and other support that is available for individuals and whānau (see page 52). General practitioners, pharmacists and practice nurses can assist by becoming familiar with the financial support that is available and by ensuring all patients receive their full entitlements.

## Successful services targeting Māori

To show what can be achieved with careful planning and effective targeting of services we have profiled three initiatives:

- One Heart Many Lives – cardiovascular risk assessment for Māori men in Hawke's Bay
- Rural general practitioner clinics in Central Otago
- Mobile practice nurse services in Hamilton

While there are many successful services targeting Māori around the country, more can and should be done to ensure the momentum continues and improvements to Māori health are prioritised. Whānau ora – families supported to achieve their maximum health and wellbeing – remains an important aim.

## He Ritenga Whakaaro

A recent survey about Māori experiences of health services showed that while most reported good experiences, 20% expressed concerns about their interactions with health professionals. Some Māori had such negative experiences of health services that they say they are less likely to access medical care when needed.

Although Māori have lower life expectancy (8.2 years for males and 8.8 years for females) and greater rates of illness or disability than non-Māori, they receive less consultation time with their GPs (13.7 minutes versus 15.1 minutes), less access to some health services, fewer referrals to specialists and fewer investigations. Four key themes emerged about barriers to healthcare:

### 1. Organisational Barriers

- The distance to travel for care

- The availability of appointments at suitable times
- Waiting times
- The (lack of) choice of provider
- Inflexibility of healthcare systems
- Poor experiences (e.g. lack of response to complaints, lengthy resolution times)

### 2. Cost Barriers

- Direct costs (e.g. consultation costs, prescription charges)
- Indirect costs (e.g. loss of wages due to time off work while obtaining care, expenses relating to travel or child care)
- Participants also questioned whether a GP visit was value for money

### 3. Health Provider Barriers

- Perceptions of negative or racist attitudes towards Māori
- Perceptions of being patronised
- Being treated disrespectfully by staff

### 4. Cultural Fit Barriers

- Patients attitudes (e.g. whakama or shyness)
- Reluctance to challenge authority
- A wait and see attitude toward sickness or injury (often related to cost)
- Prior bad experiences
- A preference (often unfulfilled) for Māori clinicians and providers

He Ritenga Whakaaro suggests there is a growing trend among Māori to critique the health system. Te Wero (the challenge) for primary care services is to improve attitudes and behaviours, and deliver health care services that are appropriate, accessible and effective for Māori.



Hei tiki have become iconic symbols of Māori and New Zealand however the meaning is obscure. One theory is that they represent Hine-te-iwaiwa, a celebrated ancestress associated with fertility and the virtuous qualities of Māori womanhood. Another theory is that hei tiki represent Tiki, the mythical first human. A further suggestion is that they represent the unborn embryo, particularly children that are stillborn.

# Māori Health Framework

BPJ 13 – Improving Māori Health (May 2008), our first Māori health edition, has been one of bpac’s most requested publications. It focused on the following topics, all of which remain priorities for Māori health:

- Cardiovascular disease
- Diabetes
- Asthma and chronic cough
- Rheumatic fever
- Gout

In addition, BPJ 13 provided information on Rongoā Māori, disparities and the diverse realities of Māori health. It also included the following framework – practical solutions for improving Māori health – that is still relevant and should be considered by all providers to assist in addressing Māori health disparities that may exist within their own practice.

“The health system can become a leading solution in the ‘crisis in Māori health’ that is evident in current disparities.”<sup>1</sup>

**1** **Plan to improve Māori health**  
Change does not happen by accident, it needs a plan. Develop a simple practice plan for addressing disparities. Ask your PHO for a copy of its Māori health strategy.

**2** **Set realistic practice goals**  
You don’t have to change everything at once. Set priorities. The first goal may be as simple as correctly recording ethnicity or smoking status.

**3** **Build trusting therapeutic relationships**  
Invest time in building trusting therapeutic relationships with patients and whānau.

**4** **Engage patients in their health issues**  
Consider each contact as an opportunity to educate and engage patients in their health care and address wider issues.

**5** **Agree on realistic patient-centred health goals**  
Break up the health issue into manageable pieces. Agree on achievable treatment goals, activity goals and lifestyle changes.

**6** **Make it easy for patients to come back**  
Give patients a reason and expectation about returning. Use reminders. Make the environment welcoming. Offer solutions for financial barriers.

**7** **Form partnerships**  
Find out who is taking responsibility for a patient’s healthcare – it may be another whānau member. Involve Māori health providers. Encourage community initiatives.

Haere e whai i te waewae o Uenuku, kia ora ai te tangata – “Go search for the footprints of Uenuku, so that humankind may be nurtured”. Uenuku is said to be a very wise person from whom one could learn the secrets of health, personal safety and welfare.

1. Jansen P, Bacal K, Crengle S. He Ritenga Whakaaro: Māori experiences of health services. Auckland, Mauri Ora Associates 2008