He Ritenga Whakaaro
Māori consumer use and experience of health services

Funded by the HRC, MoH, ACC
Patients

• Want to be understood
• Want trusting relationships
• Want understandable providers
• Want value (cost vs effort)

• Cannot assess technical aspects (clinical outcomes)
He Ritenga Whakaaro

- Literature review
- Qualitative phase
  - 10 hui with 86 participants
  - Specific focus groups e.g. Ngati Kapo, rangatahi, wahine
- Quantitative phase
  - Develop survey tool
  - Pilot test survey
<table>
<thead>
<tr>
<th>Date</th>
<th>Location and number of attendees (Total = 86)</th>
<th>Demographic Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 04</td>
<td>Urban/Rural, Waikato (9)</td>
<td>Hauora/ Whara – Tāne</td>
</tr>
<tr>
<td>Sept 04</td>
<td>Urban, Wellington (5)</td>
<td>Hauā/ Whara – Wāhine</td>
</tr>
<tr>
<td>Sept 04</td>
<td>Rural, East Cape (9)</td>
<td>Hauora/ Whara – Wāhine</td>
</tr>
<tr>
<td>Oct 04</td>
<td>Urban, Auckland (8)</td>
<td>Hauā/ Whara – Wāhine &amp; Tāne</td>
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<tr>
<td>Oct 04</td>
<td>Urban, Christchurch Rangatahi (6)</td>
<td>Wāhine &amp; Tāne</td>
</tr>
<tr>
<td>Oct 04</td>
<td>Urban, Christchurch (8)</td>
<td>Hauora/ Whara – Wāhine</td>
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<tr>
<td>Oct 04</td>
<td>Urban/Rural, Waikato (8)</td>
<td>Hauā/ Whara – Tāne</td>
</tr>
<tr>
<td>Nov 04</td>
<td>Urban, Auckland Rangatahi (9)</td>
<td>Wāhine and Tāne</td>
</tr>
<tr>
<td>Nov 04</td>
<td>Rural, Waikato (15)</td>
<td>Hauora/ Whara – Tāne</td>
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<tr>
<td>Mar 05</td>
<td>Urban, Hawkes Bay Hauā (9)</td>
<td>Ngati Kāpō</td>
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</table>
Qualitative phase: Thematic analysis

- Barriers to care vary by type of provider, location and age
- Cost perceived as a major barrier that crosses all areas
- Barriers greater for people with disability
Financial issues

- Cost of consultation
- Cost of prescriptions
- Cost of house calls
- Time off work
- Value for money
- Waiting time
- Cost of travel
- Ability to travel
- Follow-on costs
- etc
Talking down

• “They talk to us like we’re simple minded. We’re very intelligent people.” (Hawkes Bay hauā)

• “I’ve had doctors that have treated me like a little child because of my disability, and that’s not always easy [to endure]. Once I had a Pākehā doctor who gave me an injection. She said, ‘This will be stingy, stingy, hurty, hurty.’ She treated me like a little baby.” (Auckland)
Patients know

• “I said to one doctor, ‘Would you have been so rude if I was Pākehā?’” (East Cape)

• [Māori patients] are put aside, made to wait two to three minutes when they arrive before anyone talks to them. While they are waiting, five Pākehā go through.” (East Cape)
Cultural fit

• Too shy or appropriately respectful
• “We don’t make a noise; it’s just not our way. We just sit there and just grin and bear it. It’s just not our way to make a fuss, to formalise it, to challenge something. We will just sit there and bide time, hoping that someone will realise we need help.” (Waikato)
<table>
<thead>
<tr>
<th>Cultural fit</th>
</tr>
</thead>
<tbody>
<tr>
<td>- whānau will look after me</td>
</tr>
<tr>
<td>- Frightened of outcome</td>
</tr>
<tr>
<td>- Grin and bear it</td>
</tr>
<tr>
<td>- Perceptions of Pākehā provider attitudes</td>
</tr>
<tr>
<td>- Previous bad experiences</td>
</tr>
<tr>
<td>- Manuhiri vs self advocacy</td>
</tr>
<tr>
<td>- Conduct of the consultation</td>
</tr>
<tr>
<td>- Misinterpretation of discussion</td>
</tr>
<tr>
<td>- Provider perceptions of Māori</td>
</tr>
<tr>
<td>- Do not allow whānau / Māori processes</td>
</tr>
</tbody>
</table>
Additional barriers for disabled

• support for travel, time off for self and caregivers
• communications e.g. sign language interpretation
• lack of knowledge & understanding by providers
• provider attitudes to disabled
• no equipment for disabled people e.g. chairs, lifts, access, large cuffs etc
• “It was all right because I had my family there, my whānau was there. It was sweet because my mother was always there all the time, and my brother. There were family and friends coming in. I had a good support base. The nurses and the doctors were good.” (Christchurch Rangatahi)
Development of survey tool

- Develop and test a survey tool that includes the issues reported in the hui and service standards.
- Telephone survey as a practical method
- Māori scripting, Māori interviewers and Māori participants
- Quota for type of service encounter
- 50 x Deaf interviews with interpreters
Services visited

- GP section – 38 questions
- Specialist section – 38 questions
- A&E section – 25 questions
- Hospital section – 26 questions
- ACC – 17 questions
- Other services (e.g. OT, Physio) – 15 questions
Service visits

• Concluded with:
  – overall experience using a 3-point scale (Good / Average / Poor) and
  – two open questions relating to positive and negative aspects of the overall experience

• Demographics – 11 questions

• Attitudes to health and providers – 31 questions
Attitudes

• A series of statements with 3 point scale for response
  – Agree / Disagree / Neither agree nor disagree

• Attitudes to own health, costs etc

• Attitudes to provider, communications etc

• Perceptions of care, relationship etc

• Perceptions of cultural competency
Results

- 651 participants
- Asked about encounters in prev 6 months
- Average 22 minutes for telephone interviews
- 59% wahine vs 41% tane
- Participants volunteered information on >1200 service encounters
<table>
<thead>
<tr>
<th>Condition</th>
<th>GP</th>
<th>A&amp;E</th>
<th>Hospital</th>
<th>Specialist</th>
<th>ACC or WINZ</th>
<th>Other services</th>
</tr>
</thead>
<tbody>
<tr>
<td>No ongoing condition</td>
<td>324 (52.9%)</td>
<td>80 (56.3%)</td>
<td>97 (47.7%)</td>
<td>75 (42.1%)</td>
<td>45 (45.9%)</td>
<td>83 (42.6%)</td>
</tr>
<tr>
<td>Chronic health condition</td>
<td>148 (24.1%)</td>
<td>31 (21.8%)</td>
<td>54 (26.5%)</td>
<td>60 (33.7%)</td>
<td>26 (26.5%)</td>
<td>56 (28.7%)</td>
</tr>
<tr>
<td>Physical condition</td>
<td>68 (11.1%)</td>
<td>20 (14.1%)</td>
<td>30 (14.7%)</td>
<td>31 (17.4%)</td>
<td>18 (18.4%)</td>
<td>36 (18.5%)</td>
</tr>
<tr>
<td>Sensory condition</td>
<td>63 (10.3%)</td>
<td>9 (6.3%)</td>
<td>22 (10.8%)</td>
<td>9 (5.1%)</td>
<td>6 (6.1%)</td>
<td>15 (7.7%)</td>
</tr>
<tr>
<td>Mental / intellectual disability</td>
<td>8 (1.3%)</td>
<td>2 (1.4%)</td>
<td>1 (0.5%)</td>
<td>3 (1.7%)</td>
<td>2 (2.0%)</td>
<td>5 (2.6%)</td>
</tr>
<tr>
<td>Don’t know/Refused</td>
<td>2 (0.3%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>1 (1.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>613</td>
<td>142</td>
<td>204</td>
<td>178</td>
<td>98</td>
<td>195</td>
</tr>
<tr>
<td>Service Provision</td>
<td>GP 502</td>
<td>Hosp 200</td>
<td>A&amp;E 139</td>
<td>Specialist 174</td>
<td>ACC 77</td>
<td>Other 137</td>
</tr>
<tr>
<td>-------------------</td>
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</tr>
<tr>
<td>Confidence and trust in the service provider</td>
<td>92%</td>
<td>82%</td>
<td>na</td>
<td>91%</td>
<td>65%</td>
<td>93%</td>
</tr>
<tr>
<td>Service provider spent enough time listening</td>
<td>89%</td>
<td>na</td>
<td>na</td>
<td>85%</td>
<td>78%</td>
<td>84%</td>
</tr>
<tr>
<td>Service provider spent enough time with respondent</td>
<td>90%</td>
<td>84%</td>
<td>86%</td>
<td>90%</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Service provider explained things well</td>
<td>87%</td>
<td>82%</td>
<td>81%</td>
<td>86%</td>
<td>58%</td>
<td>82%</td>
</tr>
<tr>
<td>The service provider (e.g., doctor) asked enough questions</td>
<td>87%</td>
<td>83%</td>
<td>86%</td>
<td>88%</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Respondent treated with respect</td>
<td>96%</td>
<td>87%</td>
<td>91%</td>
<td>97%</td>
<td>82%</td>
<td>96%</td>
</tr>
<tr>
<td>Overall satisfaction = ‘Good’</td>
<td>79%</td>
<td>64%</td>
<td>63%</td>
<td>74%</td>
<td>48%</td>
<td>79%</td>
</tr>
<tr>
<td>Would visit this service again</td>
<td>93%</td>
<td>82%</td>
<td>82%</td>
<td>87%</td>
<td>82%</td>
<td>90%</td>
</tr>
</tbody>
</table>
Comments: respect & culture

- They don’t understand deaf culture never mind Māori
- They pronounced names totally wrong.
- They wouldn't allow any family in to have a karakia.
- They grabbed my head and pushed my head into the eye inspection machine.
- They were all Pākehā so how could they know Māori culture.
- The staff is Pākehā, Indian etc. No Māori, so they don’t know our culture.
- The doctor wasn't interested in my history, he was arrogant and rude.
Intentions

Which items in the survey are associated with a higher overall rating and higher intention to revisit:

**GP & Specialists** - did the doctor:

- spend enough time listening to you?
- ask enough questions about what was wrong with you?
Intentions

A&E and hospital - did the doctor / nurse:

• introduce themselves?
• spend enough time listening to you?
• ask enough questions about what was wrong with you?

A&E

• was the order in which patients were seen fair?
Intentions

ACC

• Did you get all the information you needed about your claim or entitlements?

• Did you get a clear simple explanation…? 

Others

• Communication in an open honest manner

• Did you get a clear simple explanation….?
Cluster analysis

• The relationship between attitudes, perceptions, experiences and intentions?

• What are the differences in opinions among the Māori in the study.

• SPSS 2-step cluster analysis

• 6% outliers are not included in the analysis

• 2 groups identified
Cluster analysis

- 94% of sample included in cluster analysis
- Group 1 (78% of the remainder) differs significantly from Group 2 (22%) some demographic comparisons
- Group 2 significantly younger (39 years) on average than Group 1 (47 years)
- Group 1 significantly more likely to be older couple with no children at home
Cluster analysis

No differences between Group 1 & Group 2

- Employment status
- Māori language ability
- Household income
- CSC or HUHC status
- Services used and use of services
- Gender
Cluster analysis

Differences:

• Overall ratings

• Ratings by service type

• Group 1 *more likely* to give higher ratings to their experiences and have a higher intention to revisit

• Group 2 *less likely* report good experiences and have a lower intention to revisit
Cluster analysis

Group 2 is more likely to report:

• Lower self-rated health
• Concern about their health
• Lower perception of value
• Difficulties in communication and relationships with providers
• Lower rating of cultural competence of provider
### Differences between groups

<table>
<thead>
<tr>
<th>Perception</th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors don’t really care about their Māori patients</td>
<td>2%</td>
<td>38%</td>
</tr>
<tr>
<td>I would rather see a Māori doctor</td>
<td>10%</td>
<td>63%</td>
</tr>
<tr>
<td>Hospital staff don’t recognize Māori culture</td>
<td>17%</td>
<td>67%</td>
</tr>
<tr>
<td>I would get looked after better if I was to deal with Māori people in my health system provider</td>
<td>18%</td>
<td>70%</td>
</tr>
<tr>
<td>Hospital staff don’t treat me with respect</td>
<td>9%</td>
<td>37%</td>
</tr>
<tr>
<td>The doctor does not treat me like an adult</td>
<td>3%</td>
<td>33%</td>
</tr>
<tr>
<td>Doctors don’t really listen to their patients</td>
<td>9%</td>
<td>51%</td>
</tr>
</tbody>
</table>
## Differences between groups

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall GP visit rated Good</td>
<td>89%</td>
<td>51%</td>
</tr>
<tr>
<td>Overall A&amp;E visit rated Good</td>
<td>74%</td>
<td>32%</td>
</tr>
<tr>
<td>Overall ACC visit rated Poor</td>
<td>9%</td>
<td>28%</td>
</tr>
<tr>
<td>I would go to this doctor again if I were sick (GP)</td>
<td>98%</td>
<td>80%</td>
</tr>
<tr>
<td>It is too expensive to go the doctor every time I feel sick</td>
<td>55%</td>
<td>88%</td>
</tr>
<tr>
<td>The cost of seeing a doctor is not good value for money</td>
<td>29%</td>
<td>74%</td>
</tr>
<tr>
<td>I have to be quite sick before I’ll go to a doctor</td>
<td>69%</td>
<td>92%</td>
</tr>
</tbody>
</table>
Conclusions

• 1 in 5 Māori have sufficiently poor experiences and/or attitudes that have coalesced into lower ratings of the services they received and this group is more likely to state they will avoid future interactions with the provider last seen.

• Even so, the group with overall more negative perceptions report health care use in a similar pattern to the group with more positive experiences.

• Perceptions of care, respect, and confidence appear to impact on intention to revisit.

• ie low expectations for future interactions.
Implications - Practice

- Results suggest a lack of engagement between Māori patients and services due in part to poor experiences.
- Specific areas for improvement identified for each service.
- Regular telephone surveys can assist services to address barriers and track progress and **improve services**.
Future research

- Confirmation that younger Māori are more able to express preferences
- Develop shorter version
  - Attitudes and intention to revisit
- Test reliability & validity of shorter version
- ? Link to revisits or avoidance of care
Other research

• Penney et al, Māori utilisation and experience of ischemic heart disease management in general practice and Māori providers, Te Roopu Whariki, Massey University, 2005

• Walker et al The road we travel: Māori experience of cancer, NZMJ August 2008, Vol 121 No 1279
What Do Patients Want?

• More time to be listened to
• More explanations in clear language about what was wrong, rather than just information on paper
• Less turnover of GP’s and nurses
• More relationship building

• “For [Māori patients], problems with healthcare tend to be in communication and relationships with practitioners.”

(Penney et al, Māori utilisation and experience of ischemic heart disease management in general practice and Māori providers, reported in Whariki 2005 Report Te Ropu Whariki, Massey University, 2005)
Cancer and me

• 2002 Locally advanced SCC

• Surgery, chemotherapy, radiotherapy etc

• Trial of tirapazamine
What I learned

• Denial helps sometimes
• My wife is a _ _ _ _ _
• It is harder for the whanau
• Maori are different
• Communication has a major factor on therapy and well-being
Mauri Ora Associates

www.mauriora.co.nz

Auckland: 09 486 7148
What to do next

• Plan for improvements
  – Use clinical governance in primary & secondary
  – Support for the existing infrastructure
  – Action Training approach - PDSA

• Commit to principles:
  – Transparency, quality & equity

• Measure patient *experience* regularly

• Measure *outcomes* regularly

• *Feedback* to providers & communities