Ceremonious storytelling: Exploring experiences within the publicly funded health service

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A small kaupapa Māori study on experiences engaging with primary, secondary and community health services in Aotearoa. A consumer, provider perspective.

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ABSTRACT

Background: Chronic disease is defined as a condition impacting organs or organ systems causing dysfunction or dysregulation that lasts longer than six months or remains, despite medical intervention or treatment. Research has shown that barriers, including those of a financial, physical, institutional and patient orientated nature significantly impact on outcomes. Māori are significantly over-represented in chronic health condition statistics, particularly relating to cardiac, respiratory, renal and mental health. Further, Māori are more likely to have a negative experience engaging with primary and secondary health services, leading to disempowerment and dis-engagement. Therefore, research which explores how quality of care for Māori can be improved is of pressing value.

Objective: This study seeks to explore the experiences of Māori and non-Māori health-care consumers and providers within the publicly funded health service of Aotearoa.

Participants: Advertising across primary and secondary care settings resulted in a total of 37 responses from health care consumers (31 respondents contributing to pūrākau) and 37 responses from health professionals (27 respondents contributing to pūrākau).

Methods: This study utilised kaupapa Māori methodological approaches, frameworks and models to guide and intertwine qualitative and quantitative research methods. Participants were able to engage with any subset of questions, defining their responses through pūrākau, which supports the development of narratives within questions that are outside the limits of other worldviews. Māori methods such as pūrākau are flexible, enabling the development of research methods that are culturally aware and safe for Indigenous and non-Indigenous people globally

Results: Key themes found within pūrākau highlighted the importance of meaningful engagement, person focused, trauma informed care to positively impact willingness and ability to engage with primary, secondary and tertiary services. The study reported that consumers had a strong willingness to engage with services.

Conclusion: Health is personal and impacts people in various ways. Access to health services, while funded in Aotearoa, still create barriers for some people and perpetuates the gap between prevention and diagnosis of chronic disease. Kaupapa Māori methods within research support Māori engagement and definition within research through historical ways of being, knowing and conducting research. Participants of this study detailed experiences within health services, highlighting willingness and ability to engage with health services. Prior research defined the development of the Levesque access and accessibility framework, which correlates with the findings within this study.

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CONTRIBUTION

I, the researcher undertook all aspects of this study under the direct guidance of my supervisors. This entailed selecting the appropriate research design, the data collection and analysis and the publishing of the findings in this thesis.

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Part I: The Beginning

"Ka whawhai tonu mātou, Ake! Ake! Ake!

Rewi Maniapoto, 1869

This thesis is set out in three key parts entitled 'the beginning', 'the middle' and 'the end'. Each piece defines a period within this study and highlights the systematic process within a kaupapa Māori approach. Research conducted within the Indigenous research paradigm is ceremonious. Shawn Wilson defines the Indigenous research paradigm as an educational space of reciprocal learning, which contrasts to western research that centralises research around implication that the researcher is the holder of knowledge (Shawn Wilson, 2020). Indigenous research, whilst adaptable, is inherently conducted in a relational manner, acknowledging the researchers position as a learner in that they are engaging in learning others experiences (Wildcat & Voth, 2023). The following piece, 'the beginning', introduces the whakapapa of this project, before exploring and defining the research themes and literature review. The middle contains the methodological approach towards this research, the methods before presenting findings. Lastly, the end highlights the discussion and limitations of this project. The aim of this study is to explore how those barriers are experienced from the perspectives of consumers and professionals before providing insights from participants on perceived improvement needs. Further, it seeks to lay foundation for future study that might define how experiences impact the development of chronic and co-morbid disease.

Chapter one: Introduction to study

This research project focuses on the experiences of consumers and providers or professionals within the publicly funded health service in Aotearoa. Furthermore, within the focus of experiences accessing health services this research seeks to lay foundation for future study that might develop a framework to improve experiences within publicly funded health services. At primary and secondary care levels within Aotearoa, research highlights significant and ongoing barriers to accessing services for Māori and Pacific communities when compared alongside non-Māori non-Pacific (nMnP) communities (Abey-Nesbit et al., 2023; Espiner et al., 2021; Graham & Masters-Awatere, 2020; Jansen & Smith, 2006). Kaupapa Māori methodology offers an approach to research that is concerned with the liberation and decolonisation of knowledge on and of Māori (Tuhiwai-Smith, 2012; Denise Wilson et al., 2021). Kaupapa Māori research asserts that outcomes are of benefit to Māori, or those 'being researched' (Russell Bishop, 1999; Roa, 2022; Smith, 2021b). Māori educationalist, Graham Smith describes Kaupapa Māori as the philosophy and practice of being and acting Māori. Within this context, kaupapa assumes the social, political, historical, intellectual and cultural legitimacy of Māori people, in that it is an orientation in which Māori language, culture, knowledge and values are accepted in their own right (Bishop, 2011). The application of kaupapa Māori methodology challenges western research paradigms, employing traditional methods and frameworks in research to benefit, decolonise and liberate Indigenous knowledges (R Bishop, 1999; Henry & Pene, 2001; Smith, 2021a; Walker et al., 2006) and has therefore been chosen to guide this research project. This project is underpinned with the understanding that Māori are the Indigenous peoples of Aotearoa, and therefore the implementation of Kaupapa Māori to liberate and decolonise narratives is imperative to the reclamation of te Ao Māori within various services and systems.

The following chapter introduces this study but firstly presents the whakapapa of this project; including an introduction to the researcher, before highlighting the key research questions. Finally, this chapter explores and defines the research issues and questions

1.1 Whakapapa

Kō Tainui te Waka

Kō Kāwhia me Waipa ngā Awa

Kō Pirongia me Kakepuku ngā Maunga

Kō Waikato Tainui me Ngāti Maniapoto ngā Iwi

Kō Maketuu, Te Kōpua, me Tarewaanga ngā Marae

Kō Jillian Mellsop rawa ko Alan Kupe tōku Matua

Kō Jessie Mellsop-Kupe ahau

Whakapapa and mihi are elements of Te Ao Māori that are a fundamental component to any level of introduction and is a process defined as layering one aspect upon another (Kapa-Kingi, 2024; Mahuika, 2019). Whakapapa Māori are able to contextualise and furthermore describe elements and ways of being and doing things within the world, while demonstrating understanding and appreciation for the interconnectedness of reality and its physical and metaphysical components. Whakapapa can also define the genealogy of a person, within Te Ao Māori connecting present day to creation through systematic recital of tūpuna who came before us (Kapa-Kingi, 2024; Te Rito, 2007). This study is underpinned by kaupapa Māori methodology and therefore follows a whanaungatanga process of introduction to the researcher and research questions and aims.

Prior to postgraduate study, I had worked within health care since around 2016, beginning in an Aged Residential Care facility and working part time as a home nurse for a young girl living with complex neurological conditions. While studying, I worked within rest homes, continuing care and dementia level care facilities, before graduating and entering a large secondary health centre within acute medicine. This role exposed me to multiple chronic conditions, acute conditions and secondary health services frameworks. I was privileged to support whānau Māori engaging with acute health services; furthermore, facilitating safe discharges into the community. Barriers to primary care services, and primary care support were mentioned by patients who accessed the services, and highlighted a trend in access to secondary services for those

for whom primary services were not accessible. While working during the covid pandemic, I completed a summer research project looking at monoclonal antibody development for gonorrhoea. Through this project, I gained a focus on equity by understanding how the treatments we were attempting to develop would inherently positively impact Māori given the rates of disease in comparison to non-Māori.

The next postgraduate study I undertook was Te Mahi Rangahau (TMR). This paper, through Waikato University, provided an Indigenous research perspective I hope is inherent in this thesis. "To hell with good intentions" by Ivan Illich was pivotal in my pursuit for answers through academic research and was a reflection piece I completed for assessment for TMR. It taught me that despite my will to do what is best for my patients, I may do harm. During this, I continued to work within acute secondary services and began to understand how the health service was inherently offset to the health needs of Māori. In addition, at this time I was reconnecting with my whakapapa Māori, attending wānanga at my Marae and learning about what it meant for me to be Māori. Inherent in the change I felt, the sense of belonging that comes with reconnection, I questioned how the disconnect, lack of engagement with something meaningful might translate into other areas of my life but significantly, the healthcare I was delivering as a Registered Nurse. Changing my approach to providing healthcare and identifying positive observable impacts lead to questions and enquiry.

This research project seeks to further explore this experience, to understand and illustrate engagement with health services and experiences of health consumers and professionals/providers within primary and secondary health services. This enquiry follows the self-identified themes or puna, barriers, barrier reduction and empowerment to engage, prevention and ideal services and spaces. Through these themes, survey questions were developed – for consumers and professionals/providers – and designed to gain rich pūrākau and data on experiences engaging.

1.2 The issue that I saw

Working within acute secondary medical services observing the presentation of exacerbations of chronic disease, or the observation of patients over time presenting

with acute exacerbations of chronic conditions, it became clear that at a community level there were barriers to engagement, education and improvement. Further, literature scoping highlighted the historic barriers to accessing health services for Māori, while current research confirmed the ongoing impacts on Indigenous populations not only in Aotearoa, New Zealand (Aotearoa), but globally.

Research highlights the earlier mortality rates of Māori in comparison to non-Māori where Māori life expectancy is 7.5 years less than non-Māori (Thomas et al., 2022). Māori experience frailty earlier in life than non-Māori; in a study reviewing interRAI data, conducted by Abey-Nesbit et al. (2021), observations of Māori experiencing higher rates of chronic disease, frailty and mortality significantly earlier than non-Māori were highlighted. Considerable inequities continue to face Māori within health services in Aotearoa, including primary, secondary and community care centres. Research highlights the impact that colonisation continues to have on these outcomes, with further research highlighting the positive impacts a 'by Māori-for-Māori' driven health service provides (Came, Kidd, et al., 2021; Graham & Masters-Awatere, 2020; Palmer SC et al., 2019; Stokes et al., 2017; Sullivan et al., 2023; Thomas et al., 2022). Māori are the Indigenous population of Aotearoa and have a partnership with the British crown, Te Tiriti o Waitangi, which asserts Māori sovereignty over Aotearoa, affording the crown rights to govern its people living within Aotearoa. Within Te Tiriti o Waitangi's articles, Māori additionally assert equitable rights to services and centres established by the crown for its citizens in exchange for their right to reside in Aotearoa (Kapa-Kingi, 2024). Historically, Māori health was overlooked, with services established in Aotearoa within western biomedical models (Dow, 1999). Today, the publicly-funded health services are funded through crown agencies, with strategies and policies developed and upheld by successive governments detailing a focus on equitable moves within health care for Māori (Health, 2015; Te Whatu Ora (Health New Zealand), 2024). Research seeks to find answers, ensuing observations and experiences through which questions are developed. Within this academic pursuit, processes exist to focus, challenge and guide research in a manner that upholds ethical protocols. This project fits within the Indigenous research paradigm and engages with traditional Māori methods of research to find answers. D. Wilson et al. (2021) identifies the impacts Māori history with the crown has had on Māori health, highlighting ongoing social complexities, accessibility to quality equitable services and racism as factors contributing to these ongoing poor

health outcomes. Research continually points out barriers to accessing health services for Māori, with government level reviews highlighting the need for increases to funding for Māori health as well as reducing barriers to accessing, certainly positively impacts engagement with health services.

Exploring and understanding such aspects led to the development of the following research questions that were addressed in the research:

1. How do barriers impact engagement with health services;
2. How do experience/s impact engagement with health services; and
3. How do the views of health consumers and providers compare regarding perceived improvement required within publicly funded services?

Chapter two: Literature review

Kaupapa Māori methodology offers a philosophical basis through which acknowledgement of the interconnectedness of all things can occur (Katoa Ltd, 2023; Roa, 2022; Rua et al., 2023). Whakapapa is a term that can conceptualise this as it is inherent that whakapapa highlights a genealogical narrative of one story told layer upon layer, connecting and informing the past with the present and future (Kapa-Kingi, 2024; Roa, 2022; Te Rito, 2007). The following chapter sets out the literature review of this research. The nature of this literature review follows a form of reflective praxis, pulling on prior experiences and enquiries to scope and explore research.

2.1 Definition of terms

The following represent the terms defined by Te Aka

Kupu / Word	Definition	Kupu / Word	Definition
Whānau	Family	Whanaungatanga	Relationship Kinship Sense of family connection
Whakapapa	To give history, genealogy	Hauora	Health
Hauora Māori	Māori health	Te Ao Māori	Māori worldview
Tikanga	Correct Procedure, Custom, Method	Manaakitanga	Kindness, generosity or support

2.1.1 Literature review search framework

Literature was sought using the phrases, 'Māori access to publicly funded health services', 'Māori experience within publicly funded health services', 'Indigenous health outcomes', 'Barriers and facilitators experienced by Māori', and 'Prevention of chronic

disease with Māori communities'. Initially, this search was limited to the last ten years; however, this was extended to 25 years to support the inclusion of Indigenous academics.

2.2 Chronic disease in Aotearoa

Chronic conditions in Aotearoa impact Māori and Pacific at significantly higher rates than non-Māori non-Pacific (nMnP)communities (Abey-Nesbit et al., 2023; Gifford et al., 2021). Chronic conditions include non-communicable, long-term physical and mental health conditions and impact individuals and wider whānau. Chronic conditions affect quality of life, functional ability and social participation and can be classified as the presence of an acute health issue that is non-healing despite treatments, or caused by irreversible organ damage (Abey-Nesbit et al., 2023).

Chronic diseases are non-communicable, meaning they are usually not infectious however can be caused due to sustained infectious illness (Abey-Nesbit et al., 2023; Te Whatu Ora (Health New Zealand), 2023). Some chronic conditions are genetic, whilst others are attributed to lifestyle or environmental factors. Research highlights the impacts of chronic diseases, identifying the prevalence of chronic conditions within middle- and low-income countries (Abey-Nesbit et al., 2023; Underwood et al., 2022). The World Health Organization identify 31.4 million annual deaths related to chronic disease within low- and middle-income countries (Abey-Nesbit et al., 2023; World Health Organization, 2023). Within Aotearoa, one in four people live with the diagnosis of one or more chronic diseases (Te Whatu Ora (Health New Zealand), 2023); including: chronic heart, lung, neurological, liver, kidney disease, diabetes, cancers or atypical conditions (NZIER, 2022). Health services globally are experiencing higher rates of acute exacerbations of chronic disease, with multimorbidity becoming more commonly diagnosed. Multi or co- morbidity is defined by the presence of two or more chronic health conditions, with prevalence reaching 30 percent in younger populations and increasing to 55 – 98 percent in populations above 65 years old age (Vetrano et al., 2019; Violan et al., 2014). Younger populations of Māori are hospitalised for avoidable illness and have significantly higher incidence of cancer, with cancer mortality that non Māori (Sullivan et al., 2023). Māori experience higher rates of almost all chronic diseases; in a study conducted by Abey-Nesbit et al. (2023), it was reported that Māori over the age of 65 experienced chronic

health disease, congestive heart disease, respiratory disease, diabetes and stroke at higher rates than Pākehā (Abey-Nesbit et al., 2023). Additionally, research finds that Māori are likely to die 7.5 years earlier than non-Māori with research highlighting the ongoing concerning relationship these statistics have with the impacts of the colonisation of Aotearoa (Rolleston et al., 2020; Sullivan et al., 2023) Findings published by NZIER (2022) highlighted that in multimorbid cost is around 59 percent of total health expenditure, accounting for around 88 percent of deaths in Aotearoa. (Gifford et al., 2021). Māori and Pacific communities experience higher rates of life limiting chronic disease than nMnP communities (Abey-Nesbit et al., 2023; Gifford et al., 2021).

Māori academics have attempted to understand this gap in health outcomes, highting the impacts of colonisation including displacement, loss of language and cultural practices, western established institutions and systems such as the publicly funded health service, or ongoing subtle racism and discriminatory actions. (Anderson et al., 2017; Berghan et al., 2017; Came, Kidd, et al., 2021; Came et al., 2020; Gifford et al., 2021; Gurney et al., 2019; Masters-Awatere & Graham, 2019; Moewaka Barnes & McCreanor, 2019; Reid et al., 2017). Moewaka Barnes and McCreanor (2019) highlight the action of colonisation on health developing discussion in understanding the dependence on state, asserted by the crown over Māori, and the ongoing anger, grief, identity damage and cultural erosion from this. The impact as understood through the Hauora WAI2575 report, highlight the western model of health care and its development within Aotearoa alongside the increasing inequitable outcomes for Māori comparative to non-Māori (Came, Kidd, et al., 2021; Moewaka Barnes & McCreanor, 2019; The Waitangi Tribunal, 2021; Walker, 2020). The Waitangi Tribunal is a permanent commission of inquiry in Aotearoa me Te Waipounamu that investigates and makes recommendations on claims brought by Māori (the Indigenous peoples of Aotearoa) relating to alleged breaches of Te Tiriti o Waitangi made by the Crown.

Chronic disease and multi-morbidity have a significant impact on individuals and their whānau as well as the overall health care system; negatively influencing quality of life, morbidity and mortality.

2.3 Barriers to and experiences within Aotearoa's health services

Barriers and facilitators to engagement for Māori within health services has been well researched and identified. Colonisation (J. A. Bourke et al., 2023; Espiner et al., 2021; Graham & Masters-Awatere, 2020) result in ongoing disparities between Māori and non-Māori when accessing services, with many barriers to access remaining unaddressed due to the inherent cultural nature of perceived barriers for whānau Māori (Espiner et al., 2021; Graham & Masters-Awatere, 2020).

2.3.1 Barriers to access impact people at primary, secondary and tertiary service levels.

Barriers to accessing primary health services are extensive, from physical access to clinics, transport to services, financial cost of accessing services and ability to attend clinics in a timely manner due to work and whānau commitments (Espiner et al., 2021). Came, Kidd, et al. (2021) identify that primary health service barriers can be linked to colonisation, ongoing institutional and systemic racism in the form of policy development (Came, Baker, et al., 2021). Within the publicly funded health services, Māori experience higher rates of poor health outcomes, experiences greater barriers to access and report poorer experiences when engaging with health services (Graham & Masters-Awatere, 2020). A scoping review conducted by Graham and Masters-Awatere (2020) highlighted Māori experience barriers between themselves and the health treatment they require. Experience of 'coldness', micro-aggressions, discriminatory behaviour and shaming all communicate a sense of not belonging and result in Māori disengagement and avoidance of health care services (Graham & Masters-Awatere, 2020).

In a comprehensive literature review conducted by Espiner et al. (2021), barriers and facilitators to health service access were explored. Key findings of this study highlighted four significant features: (i) Poor communication; (ii) Hostile healthcare environments; (iii) Racism; and (iv) Practical barriers. Facilitators within this study included: (i) Practical facilitators; (ii) Whakawhanaungatanga; (iii) Whānau; (v) Manaakitanga; and (vi) Cultural safety or safe practice. Anderson et al. (2017) found that geographical location can become a barrier to access, highlighting the correlation between Māori living rurally and the impact that this has on preventative access and

access to services in a timely manner (Anderson et al., 2017; Jansen, 2009; Marrone, 2007). These experiences impact outcomes, as research highlights poor experience within health services have led to a higher incidence of Māori discharging before medically cleared. Graham and Masters-Awatere (2020) report on how negative experiences can manifest physically and draw attention to how such experiences are limited to one generation but moreover have an enduring impact over successive generations through whakapapa (Graham & Masters-Awatere, 2020). The hospital setting has presented Māori with different challenges than primary and community care, such as separation from whānau (family), interaction with multiple health professionals, short clinical interactions and less continuity of care (Espiner et al., 2021; Thomas et al., 2022).

The intergenerational and historical trauma experienced by Indigenous peoples through sustained dispossession of land, cultural oppression, persistent systemic racism and social deprivation all adversely impact opportunities for Indigenous peoples to successfully engage with their respective healthcare systems (Marrone, 2007). Barriers and facilitator exist within primary and secondary health services. Research highlights that Māori experience barriers to access at a higher rate, with primary care barriers consisting of cost, accessibility to appointments in a timely manner or accessibility to the clinical spaces. Additionally, research suggests the relationship between barriers to accessing primary health services and acute presentation of Māori to emergency and acute secondary centres with advanced illness and disease (J. A. Bourke et al., 2023; Espiner et al., 2021; Jansen, 2009; Jansen & Smith, 2006; Sheridan et al., 2011). Māori experience greater barriers when accessing disease screening, prescribed medications and speciality services (Jansen, 2009). Research also highlights the barriers environments have on access, with Jansen (2009) discussing the discomfort Māori experience within western health spaces secondary to misinterpretation, cultural differences, experiences of bias, or varying views of health and wellbeing (Jansen, 2009).

Barriers to accessing health services significantly impact health outcomes through disruption of engagement with health services in a meaningful and timely manner. Research shows correlations between reduced primary services access and increased presentation to secondary centres, with further research understanding that recurrent

acute illnesses and presentations to emergency and acute service increases and hastens diagnosis of chronic conditions (Broughton et al., 2013; Bullen et al., 2015; Moloney et al., 2023).

2.4 Prevention of chronic disease

Prevention of chronic disease can occur at various health and non-Health related levels. Primary and secondary health services promote health and wellbeing during assessment and treatment planning, while community initiatives often utilise mobile spaces to provide education for a shorter period. Additional modes of prevention include online advertisements by Te Whatu Ora (Health New Zealand), or within primary and secondary schools. Aotearoa's publicly funded, universal health system incorporates free inpatient and outpatient public hospital services, subsidies on prescription items, subsidised primary healthcare and a range of support services for people with disabilities in the community. However, this publicly funded health service is designed to privilege individualistic approaches, clinical discourses and acute need. Inequitable Māori healthcare outcomes are consistent with broader Indigenous experiences of colonisation (Graham & Masters-Awatere, 2020).

Prevention of chronic disease is multifactorial and often challenging, Beaglehole et al. (2007) highlight the World Health Organization's set goal for chronic disease prevention, which aimed to see a two percent reduction in chronic diseases globally. van Oostrom et al. (2016) summarises that the diagnosis of chronic conditions continues to rise with correlations to factors from health care and society contributing to this observed rise in diagnosis. The prevention of chronic disease is multifactorial, determined by resource and individual or community need (Samb et al., 2010). Research highlights the ongoing impacts social deprivation has on health and wellbeing, accessibility to resources including money and other areas of life. Māori are more likely to live in environments with reduced access to healthy food and opportunities to healthier lifestyles (Espiner et al., 2021). Samb et al. (2010) highlights that the delivery of health services that are accessible, equitable, safe and responsive to the needs of users is essential if any proven strategy for chronic disease control is to have an effect on improving population-health outcomes. However, in many low-income and middle-income countries, evidence shows that those with chronic

conditions often fail to receive adequate care because of a combination of insufficient access and poor quality of health services. Prevention of chronic disease seeks to reduce the burden of disease on individuals, whānau, communities and ultimately health services. In a case study conducted by Oetzel et al. (2020), they found that culturally adapted interventions that is co-created with participants and communities promotes reflexive engagement support and engagement in a manner that partners with people benefits outcomes. In a study conducted by Gifford et al. (2021) preventative principles were highlighted, including a focus on the needs of whānau, upstream health determinants and quality of life and well-being. Among the case studies, we found a continuum of activity ranging from preventing the onset of conditions (primary prevention) to man ageing existing conditions to reduce disability and minimise the impact of disease (tertiary prevention).

The onus of the prevention of chronic disease sits largely with primary health services (Disler et al., 2020). Known barriers such as location and access to services impact prevention, research details these impacts highlighting lower primary care access for rural communities in comparison to urban locations. These impacts are furthermore influenced by socioeconomic resources, which concur with acute secondary health presentations of avoidable illness and disease within Indigenous populations (Aspin et al., 2010; J. Wilson et al., 2021). Prevention through technology has been implemented to improve accessibility to services; indeed J. Wilson et al. (2021) finds that while technology supports active engagement towards targeted users, barriers including lack of self-efficacy, knowledge, support and functionality continue to prevent access.

Access has been conceptualised in numerous ways. While the term 'access' is often used to describe factors or characteristics influencing the initial contact or use of services, opinions differ regarding aspects included within access and whether the emphasis should be put more on describing characteristics of the providers or the actual process of care (Levesque et al., 2013). Within this study, five dimensions of accessibility of services were understood: (i) Approachability; (ii) Acceptability; (iii) Availability and accommodation; (iv) Affordability; and (v) Appropriateness. In this framework, five corresponding abilities of populations interact with the dimensions of accessibility to generate access. The authors identified an additional five corollary dimensions of abilities: (i) Ability to perceive; (ii) Ability to seek; (iii) Ability to reach;

(iv) Ability to pay; and (v) Ability to engage. Research highlights how these dimensions interact with each other, interprofessional and personal spaces to impact engagement when there is acute, chronic or preventative need to engage. Gifford et al. (2021) highlights within their study that although efforts are being made within the health sector to address chronic conditions, much of the focus of that work is chronic conditions management with an emphasis on the individual.

Prevention of chronic disease is multifactorial and impacted by various elements of the health care system, including resourcing and personal ability. The dominant prevention model is biomedical, tending to drive an explicit service delivery focus on the clinical management and prevention of chronic conditions in an individual; however, research highlights the positive response people have to co-designed community-based prevention programmes, with results highlighting the positive impacts community driven prevention programmes have on health outcomes.

2.5 Access to services

Understanding the need for health care and how this differs from the need for health that underpins it, is an important step towards quantifying current demand for health care and its future trends (Santana et al., 2023). Need is the capacity to benefit from health care. Health care means treatment, prevention and supportive care that is effective – either alone or as part of a care pathway – in improving, maintaining, or slowing the deterioration of health now or in the future. Healthy ageing, or successful ageing encompasses physical and mental maintenance of functional ability, supported by regular and timely access to health services (McMaughan et al., 2020; Santana et al., 2023). The demand for health care is the level of use at which the perceived marginal health benefits of care equal the marginal cost of accessing care. Below this point, benefits outweigh costs and individuals will continue to consume health care. The demand for health care depends on the patients' and health care professionals' perspectives of perceived benefits and costs. Benefits and costs are a function of factors such as health status, distance from providers, demographic characteristics, health literacy, etc. For example, perceived and actual health gains from care will vary with age, education and income; costs will depend on prices (e.g. co-payments for prescriptions), waiting times, time and travel costs for access, etc. The supply of health

care includes curative and preventative services and treatments provided by the health care system, so excludes informal care and social care. Access is therefore defined as getting the right health care in the right place at the right time (Santana et al., 2023). Levesque's framework has been successfully used in research that explored, assessed and measured access in various healthcare services and settings. It was developed because of a comprehensive review of existing literature on access to healthcare and as a framework suggests a multidimensional view of healthcare access in the context of health systems. The Levesque framework conceptualises five dimensions of access to care, in comparison with five corresponding abilities as seen in the figure below (Figure 1).

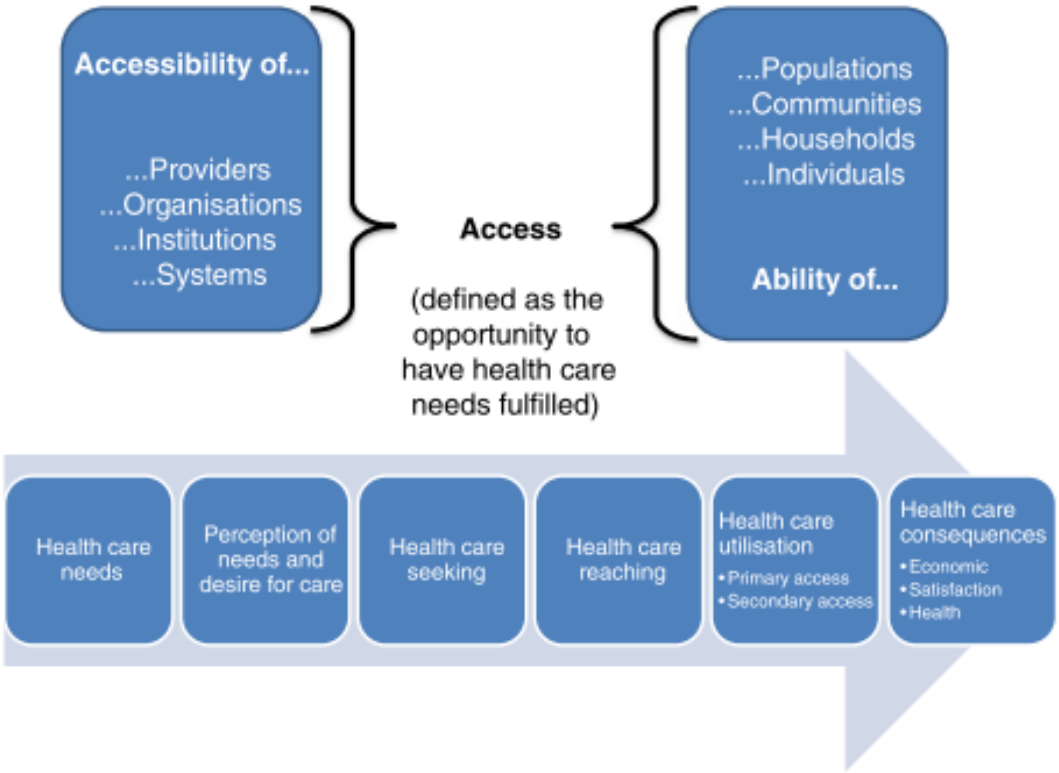

Figure 1 - The Levesque framework

This framework highlights the various impacts to engagement with health services, identifying key personal and systemic factors that contribute to ability to access health services in a meaningful manner. Access to health services as described through the Levesque framework highlights the complexities of access to services at individual, community and institutional levels, defining accessibility of services and ability of

access to services within their respective groupings; furthermore, illustrating how access to services moves through needs, from healthcare needs to perception of needs through to health care seeking and reaching before utilising primary or secondary health services. The final stage is outcomes, detailed as health care consequences, which highlights economic, satisfaction and health. A kaupapa Māori framework like this, is the Meihana model. The Meihana model is a holistic mental health framework that provides a model of hui and assessment that is beneficial to Māori. The framework highlights how recognition and respect towards a person's beliefs, values, cultural values, and priorities can positively impact engagement with and within health providers and services (D. Wilson et al., 2021). In addition, the model identifies colonisation, migration, marginalisation and racism, conceptualised through the journey of a waka navigating waters towards Hauora (Pitama et al., 2007; D. Wilson et al., 2021). Access to health service within Aotearoa is impacted by historical events against Māori. The WAI2575 Hauora report highlights crown failures in regards to Te Tiriti o Waitangi, and details the historic and ongoing inequities within the publicly funded health service (Came et al., 2018; Came et al., 2020). The WAI2575 hauora report identified that the primary healthcare system has failed to provide services that achieve equitable outcomes for Māori. Consequentially, there are increasing rates of chronic disease, comorbidity and poorer health outcomes, leading to greater healthcare costs and growing inequities within the publicly funded health service (Sullivan et al., 2023). Access to health services as defined within the Levesque framework highlighting institutional and structural impacts and influences on accessibility (Levesque et al., 2013), identifiable within the WAI2575 Hauora report and correlating to a decreased ability and awareness of need to access health services (Abey-Nesbit et al., 2023; Sullivan et al., 2023; Thomas et al., 2022).

2.6 Literature review summary

Chronic health conditions impact one in four people in Aotearoa, with co-morbid diagnosis increasing annually. Māori experience chronic conditions at higher incidence than non-Māori with research highlighting barriers and facilitators to access that support or improve health outcomes for Māori. Research highlights the impacts experience has on Māori within the publicly funded health service detailing experiences

within primary and secondary services. Chronic conditions impact individuals, whānau, communities and services in a variety of ways and therefore require a variety of approaches. Barriers to accessing health services make the prevention of chronic diseases hard, with community prevention programmes highlighting the benefits of a co-created, individual focused programmes on health outcomes. Within Aotearoa, Māori are the Indigenous peoples and signed a treaty with the British crown that highlighted the rights and responsibilities of the crown within Aotearoa. Research and inquiry affirm that these rights and responsibilities have not been met, with health research correlating the ongoing impacts of colonisation on the health and wellbeing of Māori within the western, publicly funded health service.

Part II: The Middle

"Curiosity about the object of knowledge and the willingness and openness to engage theoretical readings and discussions is fundamental".

Paulo Freire, 1996

This section of the thesis presents the approach and findings of this study. Methodological approaches to research provide a philosophical basis through which the study can be observed and understood. Approaches to research vary and can be dependent on the results and questions sought. Within this study, kaupapa Māori methodology has been utilised, adapted with academic frameworks that ultimately work to benefit Māori and research participants. Findings have been presented within the contexts of their questions, highlighting the variations in responses while asserting the mana Motuhake of research participants and their rights to be accurately and adequately represented.

Chapter three: Methodological approach

Methodology is concerned with the underpinning research strategy. Defining methodology clarifies the decision-making behind methods, recruitment strategies and the ultimate focus of the study. The methodology of research can be defined as the definition of nature of how the research is completed (Alharahsheh & Pius, 2020). This study aims to understand and illustrate the experience of consumers and health providers within the primary health services in Aotearoa. Prior research highlights ongoing barriers to accessing services, which impact engagement with health services. However, there is little literature defining experiences, correlating these furthermore with outcomes in health. Chronic health conditions impact Māori and Pacific within Aotearoa at significantly greater rates that non-Māori / non-Pacific (nMnP) communities. Research again highlights the correlations between colonisation and socioeconomics on impacts on health outcomes and furthermore draws links to the development of chronic disease earlier in life (Abey-Nesbit et al., 2023; John A Bourke et al., 2023).

Foundational to this approach is the understanding that kaupapa Māori holds a non-individualistic approach that recognises the relationship between all things (Rua et al., 2023). The philosophies that underpin each research decision inherently impact the data and therefore outcomes in research. The application of a research methodology therefore develops and discusses how approaches within research projects aim to benefit the research participants and outcomes. Kaupapa Māori methodology has been chosen to underpin this research projects as it is a methodology that seeks to decolonise and deconstruct systems that work against. Empowering Māori narratives, worldview and reo collectively ensure that outcomes benefit Māori (Tuhiwai-Smith, 2015). The following chapter discusses the methodological approach applied to this research project.

3.1 Indigenous research paradigm

Kaupapa Māori methodology sits within the Indigenous research paradigm. The Indigenous research paradigm privileges Indigenous epistemologies, ontologies, axiology's and methodologies; thus enabling culturally relevant engagement and approaches to research (Bishop, 2011). This includes the preparation, development, distribution, data collection, analysis and discussion of / and with research (Wilson, 2001; S. Wilson, 2020). Analysing data and interpreting the findings in a manner that reflects participant realities can therefore produce evidence of greater relevance and meaning. This in turn can inform transformational policy and practice that is meaningful to Indigenous peoples (Cram, 2009; Wilson & Barton, 2012; S. Wilson, 2020).

The Indigenous research paradigm is situated within axiological, ontological and epistemological standpoints of research design. Relationality can be defined as the manner by which communities, cultures and other collective groups of people connect; as it is those interconnections and interrelationships that bind groups (Wildcat & Voth, 2023; S. Wilson, 2020). Ontology, epistemology, axiology and methodology are unique within the Indigenous research paradigm. Ontology and epistemology are based upon a process of relationships that form a mutual reality while axiology and methodology are based upon maintaining accountability to these relationships. In concurrent application, these elements create action towards meaningful change within Indigenous research (S. Wilson, 2020).

Any project underpinned by Indigenous research methodologies or paradigms is both inductive and deductive in that it is exploring new theories within the established western worlds, while remaining inductive as it draws upon historic Indigenous knowledge, only recently credited and validated within western academia in comparison to well established western knowledge bases (S. Wilson, 2020). The potential for transformation through the use of Indigenous research approaches is realised as the approaches are culturally responsive and sensitive to power imbalances, historical events, social positioning, politics and culture that affect contemporary Indigenous realities (Chilisa, 2019; Chilisa & Tsheko, 2014; S. Wilson, 2020) Importantly, research must also challenge deficit-based, pathologized constructions that do little to create the transformational change that makes a difference in

Indigenous people's daily lives (Cram et al., 2013). Instead, it must enable Indigenous peoples themselves to utilise research to create self-determined changes they deem are needed (Cram, 2009). Thus, critical to transformation is knowledge sharing between Indigenous peoples (Denise Wilson et al., 2021). Within the Indigenous research paradigm and detailed within kaupapa Māori research principles is the right for Tino Rangatiratanga within research (Roa, 2022).

Adding the pūrakau space within the survey allowed participants a space to clarify their response choice or share an experience that contributed to the response they chose. Narrative analysis within qualitative research searches for and explores and constructs realities based on the experiences of those answering the research questions (Iseke, 2013). Smith defined self-determination as the understanding or ethic that Māori within research have the right to narrate and define their experiences (2012), while ethics defined by Jackson state that ethical research is research conducted with Modesty and Honesty. Jackson acknowledges power play within research and challenges this by underlining the key principle of honouring who, exactly, the research is for (2012). The Indigenous research paradigm provides a space of relationality, through which Indigenous research is conducted in a manner that is beneficial and expressive to the needs and experiences of research participants.

The Indigenous research paradigm empowers Indigenous knowledge, ways of being and ways of research through the use of traditional methods of research that are culturally responsive, inclusive and appropriate. This study aims to illustrate experience and has therefore been developed in a manner that can acknowledge each experience through self-directed definition and empowerment of narrative.

3.2 Kaupapa Māori methodology

The methodology underpinning research highlights the philosophical approach applied and therefore inherent in research (Smith, 2021a; Wilson, 2001). Wilson (2020) explores relationality in the context of Indigenous research highlighting the metaphysical philosophies ontology, alongside axiology and methodology and explains that while individual these philosophies combine to create rigor seen within historic Indigenous research. Within research, various elements must combine to ensure the

research process engages with participants in a safe manner, while upholding the rigor of truth in outcomes to facilitate ethically bound research findings. Kaupapa Māori methodological approaches to research, and research design are culturally significant approaches that honour traditional Māori methods in research. (Roa, 2022; Smith, 2021a). Kaupapa Māori methodology informs a framework that asserts culturally defined and determined research that employs mātauranga Māori, consistent with Māori ways of doing and being (Lee-Morgan, 2019; Pihama et al., 2015). Kaupapa Māori methodology is developed from the ongoing struggled for Māori self-determination (Lee-Morgan, 2019; Pihama et al., 2015; Tuhiwai-Smith, 2012, 2015). Its application to research asserts that the research and outcomes are of benefit to Māori and through accountable relationality maintains accountability. Pihama et al. (2015) states that kaupapa Māori theory provides a platform from which Māori are striving to articulate their own reality and experience, their own personal truth as an alternative to the homogenisation and silence that is required of them within mainstream Aotearoa society. Inherent in this approach is an understanding that Māori have fundamentally different ways of seeing and thinking about the world and simply wish to be able to live in accordance with that specific and unique identity." Kaupapa Māori employs the use of concepts such as constitutive research metaphors, understanding that they are culturally validated (Russell Bishop, 1999).

Historically research has been completed 'on' Indigenous populations rather than 'with'. Furthermore, findings were often misinterpreted, misrepresented and misappropriated to fit the researchers, often western perspectives (Lee-Morgan, 2019). Kaupapa Māori methodology empowers Māori worldviews, knowledges and ways of being to advocate for and accredit outcomes by and for Māori. Kaupapa Māori methodology seeks narrative of those pursuing definition, rather than those pursuing answers – reducing the power imbalance, to empower and promote self-determination and definition through research (Cavino, 2019; Lee-Morgan, 2019; Tuhiwai-Smith, 2012).

3.2.1 Theoretical underpinnings of Kaupapa Māori methodology

An Indigenous paradigm comes from the underlying belief that knowledge is relational. It is often the pursuit of decolonisation and is representative of the reclamation of self-determination. The kaupapa Māori methodology encompasses various theories in its

application, determined by the intended outcomes and furthermore impacts on Māori communities (Eketone, 2008). It can be comparable with the western critical theory, or constructivist theory as Kaupapa Māori methodology inherently challenges western ways of research and understandings of Indigenous populations through research (Smith, 2021a).

This research applies the kaupapa Māori methodology using an approach discussed by Eketone (2008) as a constructivist narrative approach. Application of the Indigenous research paradigm is a pursuit to push and redefine boundaries of knowledge on Indigenous peoples and Indigenous ways of being (Lee-Morgan, 2019; Tuhiwai-Smith, 2012). Inherent within this, is the action of highlighting the colonial issue through recognition, revitalisation and discussion to quantify its impacts (Kiddle et al., 2020). Research has been a colonialist tool, used to redefine Indigenous ways of knowing and being through the development of western knowledges, subsequently written and therefore defining understandings of Indigenous peoples (Denise Wilson et al., 2021). Kaupapa Māori methodology has been developed in the pursuit for Māori self-determination of ways of knowing, being and doing. The methodology holds significant rigor, based off traditional methods of conducting research and enquiry (Archibald, 2008; Tuhiwai-Smith, 2012). The research questions put forward within this research project seek to understand the experiences within health services of Aotearoa and therefore employ a interpretivism approach to research. As Kaupapa Māori led research understands that research is a means by which communities known as research participants teach the researcher through the act of sharing experiences and information the researcher is able to use to understand and furthermore answer their research questions, also known as the speaker and listener phenomena (Burgess et al., 2021; Lee-Morgan, 2019; Denise Wilson et al., 2021).

Kaupapa Māori research, while defined by tikanga Māori (Māori ethics, values and principles), employs other methods of research to add value to research and therefore outcomes. Interpretivism is a research philosophy applicable to kaupapa Māori research as it is a philosophy concerned with variable factors related to context, considering factors such as culture, circumstance, as well as different social realities (Alharahsheh & Pius, 2020). Through the Indigenous research paradigm kaupapa Māori methodology draws on Māori self-determination, through the use of methods

of research that honour participant voices (Alharahsheh & Pius, 2020; Ware et al., 2017). Additionally, a kaupapa Māori methodological approach is centred on Māori worldviews and beliefs ensuring each step of the research project is compatible (Drawson et al., 2017).

The methodological approach to this research project is underpinned by tikanga Māori; that is Māori ethics, values and morals. The methodological approach acknowledges the previous impacts of research on Māori communities and seeks to liberate Māori and non-Māori experience through active implementation of methods in research that empower narrative and self-determination.

3.2.2 Ethical considerations

Health is complex, impacted by a variation of factors within one's life and often contributed to by significant modifiable and non-modifiable factors (Pitama et al., 2007). The ethics underpinning this research are therefore broad, guided by traditional and Māori scholarship integrating tikanga Māori, ethics and principles. Kaupapa Māori research has an inherent will to decolonise, it is an Indigenous tool to reclaim Indigenous knowledges, practices and ways of being (Wilson, 2008). Research requires underpinning ethics, which assert research is conduction in a scientifically rigorous manner to protect the dignity, rights and welfare of research participants (World Health Organization, 2022). Many Māori scholars and academics have defined the ethics or tikanga of kaupapa Māori research and therefore alongside ethics approval through a select committee board, Indigenous research employs ethics based on their cultural values and knowledges (Bishop, 2011; Roa, 2022; Rua et al., 2023). Within the Indigenous research paradigm, the ethics of research are informed through axiology, the ways of being (Chilisa, 2019). Health is multidimensional (Durie, 2000) and therefore demands a multidimensional approach (Durie, 2000; Durie, 1985; Levesque et al., 2013; Santana et al., 2023). Tikanga Māori reflects values that enhance relationships, preserve mana and equity while reflecting Māori worldviews. Moana Jackson (2008) defined ethics of research as the ethic of prior thought, the ethic of moral or right choice, the ethic of imagination, the ethic of time, the ethic of power, the ethic of courage, the ethic of honesty, the ethic of modesty and the ethic of celebration. As presented below, these ethics highlight and define a way research can

be conducted with Indigenous populations to empower ethically based kaupapa Māori research.

Table 1: Moana Jackson's ethics in research

Ethic	Description
The ethic of prior thought	This why can come from your own experience, research, but importantly can come from the prior thought of your tūpuna
The ethic of moral or right choice	This ethic asserts the knowledge that research needs to have a point, but additionally that the 'point' seeks to do no harm
The ethic of imagination	This ethic draws on various aspects of an Indigenous paradigm in that an idea needs to be imagined or thought before it can be researched an understood. In the same, it asks us not to be overly objective with known or gained data, there might be additional realities
The ethic of change	Moana describes the idea of a 'mountain' you should conquer and asserts that if it is to be changed, dedication to transformation should be driven by the realities of those the research is for
The ethic of time	Moana outlines that the Māori notion of time is a Pākehā construct in that for Māori, time is whakapapa based and exists as the past present and future in an interconnected manner. Also defines the time at which we choose to undertake research.
The ethic of power	Moana states "If knowledge is power, it is important to understand whose knowledge we are defining". By Moana's definition, this ethic within the application of research is met when the knowledge of only the participant is considered as the defining knowledge.
The ethic of courage	This ethic understands the reality of Indigenous research and Indigenous research methodologies, including the aims they must decolonise a space developed within the western research paradigm. Moana states that the term research comes from the Latin word meaning "to bravely seek" and so is the definition inherently from research.
The ethic of honesty –	Moana outlines this ethic, one that perhaps seems pertinent to research, but acknowledges the nature that is human and human decision. This ethic encompasses the kaupapa Māori understanding that there isn't one reality and that the world is interconnected.
The ethic of modesty	This ethic asks researchers to focus and remain clear with the aims of their research, including who the research is for and who it aims to benefit. He speaks about the tempting nature of academic successes but asserts that this ethic asks the processes of the research remain focused, aligning itself with the ethic of time, in its understanding that today's learnings benefit tomorrow.
The ethic of celebration	Moana finishes with the ethic of celebration, an ethic that asks researchers to employ celebration and acknowledgment of the struggles that have led Māori to where they are, while celebrating the inevitable difference this research will add and make to future knowledges

Kaupapa Māori ethics in research are guided by knowledges of whakapapa, manaakitanga and a wider understanding of the intention of research, which is to create positive change (Bishop, 1995; Cram et al., 2018).

3.3 Research paradigm

The Indigenous research paradigm inherently allows an understanding that realities vary and change, based on lived experience, personal values and cultural practices and traditions (Roa, 2022; S. Wilson, 2020). The methodological approach underpinning research therefore impacts the methods; furthermore, providing a framework by which research is understood. Within Kaupapa Māori methodological approaches, the outcomes are focused on improvement, or betterment of outcomes for those the research is being completed with (Roa, 2022; Tuhiwai-Smith, 2012).

This research project seeks to understand experiences with barriers, engagement with health services and ultimately how consumers and professionals within publicly funded health services view health services and the underlying needs for improvement. Through the brainstorming of this pursuit of research, key themes were identified. These themes were engagement, barriers to engagement, barrier reduction and empowerment to engage, prevention and ideal services. As Indigenous research recognises relationality, it became important to identify and ethically critique the way research themes could guide research questioning. By identifying these themes, questions could then be developed to be put forward for consumers and professionals or providers within the publicly funded health system. These questions naturally varied, dependent on the nature of engagement with health services. While consumer questions focussed on experiences within services, professional questions focussed on experiences providing services. This action is inherent from conversation, where relationality would create a space of natural discussion.

Quantitative research is a method of research that has contributed greatly to a distrust in research seen by Indigenous populations globally (Lee-Morgan, 2019). With enquiry highlighting this relationship likely due to a lack of self-definition within interpretive stages of research, which is furthermore impacted through western discussion and perspective development of lived Indigenous experiences. Research with Indigenous

communities favours qualitative methods as it negates this. Qualitative methods in research employ narrative-based methods of research, fostering self-determination within research. This research employs a mixed methods approach, utilising a survey with added 'text' elements named 'pūrākau'. Pūrākau is a kaupapa Māori method of research, placed within the qualitative methods of research, used to gain narrative that empowers and promotes ongoing learning and knowledges with Indigenous communities

3.3.2 Pūrākau

Pūrākau is Indigenous story work, it is relational in nature creating a mutual interdependent space of story through which the teller and listener develop relationality through sharing (Lee-Morgan, 2019). The act of storytelling is an important qualitative research method as in mixed methods application, it provides space for self-determination to occur (Drawson et al., 2017). Pūrākau is a research method that conceptualises stories and fundamental elements of growth (Drawson et al., 2017; Lee-Morgan, 2019). Within research, pūrākau offers cultural avenues and tools for learning and understanding Indigenous knowledges (Iseke, 2013; Lee-Morgan, 2019). Pūrākau is a critical tool in putting forward narrative, allowing us to speak forward into the future to influence change (Ashworth, 2021) and making meaning of the world and experiences within it (Bird, 2014). When placed within the Indigenous research paradigm, this method of research highlights the interconnectedness of ontology, epistemology, axiology and methodology as it illustrated how the 'insider-outsider', 'storyteller-listener' relationships in Indigenous research maintain accountability in research. The portrayal aspect refers to the worldview, values, forms of understanding and expression that the storyteller draws on. It is similar to the context and its contribution to meaning of narrative inquiry. For example, pūrākau guides us to speak in a language that draws on our own ways of seeing, speaking and expressing ourselves in order to bring 'to life' the issues and complexities of our experiences that may be culture specific and local and/or more universal in nature (Alharahsheh & Pius, 2020). To analyse and draw learning from the pūrākau shared the framework He Awa Whiria has been used to navigate analysis of respondent's pūrākau. Pūrākau is a conceptualised story work method within kaupapa

Māori research, it is relational (Lee-Morgan, 2019) and is effective in cultivating growth and understanding. Lee-Morgan (2019) describes that pūrākau validated amongst other pūrākau finds rich meaning, self-definition through a collective shared truth inherent in the act of storytelling and relating to the knowledge, or experience through understanding and empathy.

As pūrākau is a form of story work, when applied as a method it therefore supports the construction of narrative that reflects experience. Inherent in the action of research is the quest for answers and definition. Within Indigenous research, there is often an inherent will to decolonise narratives previously described about Indigenous populations. Additional to this, is Indigenous scholars push to rewrite narratives with Indigenous communities, to influence and enact positive change. Narrative enquiry represents and constitutes reality through the promotion of life and lived experience (Bird, 2014). Indigenous research recognises and locates an Indigenous researcher within their project, utilising research as a tool to make possible meaningful change. Kaupapa Māori methodology observes and values methods and tools in research that benefit the research participants ability to influence outcomes and engaging mixed methods to benefit participants (Drawson et al., 2017; Smith, 2021a). Pūrākau methods promote narrative responses when applied to research, providing an opportunity to voice marginalised communities experiences in an impactful, positive manner (Drawson et al., 2017)

3.3.3 He Awa Whiria

This research project is underpinned by He Awa Whiria. It has been described as a pragmatist method and approach to research (Martel et al., 2022). He Awa Whiria is centred in Te Ao Māori, utilising the metaphor of braided rivers to illustrate a way of understanding and interpreting research and findings.

Figure 2 - The braided river

As a model, it lends itself to mixed methods research and allows for a bicultural approach that recognises the strengths of two distinct worldviews, bringing them together into a workable whole within the metaphor of braided rivers (Martel et al., 2022). As a method of analysis, He Awa Whiria promotes research with rather than on people, through a process of validation within context specific perspectives. This research project adapts He Awa Whiria, in addition recognising the source by which the water flows from and highlights all elements contributing to the flow of the awa. The model is explored in Figures 2 and 3 and the accompanying text.

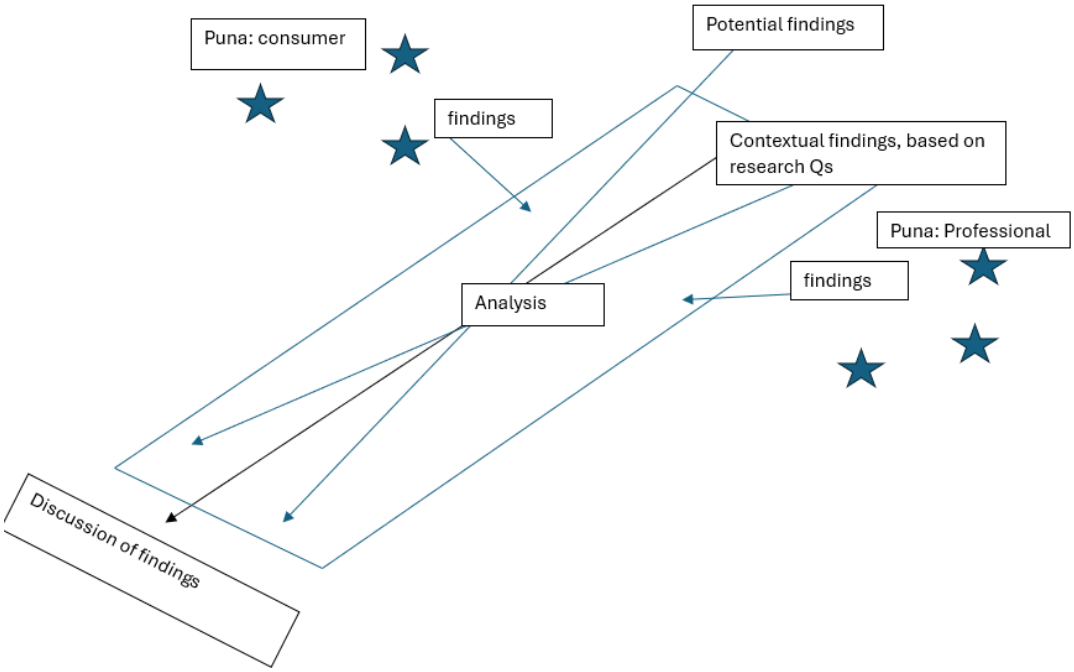

Figure 3 - The analysis schema

Puna

Puna kōrero has been adapted into the He Awa Whiria model for this research project. Puna is a kupu Māori (Māori word) that holds many meanings, detailing a spring or expression of water and the movement from deep within the earth to above ground. Within the contexts of qualitative research methodology puna are living, ever changing sources of wellbeing, narrative, and therefore potential in research (Riwai-Couch et al., 2020). The puna kōrero metaphor implies context and connection with people and place, including a spiritual connection with temporal and cultural applications.

During the survey development stage, key themes were bought forward from the development of the research questions, which in turn arose from a review of the literature: (i) Experience; (ii) Barriers to accessing health services; (iii) Barrier reduction; (iv) Prevention of chronic disease; and (v) Perceived improvement needs within publicly funded health services. These themes have become the puna by which answers inevitably flowed. From such puna, come streams of information provided by participants of this study. This adapted model engages participants pūrakau through

metaphorical and literal reflection from a stage of growth to a flowing cohesive narrative stream or awa.

Awa

After the survey had closed, responses were downloaded into separate sheets:

1. Pūrākau and non-Pūrākau responses identified;
2. Pūrākau responses allocated pseudonums; and
3. Pūrākau response consumer and providers or professions table created.

Within this process, validation of all responses occurs as their flow within the project is identified. As a mixed methods study this project offered data, text, or both as response options.

He Awa Whiria

This adaptation of He Awa Whiria promotes the validation of all data through a framework of understanding the various contributing streams to research:

1. Data streams coded and graphed, puna ends and connects to river;
2. Responses within puna viewed alongside research questions;
3. Responses identified with research question they answer; and
4. Discussion occurs, identifying mainstream of information.

Practically, the framework has guided how this study is understood and undertaken. The direction this study head in has been based of the questions developed, moving towards an answer by the journey and combination of both consumer and professional views and experiences within the health system. He Awa Whiria has been applied to this research project, as it is an academic kaupapa Māori framework in research that achieves diverse results. As a model He Awa Whiria identifies the whakapapa of, while validating various streams, or flows of knowledge recognising these separations naturally exist in reality, therefore acknowledging the interchanging and interdimensional nature of research. He Awa Whiria provides a guide by which the flow of research findings can be interpreted and understood while offering direction

towards the intent, that is feeding value and knowledge to new waters continually flowing towards new potential. As an Indigenous research approach, He Awa Whiria guides understanding while maintaining ownership and accountability to experiences share (Martel et al., 2022). Through He Awa Whiria, western methods of research have been braided with kaupapa Māori methods to ultimately guide this research project in a manner that benefits the outcomes of participants through self-determination.

3.3.4 Literature informing methodology

Literature reviews within research are an imperative and essential element of information gathering, that aids in aiming research goals while informing researchers on previous findings. This research project takes its literature review from the whakapapa of the puna identified from this projects research question brainstorm. Barriers, barrier reduction, prevention and enquiry into whether health consumers or providers felt the same were pressing issues leading to the development of this research projects core questions and were therefore important elements to drive the literature search. Online databases through the Waikato University Library were utilized, with literature review parameters being research based globally within the last ten years, or within Aotearoa, NZ in the last 15 years. Barriers to access, barrier reduction and prevention of chronic disease were searched within these parameters and highlighted Māori academics ongoing pursuit to liberate Māori voice within public services.

3.4 Methodological limitations

Limitations within the methodological approach to this research project include accessibility to methods. This research project, while partly qualitative, was conducted online entirely. Additional limitations to this study include the skill level of the researcher. During this thesis, the researcher was in part working full time.

3.5 Summary of methodology

Kaupapa Māori methodology promotes a Māori way of conducting research, which is in a manner that benefits Māori, through the application of tikanga and maatauranga Māori. The methods by which this methodology has been applied are traditional, longstanding methods that have guided Māori researchers for centuries. A Kaupapa Māori approach involves emphasizing the situated and entangled nature of academic, drawing upon conceptualised elements of the Māori worldview to create understanding and knowledge (Rua et al., 2023)

Knowledge, theory, research and practice in our Indigenous cosmology The benefits of kaupapa Māori methodology when completing research with Māori is the underpinning value that the outcomes should benefit Māori. Therefore, methods and actions involved within the research align with tikanga Māori, ultimately benefitting Māori. Kaupapa Māori employs the use of concepts such as constitutive research metaphors, understanding that they are culturally validated (Russell Bishop, 1999). Pūrākau is a method that illustrates the development of new knowledge,

This research project aims to understand experiences within the publicly funded health service of Aotearoa. Within the publicly funded health service, research has highlighted the stark disparities between Māori, Pacific and nMnP and when discussing this in the view of outcomes highlights the need to employ philosophies that are of benefit to those impacted more.

Chapter four: Methods

This research aims to understand the key question of experiences within the publicly funded health service of Aotearoa. Working within the publicly funded health service of Aotearoa provides health professionals with the opportunity to engage with communities to improve their health and wellbeing. Pūrākau provides Māori academics with an Indigenous construct to unpack their own perceptions about their cultural location in a modern era. As pūrākau are primarily used for pedagogical intent (Lee, 2008), they afford Māori with the opportunity to learn about different tūpuna—their qualities, their legacy, how they made decisions and how they dealt with circumstances in the past (Cliffe-Tautari, 2020; Lee-Morgan, 2019). Pūrākau Māori comes from traditional Māori storytelling which has been used throughout the generations to shape and influence communities and to provide guidance to up-and-coming generations. (Lee, 2008, p. 2) states that "in many Indigenous cultural traditions, storytelling is one of the keyways that knowledge is sustained and protected within communities" (p. 2). Pūrākau represent an important tool of decolonization, which enables the use of our creation stories as important sources of Māori knowledge. Integral to the unravelling of colonisation is our own ancestral wisdom, which can only be found in our stories (Archibald, 2008). Through the development and adaptation of kaupapa Māori frameworks, the methods of this study empower narrative of participants The following chapter details the research design, methods of collection and analysis process of this study.

4.1 Research design

Kaupapa Māori research asserts that the intention, actions and outcomes are of benefit to Māori. This study was entirely online, through the survey platform Qualtrics. Two surveys were developed (See Appendix I); one for consumers and the second for provider or professional. Survey flyers with QR and URL links were developed for both and were displayed within acute hospital services. Consumer flyers were displayed in spaces accessible to consumers, while provider or professional flyers were displayed in spaces accessible to provider or professional and additionally shared on

the staff intranet. Professional survey flyers and links were sent through two email channels. In addition, the Ngā Manukura o Āpōpō director distributed the links to Māori health professionals nationally and posters were placed at Huataki Waiora, the School of Health at Waikato University.

S. Wilson (2020) describes the Indigenous research paradigm as relational, implemented through the four key concepts, axiology, ontology, epistemology and methodology. He provides insight into this idea by discussing a metaphor by which he teaches the idea of relationality stating

> *"imagine you are an infinitely small pin of light in an area of otherwise total darkness and void, and you spot another small pin of light. You have no idea how far away it is, but automatically form a relationship – a thread, with the other light. Something is connecting you."*

This metaphor highlights the interconnectedness of Indigenous peoples and demonstrates an understanding through the Wilson's words (pp. 75-77),

> *"this is our epistemology, thinking of the world around us as a web of connections and relationships. Nothing could be without a relationship, without context, our systems of knowledge are built by and around and also from these relationships".*

Pūrākau as a method within this research project ties kaupapa Māori ways of research with western methods to develop a meaningful platform through with experiences of engagement can be shared, understood and advocated. Inherent in kaupapa Māori research is the knowledge that Māori hold the right to self-determination and furthermore the right to ethically and culturally safe research. Through Te Mahi Rangahau, pūrākau as a method of research was introduced as an element of this research project, in order to guide researchers in understanding and detailing experiences. Pūrākau was endorsed within developed surveys underneath each response, providing space for self-determination and definition in the context of key questions and themes relevant to the research questions.

4.2 Data collection

A mixed methods approach to research was taken and employed at various levels throughout this study. Data collection utilised the quantitative methods of survey collection, and through added pūrākau elements offered a qualitative, narrative

element. Data was collected through an online survey platform Qualtrix. Each study was developed through a process of brainstorming, developed aside each other and open for corresponding time.

4.2.1 Survey with consumers

Participants for this study were recruited via flyers with QR codes and URL links posted within patient facing spaces within the acute services and emergency services of Waikato Hospital. Additional recruitment occurred via word of mouth through provider and professionals who engaged with the health professional surveys. The survey remained open for two months.

4.2.2 Survey with health professionals

Participants for this study were recruited via flyers with QR codes and URL links posted within staff facing spaces within the acute services and emergency services of Waikato Hospital. Additionally, recruitment via Ngā Manukura o Āpōpō graduates emails was supported by Digital Indigenous director Tania Hodges.

4.3 Data analysis

Analysis of this research has taken a constructivist, interpretivist, narrative based approach. Through the use of kaupapa Māori frameworks such as He Awa Whiria, pūrākau or whakapapa, the analysis of data promotes the combination of consumer and provider or professional pūrākau to define and furthermore direct discussion in a manner that empowers, liberates and decolonises academia with and for Māori.

4.3.1 Qualitative analysis

Key themes were used to develop the research questions and therefore framed the approach to analysis of pūrākau within this study. As pūrākau is a contextual representation of the growth of a base through which knowledge grows, ensuring pūrākau responses framed this research projects approach was imperative.

Self-determination is an underpinning ethic of kaupapa Māori research, although themes were used to highlight the direction of enquiry and inductive approach to analysis was used to analyse pūrākau responses.

4.3.2 Quantitative analysis

Quantitative analysis of both studies was conducted by grouping demographic information before collating pūrākau responses into the puna through which they were developed. An adaptation of He Awa Whiria was used to draw on pūrākau through puna, which supported the formation of understanding experiences of consumer and professional experiences. This flow further intwined consumer and professional pūrākau to define clear findings to inform discussion.

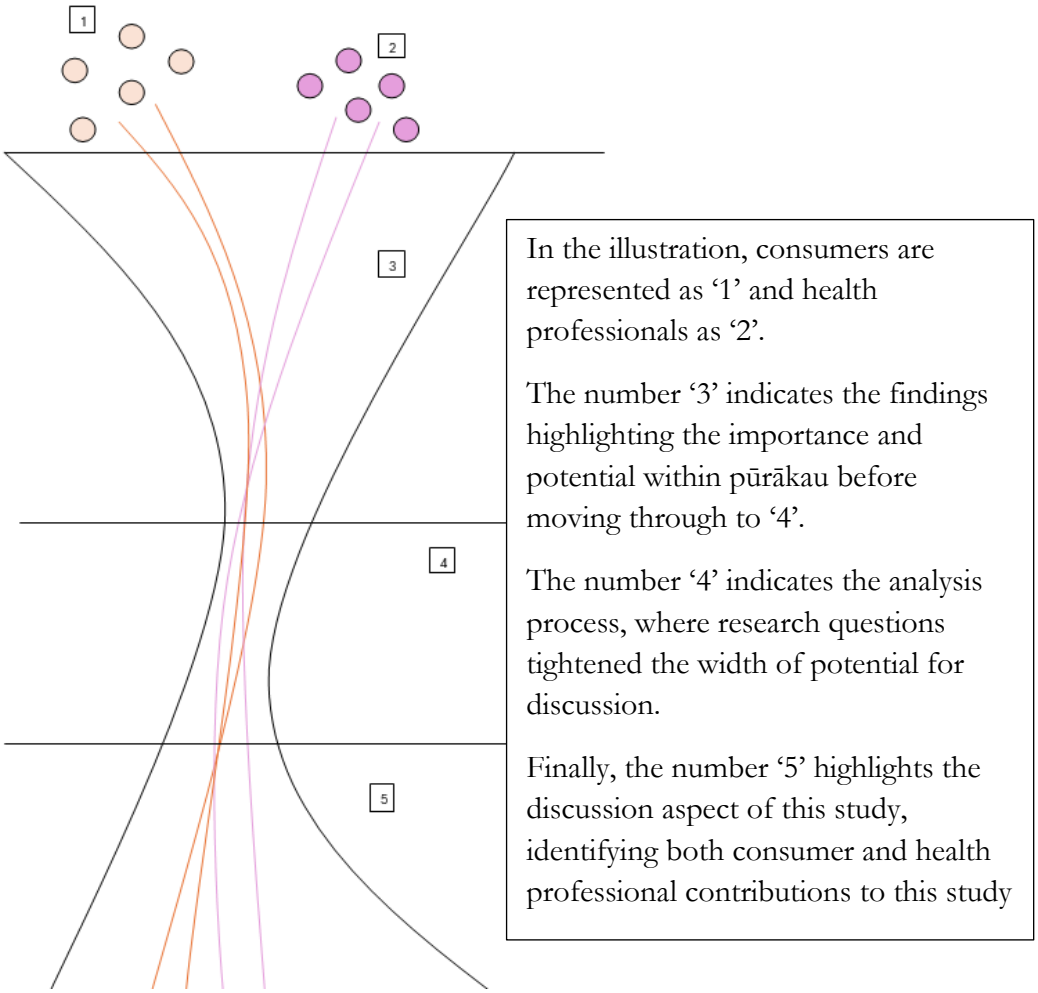

Figure 4 - Analysis process

4.4 Ethical concerns

This study, while focussed on understanding experiences of Māori and non-Māori within the publicly funded health service, also placed attention on the understanding

that Māori experience inequitable access to health services resulting in poorer health outcomes. To ensure Māori voice was represented within the study, ethics approved approaches to Māori specific health focused groups for recruitment. Ethics were gained through Human resource ethics committee and Te Puna Oranga Māori research review committee attached in appendix D.

Chapter five: Findings

Story work is an Indigenous method of research that has been used historically as a traditional method of transmitting and transforming information and knowledge. Kaupapa Māori sits within the Indigenous research paradigm, a framework within research that privileges traditional Indigenous methods of research, ethically bound and validated by reciprocity, relevance, responsibility and respect. Additional to these ethics is the ethic of relationality, which within the Indigenous research paradigm asserts the researcher places themselves within the context of the research. Therefore, Kaupapa Māori was chosen as the methodology to underpin this study which focuses on experiences within Aotearoa's publicly funded health service. Research has highlighted the ongoing inequities that Māori face engaging with the publicly funded health service and with ongoing attempts to support engagement with services is concerning to see significantly poorer health outcomes continue within Māori communities. The research was guided by the following questions:

1. How to barriers impact engagement with health services;
2. How do experience/s impact engagement with health services; and
3. How do the views of health consumers and providers compare regarding perceived improvement required within publicly funded services?

Pūrākau is a kaupapa Māori story work method in research which engages the conceptualised understanding of the growth, strength and inherent nature of trees within the natural environment. As a method, it highlights the development of narrative, from core discussion outward and through to the impacts within a collective of pūrākau. He Awa Whiria is a kaupapa Māori framework that conceptualises braided rivers to bring paradigms together as equals, combining the strengths of two different worldviews into a workable whole. This model has been adapted to suit the nature of this study, with the themes used to develop the questions being highlighted as respective puna. Through these puna, reflection can occur to compare and contrast experiences and observations within the health service, forming a cohesive understanding within the thesis discussion.

5.1 He Awa Whiria

He Awa Whiria has been applied to this research analysis as it encompasses te Ao Māori worldviews through a cohesive understanding of the interconnectedness of the world. Without water, life would not grow and without growth, the world would not live (Kapa-Kingi, 2024; Martel et al., 2022). Pūrākau as a method alongside He Awa Whiria, highlights the natural growth of rākau within an ecosystem fed by the flow of water. He Awa Whiria has been adapted within this research project, additional puna has been identified within the model, connecting the themes through with pūrākau was shared by participants. These puna of pūrākau are a symbol of the potential growth from the participants shared experiences, while defining, justifying and validating the flow of analysis and furthermore discussion relevant within this research project. Inherent in a quantitative based method is inability to gain ongoing clarification as researchers are able in some quantitative methods, such as interviews or sharing circles. While some responses may not enter analysis and furthermore discussion the puna from which they came is honoured within this adaptation, as the presentation and ability for them to find streams of meaning encapsulates the ongoing movement and flow of water ingrained within this framework. This analysis brings professional and consumer responses together to develop discussion around the key questions posed within this research project, at this stage knowledge is moving from puna to wider streams ultimately leading to research conclusions.

The findings are organised into quantitative and qualitative sections.

5.2 Consumer study respondent findings

The following tables and figures provide the results for the consumer survey, which was separated into two main parts, the first drawing on quantitative responses, the second free text.

Table 2 - Health consumer, demographics

Characteristic	Details
Count	**36**
Gender, count (%)	
Female	25 (69.4)
Male	10 (27.8)
Not disclosed	1 (2.8)
Age group, count (%)	
16 to 19	1 (2.8)
20 to 29	7 (19.4)
30 to 39	9 (25.0)
40 to 49	7 (19.4)
50 +	12 (33.3)
Not disclosed	0 (0.0)
Ethnicity*, count (%)	
Māori / Tangata Whenua	21 (58.3)
New Zealand European	14 (38.9)
Pacifica	0 (0.0)
Other	7 (19.4)
Not disclosed	0 (0.0)

Note. * Participants may identify with more than one ethnic group

The following figures are organised around the questions asked in the survey.

In the following figure, ten health consumers identified that they lived with no chronic condition, seven lived with two to three and one lived with the diagnosis of four or more chronic diseases.

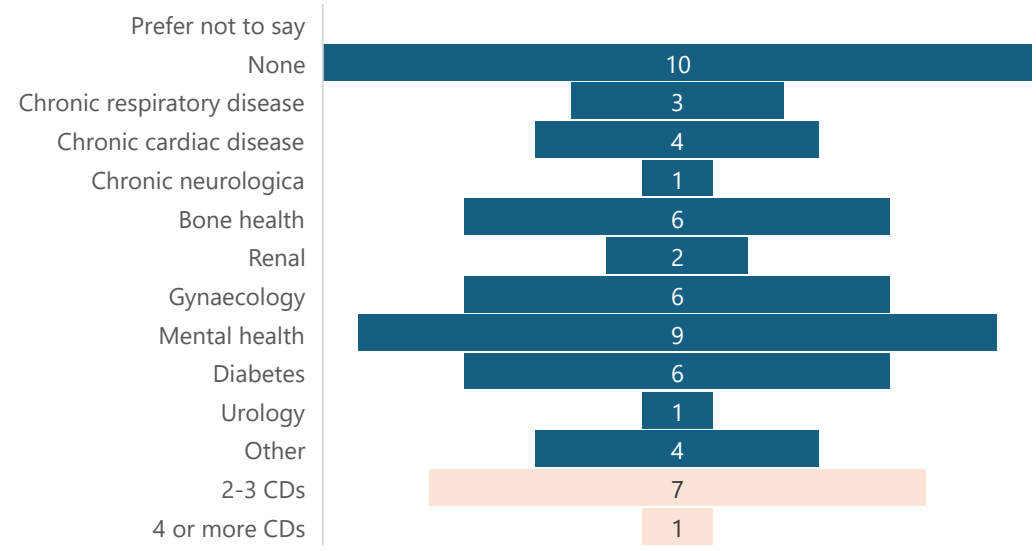

Figure 5 - Chronic diseases identified by consumer respondents

Figure 6 illustrates that 12 participants visited their General Practitioner two to three times a year, while five identified visiting four to five and six plus times respectively.

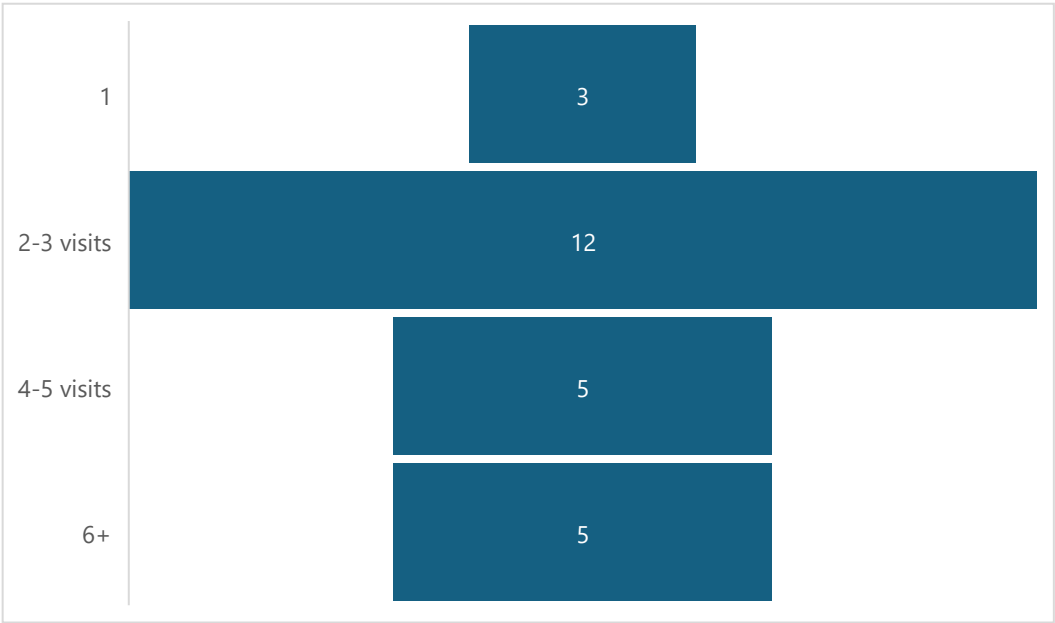

Figure 6 - Average consumer GP visits

All respondents were enrolled in a GP clinic or equivalent

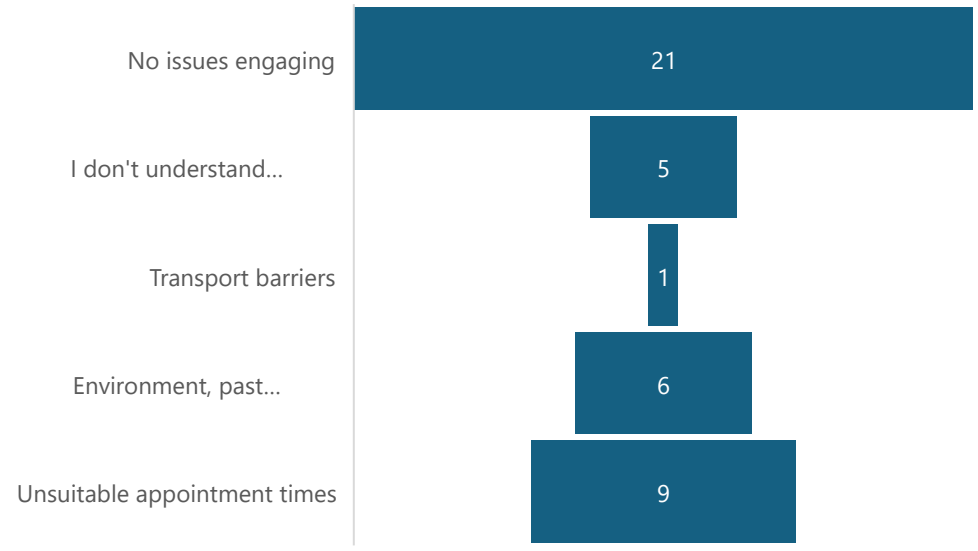

Figure 7 - Barriers to consumer access

Figure 7 illustrates that 21 participants identified that they did not experience barriers to access; however, within pūrākau four participants subsequently identified barriers. Two participants stated within pūrākau that they experienced no barriers. One participant identified struggling to access services due to transport, six identified the environment, nine identified unsuitable appointment times.

Figure 8 presents the results regarding consumer empowerment.

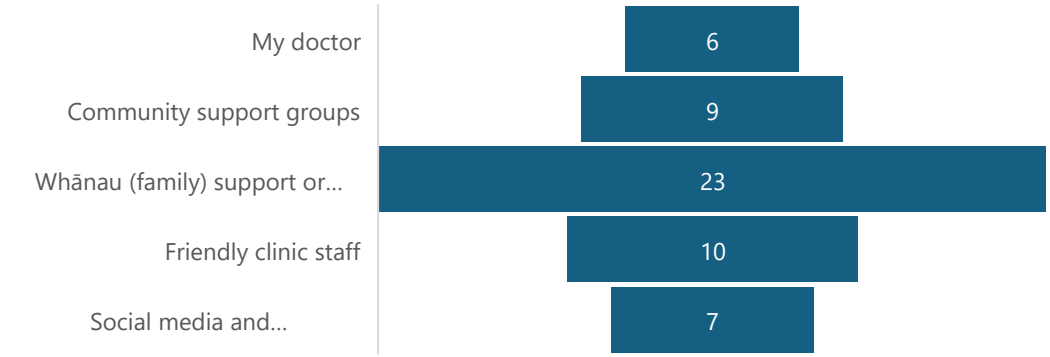

Figure 8 - What empowers consumers health and wellbeing

A total of 23 consumers identified whānau empowerment when engaging with health services, ten identified friendly clinic staff, nine identified community support. Seven

identified social media and advertisements, and six identified their GPs.

Figure 9 presents the findings relation to consumer engagement and its importance. A total of 25 consumers identified that they believe access to services when well to maintain wellness is important, seven identified that they did not believe it was important to access services when well.

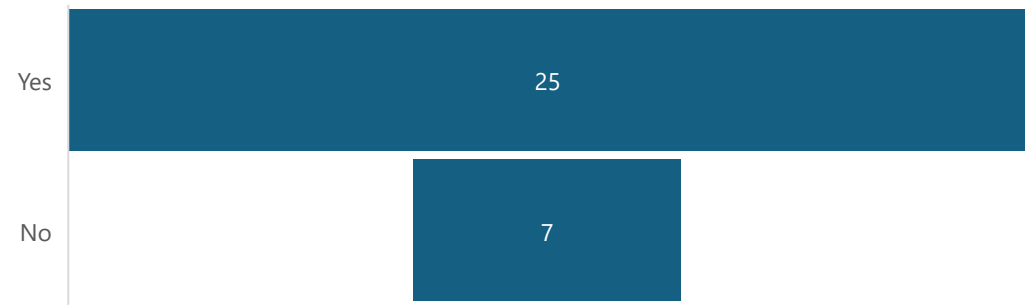

Figure 9 - Consumer observed importance of engagement when well

Figure 10 relates to how consumers could see the health services improving. A total of 24 participants identified easier access to services, a total of 22 identified longer appointment times and 20 identified appointments longer in the day. A total of 15 participants identified whānau appointments and chronic condition specialists within the same clinics.

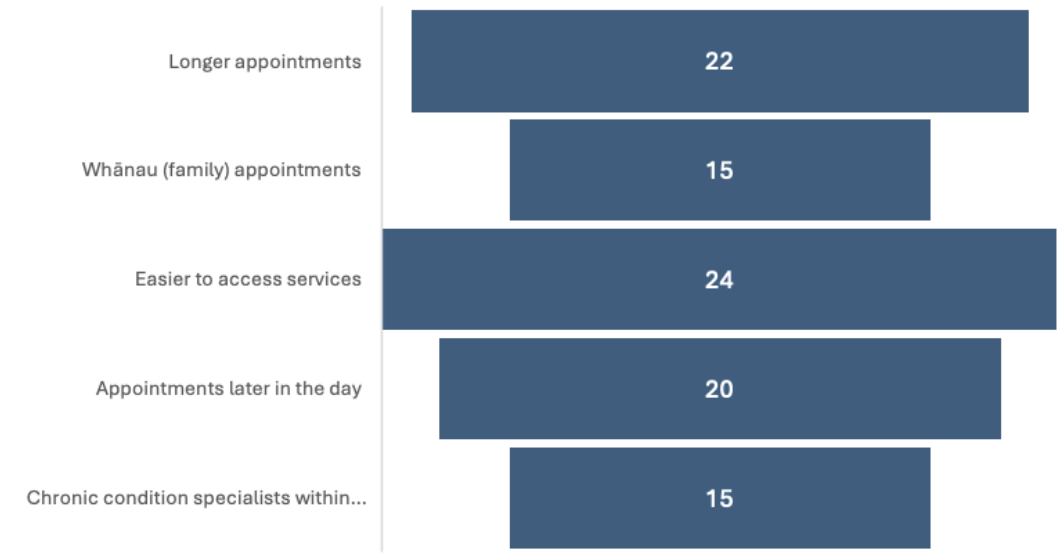

Figure 10 - Consumer perceived improvement needs

Figure 11 provides the responses to the questions relating to consumer perspectives around their experience of healthcare. Most respondents (61.1%) reported that their experience of health services was either 'somewhat good' or 'extremely good', with a mean response of 6.22 out of 10 (SD=2.29).

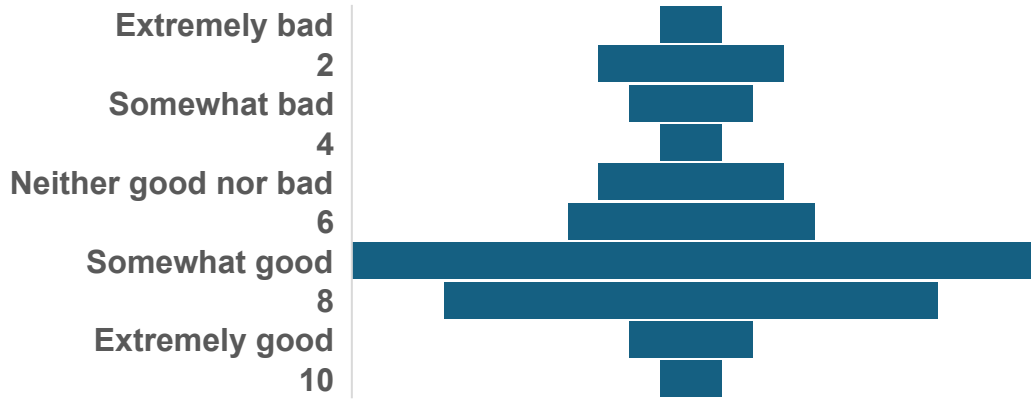

Figure 11 - Experience with health services, count

Figure 12 (overpage) explores the question "How supported do you feel you are by your GP?" Most respondents (66.7%) reported that they were either 'happy with the support that they received' or felt 'very supported by their GP,' with a mean response of 6.88 out of 10 (SD=2.75).

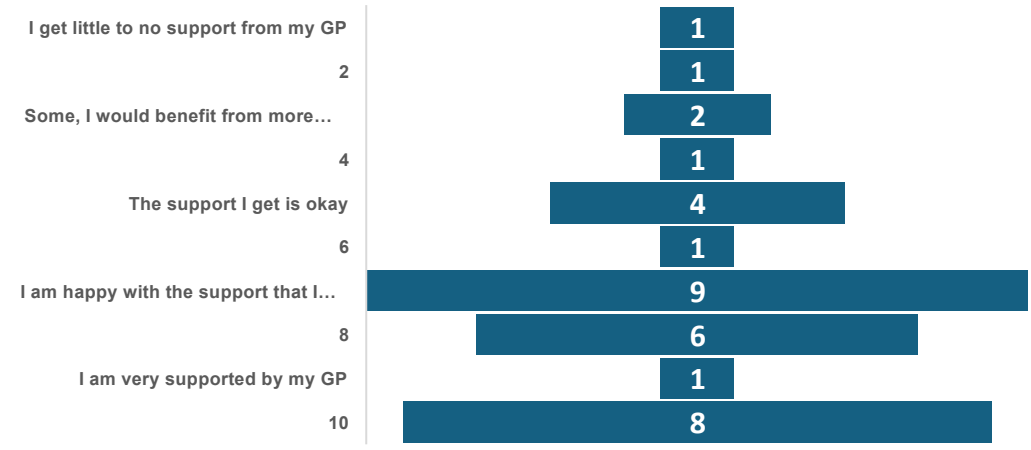

Figure 12 - Support from GP, count

Figure 13 explores meaningful relationships; most respondents (88.9%) reported that they regarded relationships with their primary care health professional as 'very important' or 'extremely important,' with a mean response of 8.51 out of 10 (SD=1.74).

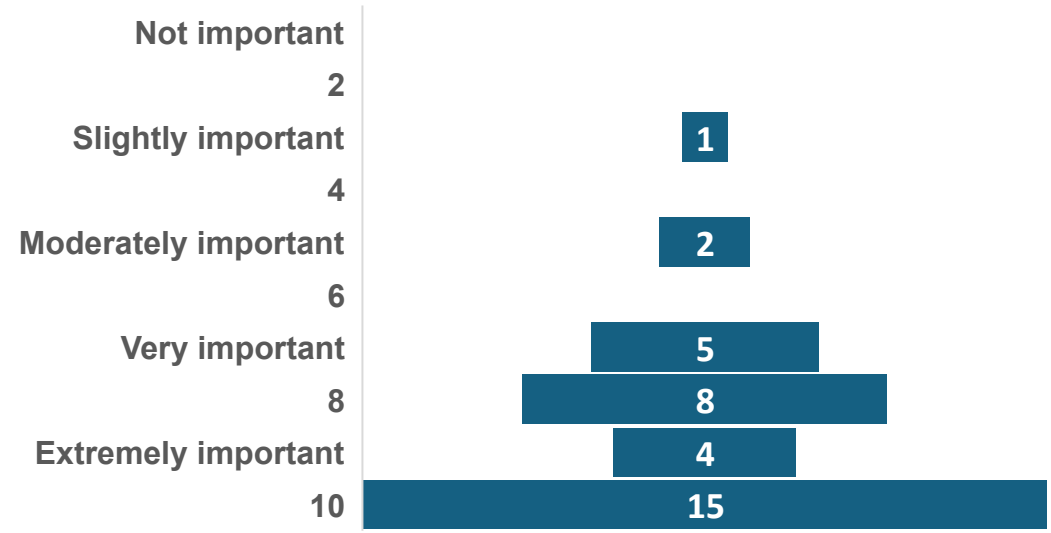

Figure 13 - Meaningful relationships with health professionals, count

5.3 Health professional study respondent findings

Health professional characteristics are presented in Table 3.

Table 3 – Health professional characteristics

Characteristic	Details
Count	**37**
Gender, count (%)	
Female	26 (70.3)
Male	3 (8.1)
Not disclosed	8 (21.6)
Age group, count (%)	
21 to 29	4 (10.8)
30 to 39	8 (21.6)
40 to 49	6 (16.2)
50 to 59	17 (45.9)
60 to 70	0 (0.0)
70 +	1 (2.7)
Not disclosed	1 (2.7)
Ethnicity*, count (%)	
Māori / Tangata Whenua	22 (59.5)
New Zealand European	15 (40.5)
Pacifica	0 (0.0)
Other	6 (16.2)
Not disclosed	1 (2.7)
Years working within a publicly funded health service in Aotearoa-NZ, count (%)	
Less than one year	0 (0.0)
1 to 3 years	3 (8.1)
4 to 5 years	7 (18.9)
6 to 7 years	6 (16.2)
8 to 9 years	3 (8.1)
10 plus years	17 (45.9)
Other	1 (2.7)
Role within health care, count (%)	
Registered Nurse	27 (73.0)
Enrolled Nurse	0 (0.0)
Health care assistant	0 (0.0)
Medical doctor	1 (2.7)
Physiotherapist	1 (2.7)
Occupational therapist	0 (0.0)
Social worker	0 (0.0)
Dietitian	0 (0.0)
Other**	6 (16.2)
Management	6 (16.2)
Region of Aotearoa-NZ practices within, count (%)	
Northern	8 (21.6)
Te Manawa Taki (Midlands)	19 (51.4)
Central	7 (18.9)
Te Waipounamu (South Island)	3 (8.1)

Note. * Participants may identify with more than one ethnic group
** Participants may additionally select 'other' as well as another role, e.g. a nurse practitioner is also a registered nurse

Participants were also asked to comment on how important do you think it is for people to access health services when well, to maintain wellness?

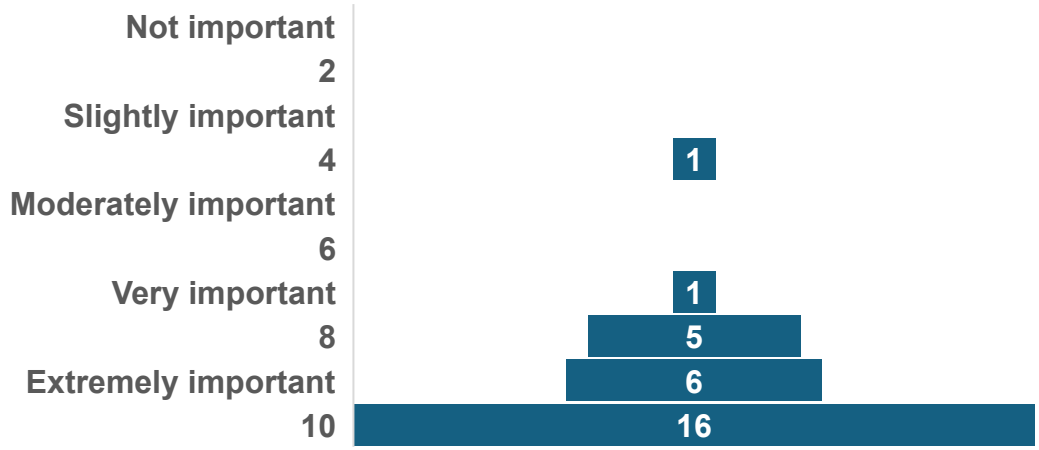

Figure 14 - Importance with accessing health services to maintain wellness, count

Health professionals were asked about their perceived barriers to access observed by health professional respondents and the results are presented in Figure 15. A total of 27 identified physical barriers to access, twenty-five identified poor communication, 21 identified hostile healthcare environments, eighteen identified primary care barriers and twenty three participants identified racism.

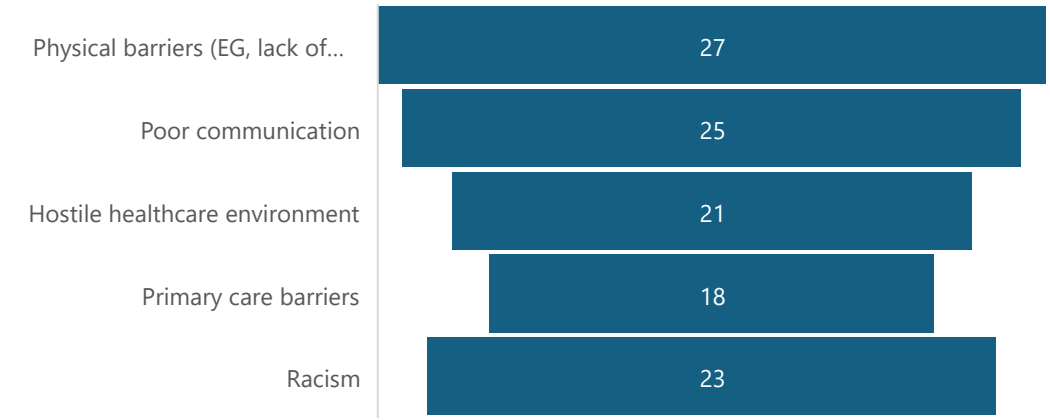

Figure 15 - Barriers observed by health professionals

Health professionals were also asked to comment on facilitators to access and 25 health providers identified whānau involvement, manaakitanga and culturally safe care as key facilitators to accessing health services. A total of 22 identified whanaungatanga and eighteen identified practical facilitators to accessing health services.

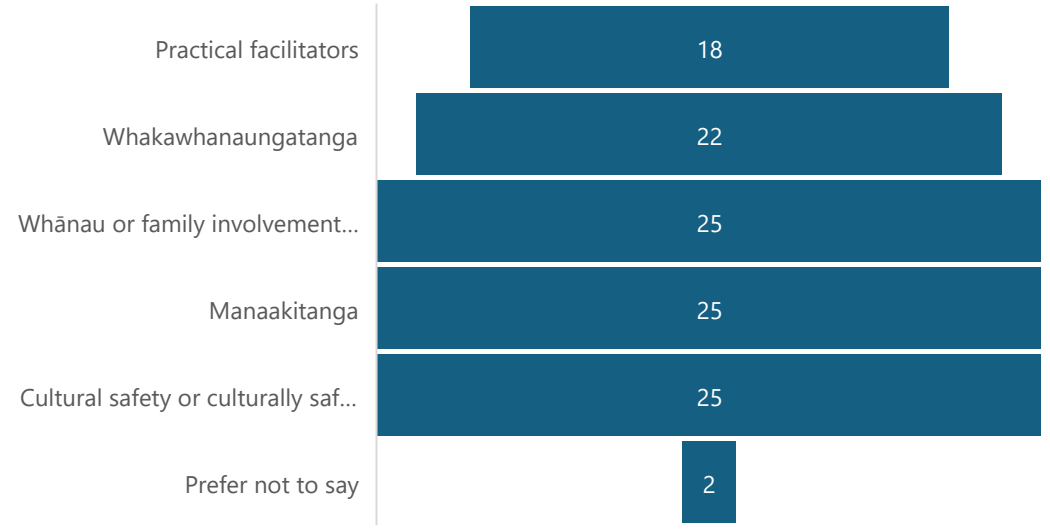

Figure 16 - Professionals observed facilitators to engagement

Health professionals were asked to comment on their perspective of consumer needs, 25 respondents identified easier primary care access and home visits and 24 respondents identified longer appointments, 22 identified whānau or family involvement, 19 identified more support groups and 18 identified accessible information.

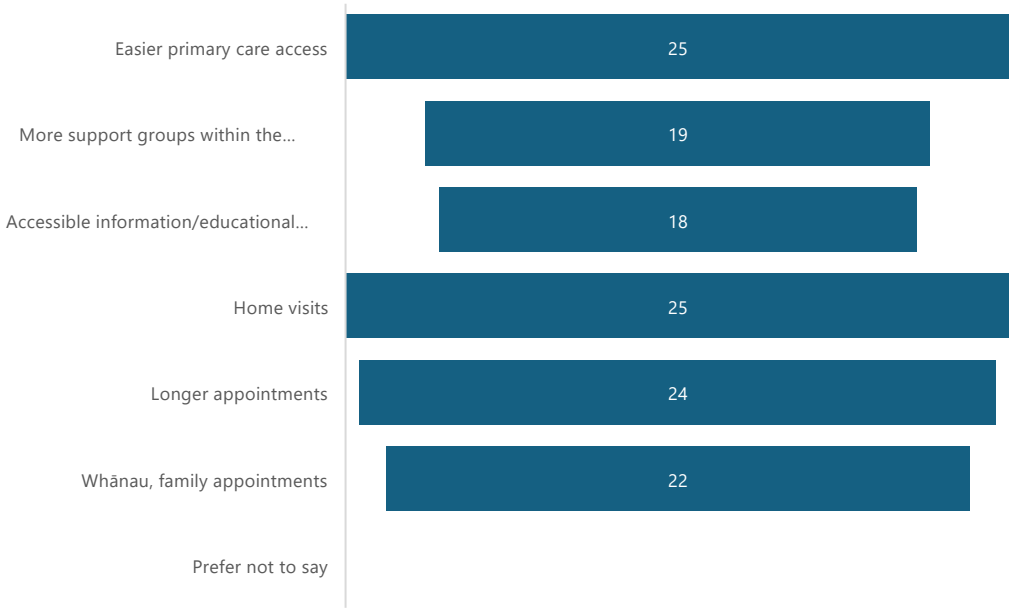

Figure 17 - Professional perceived consumer needs

5.4 Quantitative findings, summary

Part of kaupapa Māori methodology is the empowerment of self-determination in research. Participant pūrākau has been highlighted, with key demographic information identified prior to the presentation of pūrākau. Participants who engaged with the study were open, detailing experiences within the health service that has impacted them in a positive or negative manner. The following part, and chapter of analysis corresponds question sets with puna, developed through reflection of the key themes and questions of this research, to be understood and contextualised within the compass of this projects key aims and questions.

5.5 Qualitative analysis

Highlighting and understanding experiences within health services offers broad insight into the way health services are being delivered and received. This study focussed on understanding experiences through pūrākau from both professional and provider perspectives. A thematic analysis was undertaken, approached with a kaupapa Māori worldview which asserts that the research is conducted in a manner that upholds the mana of Māori as contributors of research. Therefore, all responses were collated within their respective groups, consumer and provider or professionals. Within these respective groups, responses were collected into puna, the themes identified at the beginning of this research.

Figure 9 illustrates the thematic analysis, which describe the development of the puna: Barriers; Barrier reduction and empowerment to engage with services; Prevention; and The ideal service.

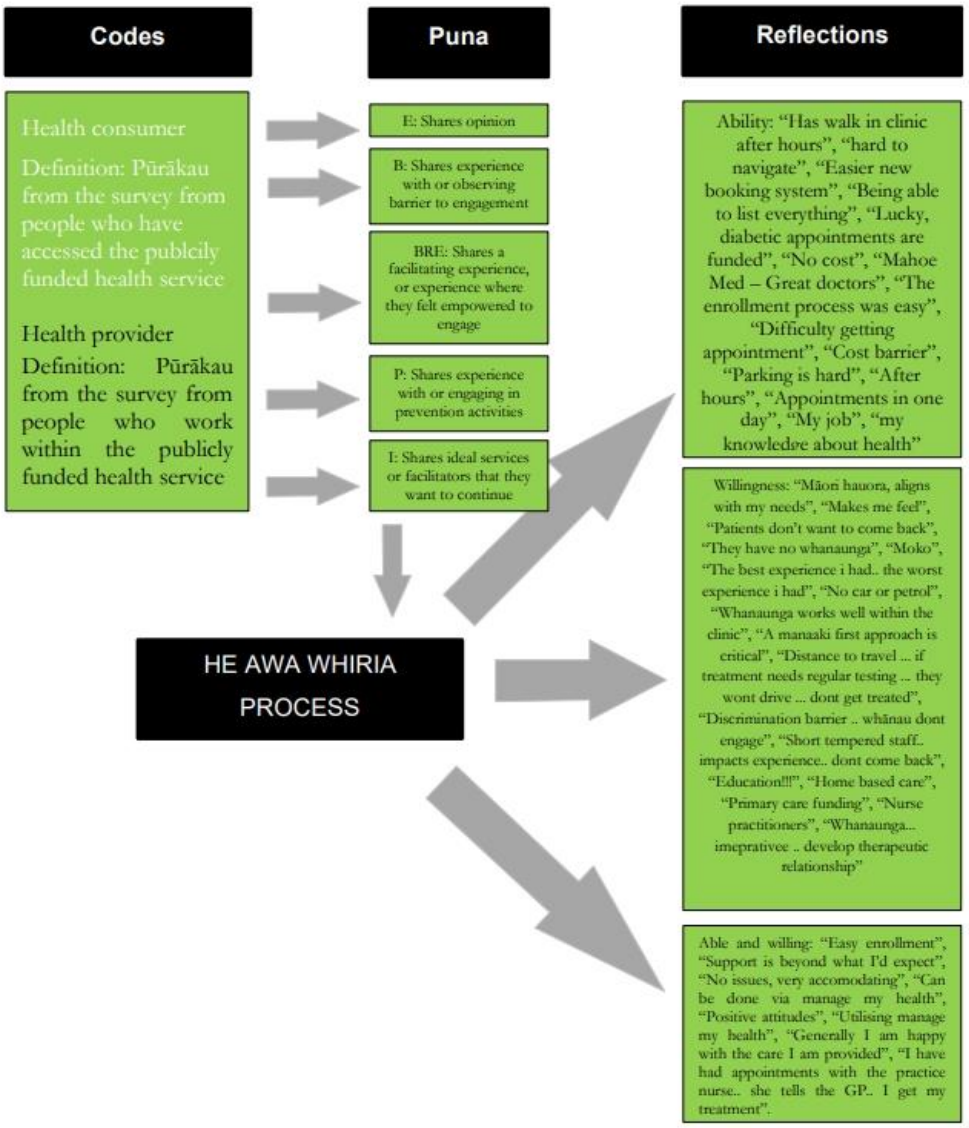

Figure 18 – Thematical analysis

The puna contributed to the adapted He Awa Whiria model, flowing into ngā awa experience, the river of experience. Within each group responses were read, and a reflection was completed on all responses. This highlighted the observable experience or engagement spoken through the pūrākau of respondents. Key themes were then identified within these reflections which directed pūrākau into the puna, as described above. The following analysis discusses the pūrākau within these themes, drawing on key experiences to summarize key findings regarding the impacts of experience within

publicly funded health services on engagement. All names employed in the quotes below are pseudonyms.

5.5.1 Ngā puna – experiences within the publicly funded health service

Health consumers identified a range of experiences within health services and highlight meaningful support and engagement within primary and secondary care. Aimee responded writing

> *"[I] have found it hard to find a GP I like in the town I live so travel out of town to another clinic"*

adding

> *"Having a trusted GP who knows my history has been important to me, particularly when seeking healthcare for pregnancy or for my children as I have had difficulties in the past with these things. I feel that as a mother, things are often brus[h]ed aside as being "hormonal" or "pregnancy related" and so on, so having someone who I know will take me seriously is important".*

In contrast Rain writes

> *"I don't like my GP and prefer not to visit him as he is unable to provide equitable service to Māori".*

Rain concludes that they visit,

> *"Only if absolutely necessary".*

A total of 14 of the health consumer study participants identified that they lived with a chronic condition, Riana identified that she lives with seven chronic health conditions, and writes

> *"I have chosen and stayed [at my GP clinic] due to a convenient CBD location, good experiences with the doctor, nurse, pharmacy & admin team.",*

she continues

> *"I have had varying experiences over my health journey, but a GP who is familiar with clients and remembers things, even just the basics (does not make you constantly repeat your medical history) is very helpful with forming and maintaining relationship."*

Similarly, Lennox shares

> *"I have had 5-6 GPs in 3 different regions of NZ. Each clinic sometimes with numerous practitioners. In my opinion across them all what you pay is what you get, I found a young, similar age and open to progressive holistic who is patient led. In the opposite example I went to the cheapest fee I could find and felt part of a train in and out within 15minutes each time with an older male who was very abrupt and had very to little patients rapport/ relationship building."*

Whaea Erena shares pūrākau writing,

> *"I have been part of the medical centre for many years. Te Korowai started a few years after. I am happy with the care that I am provided: Hadn't been for about four years due to the pandemic, however, have started up again after having a heart attack in January"*

Later, Whaea Erena identifies that she doesn't experience barriers to access, however shares

> *"I [Māori] sometimes get treated differently than my husband [Pakeha] even though pay the bills when the staff don't know me. Treat everyone the same, good in theory...."*

Ella shares her experience of discrimination, writing

> *"I have found that quite often I am judged as being uneducated because of the way I dress and the colour of my skin".*

Whaea Mata describes a cascade impact of barriers to access, she identifies

> *"access to GP in a timely manner. Māori appear to lack treatment options, [as they] don't complain enough E.g. Māori male 50-60 years, Knee, hip pain, attends GP tries all pain relief for long periods at a time (months, years). Increased weight gain, leads to obesity Hip pain- not recommended for surgery, as too young, will have to do again later in life? Again pain leads to less exercise and weight gain. These also lead to depression for individuals and it appears, no one listens. Pakeha seem to push for treatment and usually get it done earlier rather than later."*

This cascade of effects explained by Whaea Mata, highlight how a barrier accessing health services, can impact outcomes in health long term. Pūrākau within this puna highlights experiences that include meaningful engagement, meaningful support and convenient accessibility. While these factors appear to positively influence engagement, Whaea Erena highlights that prior to a significant health event, she had not seen her GP for four years. In contrast, Erin shares that when experiencing acute pain she

engages with her GP, highlighting that she can access services in a meaningful manner as she is a nurse.

5.5.2 Ngā puna – barriers to engagement with health services

Barriers to engagement with health services are multifaced, varying at primary and secondary health levels. It is well known that at primary service levels practical barriers such as cost and accessibility to appointments continue to impact outcomes; furthermore, impacting need to access acute secondary health services. Within this study, six respondents identified that they experience no barriers to accessing health services, Willa states she has not experienced barriers, similarly Riana identifies that she experiences no barriers; however, identifies that she has occasional issues. She identifies appointment times not matching work or university, adding that finding doctors knowledgeable on her conditions is difficult at times. Riana identified that she lives with the diagnosis of seven chronic conditions, furthermore Riana shares that she accesses primary health services six or more times annually. Whaea Erena similarly identifies that she experiences no barriers to access; however, shares discriminatory experiences with reception staff within her primary health service. Layla adds

> *"I will go to Māori health providers with a nurse practitioner for my Hauora wahine appointments".*

Layla wrote earlier within her pūrākau

> *"They have no whanaungatanga. Expect me to share my personal Hauora without any trust or relationship. Don't consider my cultural beliefs and tikanga around my Tinana wairua and hinengaro. They have on several occasions whakaiti me as I have tried to explain ashamedly what was wrong with me."*

Whaea Mata also shared that she experienced no barriers to access, highlighting that while she does not experience barriers, she does worry for her whānau. Later in her responses she shares

> *"Don't feel listened too. Language barriers with overseas GPs"*

Communication impacts willingness and ability to engage, as education and treatment information may not be accessible and therefore useful to consumers. Pūrākau identifies personal and practical barriers within communication GPs, preventing meaningful access therefore benefiting outcomes.

RN Ria indicated that she works within the community and highlights further barriers to access, sharing

> *"GPs not seeing trends in patients' blood results - eg decline in kidney function until too late. Thus, window of opportunity for preventative measures & education missed".*

Experiences engaging with health services ranges, impacting ability and willingness to engage. Participants of both studies identified barriers and meaningful engagement and connection when discussing experiences engaging with health services. Barriers included access to services in a timely manner and communication while meaningful engagement included a meaningful relationship with their health provider and long-term enrolment and engagement with the same clinic. Participants defined this through highlighting enrolment with clinics for ten or more years, naming their clinics and sharing their experiences of support from their health provider. Health professional RN Ria works within the community and identified the cascade impacts negative experiences have on ongoing treatments and outcomes.

Rain shares pūrākau, writing

> *"I accidentally swapped my medication as instructions were not clear enough. There was no follow up support provided."*

They continue

> *"In addition, the lack of Tikanga Māori or Ngā Reo Māori, provides inequitable service, which also reflect the Eurocentric standard that is designed against the values of the original peoples."*

Lack of cultural representation impacts willingness to engage with services, as Reihana shares

> *"Mostly pakeha don't pronounce Māori words properly or don't even try".*

RN Grace identifies this barrier writing

> *"lack of understanding of te Ao Māori and its importance to whanau."*

Within her pūrākau responses to barriers to engagement. Accessibility to services in a meaningful manner is described within pūrākau, Rain writes

> *"I am employed at the average working week of 9am to 5pm. If I need to see a doctor, I am then required to go on leave, impacting my work."*

Tina adds to pūrākau, writing

> *"Parking is a huge issue [and also] child care and travel. Also the time for a doctors spot sucks. As soon as your time is up you have to go even if you aren't finish. It makes it hard when you finally break down a wall and feel comfortable enough to open up".*

Meaningful connection and accessibility relate within this context, as stated by Kane who wrote

> *"Hard to get an appointment time, GP runs late, 15min booking slot feels impersonal".*

Accessibility barriers are discussed thoroughly by health professionals who identify reliable transport, petrol and parking in addition to localities of some services. Distance to access services is observed impacting treatment options by RN Laura who writes

> *"I have had conversations with people who have had to make choices regarding medications they take due to the nature of the ongoing blood tests required and the distance needed to travel to have those tests - i.e. choosing not to take warfarin due to need for INR testing and nearest healthcare provider being considerable distance away and not seven-day coverage. Living in a community 40 minutes away from a main city centre is absolutely a barrier to many who either don't have transport, can't afford the petrol or are unable to access public transport as the bus only runs a couple of times a day. I have seen numerous posts on the community Facebook page asking for help with transport into the main centre to attend hospital appointments."*

Accessibility to information and education is discussed by professionals who identify levels of understanding, education from health professionals as key influences impacting health outcomes. RN Freya writes

> *"Cost, ability to get in to see someone, similar to section above system inequities perpetuated by primary care businesses who do not understand or value equity , GPs and nurses who lack cultural education/safety and therefore whose practices may exacerbate inequities",*

adding

> *"Too many overseas health managers and clinicians who seem to skip education about Aotearoa being a treaty-based land".*

No fixed abode or homelessness are discussed by providers within pūrākau responses. RN Hera and RN Drew identify homelessness impacting engagement with health

service including outpatient clinics, citing no phone and internet access to received appointment details, or access accurate up to date education. Participants within both studies identify a broad range of barriers to accessing health services. Access to information and services, discrimination, Eurocentric worldviews and systems, alongside practical barriers such as cost, or transport continue to impact ability and willingness to engage with health services. Barriers impact engagement with health services through ability, or willingness to engage, furthermore influenced by prior experiences and engagements.

5.5.3 Ngā puna - barrier reduction and empowerment to engage with health services

Ngā puna of barrier reduction and empowerment to engage with health services focuses on understanding how facilitators within health services might support empowerment with health services, from the perspective of consumers and providers. Understanding empowering, barrier reducing factors supports defining impacts of experiences within publicly funded health services. Erin, adds

> *"Yes. Preventative medicine is very important as I age. I have a family history of breast cancer so being able to have regular mammograms is vital".*

Screening including blood work is discussed by four participants, Rohi shares

> *"As I'm getting a little older, I want to ensure any health issues are identified early. I try to be on time with all my screening appointments (breast, cervical, flu vax etc). Thankfully at my GP service I can usually get an appointment on the day I need and a phone consultation is available if it is a discussion regards repeat prescription so I don't have to travel unnecessarily."*

Barrier reduction is discussed by Whaea Ida who writes

> *"Yes. Preventative access is important, but it can be via manage myhealth online."*

Some participants agree that preventative access is important, identify cost barriers to preventative access to services, five participants shared that preventative access was not important to them. Jenna writes

> *"Don't really need the doctor unless something is wrong"*

while Ira identifies

> *"It costs money and time if I am well and not needing a doctor".*

Jenna and Ira identified themselves within the 20–29-year-old age group. Whaea Anahera writes

> *"I can contact them Mon to Friday [and] also have Te Kuiti hospital which I have been a patient admitted through emergency".*

Matua John highlights improved access to health services, including community-based consultations including regular clinics by GPs in smaller communities. Access to health services is identified by professional and provider respondents as parking, reduced cost, support to access services including shuttles or outreach services. RN Drew suggests

> *"More community or mobile services rather than having the clients come in".*

Tessa shares her perspective, writing

> *"We need to start from a wellness perspective, not a pathology perspective. Increase the disposable income of the lowest socio-economic and we will increase wellness. This combined with reengaging in mātauranga Māori will have a huge impact on Māori health outcomes."*

Cultural elements are mentioned, RN Florence writes

> *"More Māori staff, need bigger workforce. Better cultural safe education for non-Māori staff caring for Māori",*

while RN Grace mentions

> *"Māori for Māori, we can whakawhanaungatanga like no-one else."*

Midwife Dayna describes

> *"Whānau, hāpu and iwi based Rongoā clinics throughout Aotearoa. It's what our whānau are asking for from Kaumātua, whanau, for tamariki and mokopuna through to pre-conception and Hāpu māmā. Rongoā clinics are a one stop shop of wholistic care".*

Engagement with health services is a theme developed through inquiry around what empowers people to engage with health services, alongside facilitators that support engagement. Whānau empowerment was a significant topic throughout consumer pūrākau. Willa writes

> *"I try to be the healthy version of myself for myself and for my family",*

while Jenna identifies

> *"Myself. I want to be healthy for my family and work".*

Similarly, Erin identifies

> *"Not being able to work is a powerful motivator to keep as well as possible. I know I need to lose some weight, but I don't beat myself up about it, I have more important things to worry about, like aspects of work and my pain control".*

Te Whetu notes

> *"My job, knowledge of disease, my family and friends".*

Whaea Dawn highlights

> *"Important for whānau to be involved and or considerate of Kai and my intermittent fasting times. It's so difficult when whanau are not thinking about these things. The whole whānau needs to get involved. Likewise with no smoking or drinking".*

Engagement with health services is important to maintain a state of health and wellness. Pūrākau identifies work, whānau and family, dependants or self-empowerment as factors influencing their engagement, including engagement with healthy lifestyle practices. Facilitators to engagement are elaborated by health providers and professionals, RN Laura states

> *"From my experience, involving whanau in care and care planning - with the patient's consent - is invaluable to engagement with healthcare.".*

Whaea Reina explains

> *"whānau ora approach, mana enhancing approaches so whanau involved at the beginning of journey."*

Manaakitanga and whakawhanaungatanga are principles within Te Ao Māori that translated to care, improve engagement with health services. RN Hera writes

> *"Taking the time out to listen to whānau and patients demonstrates Manaaki, which helps build better relationships and connections".*

RN Laura continues

> *"Again, I have seen where people are treated with dignity and in a manner that is respectful of what matters to them culturally then this has a positive effect."*

Communication and engagement with patients in a culturally aware and considerate manner contributes to willingness to engage, while practical facilitators impact ability. Access to services is important and preventing chronic disease through regular screenings supports early detection improving outcomes. Prevention and engagement with preventative health practices is largely influenced by ability and willingness to engage with health services. Ability, comprised of the physical and practical ability to engage with health services alongside willingness, comprised of a quality or state of being prepared to do something drive preventative engagement.

5.5.4 Ngā puna – perceived improvement needs within the publicly funded health service

Ngā puna of perceived improvement needs within the publicly funded health services focuses on gaining an understanding on perceived improvement needs within health services offers insight into improvements consumers and professionals would enact if resources allowed. Tama writes

> *"Having the same doctor over and over and having them actually listen makes a HUGE difference. When they work WITH you not what they want is massive and makes me want to work on me too".*

Meaningful connection is mentioned by Ella who writes

> *"It would be wonderful if I was able to see the same doctor every appointment."*

Whaea Moana states

> *"Flexi appointments, 30 min slot, under 15mins no charge",*

Similar to Rain who writes

> *"Rather than 30min quick session on past month, a 45-60min appointment would mean I can meet my needs and resolve issue(s)."*

They continue

> *"Follow up appointments via zoom would be incredibly helpful."*

Dalia identifies

> *"After hours appts would be great. The reality with chronic conditions is that we should be aiming to be well and fully functional. Having to keep taking leave for appointments to maintain that is hard on a job/employment"*

Access to specialists within the same clinic is identified as useful by participants identifying the ability to align appointments within one day or reduce referral times. Erin shares

> *"Travelling to the DHB is time consuming and expensive and stressful. The DHB needs to recruit and train more clinical nurse specialists so they can be based in the community. Patients should only need to travel to the hospital in an urgent situation."*

Meaningful engagement with health services is identified within various shared pūrākau highlighting longer appointment times, consistency in GPs, or support with follow ups. Professional responses highlight accessibility, mentioning a reduction in wait times, or increased access to GPs and Nurse Practitioners. RN Hera identifies

> *"Often patients have a long list of concerns, as they cannot afford to visit the GP multiple times. Medical model, GP will treat the urgent or more concerning issue. This means some things get missed, due to time constraints".*

PT Leila suggests

> *"One stop shop? Ie. Multi/interdisciplinary practices. Those at highest risk identified at these practices who can't make it get the clinic bought to them."*

Whaea Reina adds

> *"kai awhina employed to support whanau in all aspects of care - transport, tautoko, navigating agencies".*

Whānau involvement remains important, with RN Hera sharing

> *"Having the ability to whānau hui is essential, upon the request of patient".*

Whaea Kath identifies

> *"Health care needs to be community based as far as possible."*

Ability and willingness to engage with health services is contributed to by prior experience and facilitators or barriers to access. Pūrākau responses within this theme identified a need for accessibility improvements while highlighting the need for

ongoing and additional meaningful measures to positively influence willingness to engage.

5.6 Summary of findings

Analysis of research requires measurements through which findings can ultimately be identified. This research honours the relationship between Māori and quantitative research, that is the understanding that self-definition is critical in avoiding incorrect interpretation, therefore avoiding harm. The key questions within this study were central to understanding how barriers and experiences impacting engagement with health services.

Consumers and professionals were provided different surveys, to gain a snapshot of the publicly funded health service in Aotearoa. Therefore, the analysis followed a conceptualised He Awa Whiria framework which acknowledges the puna from which the questions came. Both consumer and provider puna identify themselves, before coming together to contribute to the discussion chapter. Within both studies the average age was within to 50-59 age brackets. Both studies had largely female engagement, and majority of respondents identified as Māori. A total of 26 registered nurses participated within this study, three of whom identified themselves within clinical management roles.

Health consumers identified varying engagements with health services, identifying an average of two to three visits to primary care annually. All consumer participants were enrolled with a primary care service or equivalent. Additionally, barriers identified within pūrākau highlighted the interpersonal impacts poor prior experience on engagement, alongside lack of cultural awareness and participation within clinical spaces. Barriers to access including practical barriers, communication barriers, environmental barriers and discrimination barriers were identified by health consumers and professionals.

Facilitators to engagement highlighted these barriers, as respondents identified facilitators to access comparable to barriers. Questions based on ideal services identified awareness of the need to improve accessibility to primary care services within

both surveys, while highlighting the need to engage in system changes that influence cultural awareness and wholistic change.

Participants who responded through pūrākau identified the key themes of ability and willingness to engage with health services, notably those who's theme was congruent with engaged identified that they were able and willing. Ability was defined as practical barriers and facilitators such as transport, cost or access to services while willingness was defined as personal will to engage with services due to prior experience or perceived need. Both influence each other positively or negatively when considered alongside engagement with health services.

Within pūrākau responses, professionals provided a significantly larger response in comparison to consumers. Research highlights that this phenomenon is likely due to the knowledge base of which health professionals and providers have in comparison to those accessing services based on education levels within health services and clinical spaces.

Part III: The End

"We are not alone in our struggles. We stand in the light of our ancestors"

Moana Jackson, 2022

The basis of this study seeks to follow kaupapa Māori methods of researching to draw upon experiences, highlighting engagement with services and the additional impacts of barriers observed within pūrākau responses. Puna are openings in the earth were water flows and within this thesis have been conceptualised to represent the themes and therefore development of research question sets. Each theme is highlighted within this analysis, with the water – responses, discussed illustrating flow towards definition of research questions to inform discussion. He Awa Whiria is a framework, which has guided this research, connecting kaupapa Māori methodologies and methods of research with western methods of research to benefit outcomes and define answers. The following part of this thesis highlights, discusses and concludes key findings and learnings within this research project before exploring the limitations, conclusions and future implications of this research project.

Chapter six: Ngā Awa

This chapter focuses on an environmental approach in that it combines pūrākau, puna and He Awa Whiria to drive the focus of the following chapter. Pūrākau is a historic Māori method of accessing knowledge and bases itself on the combined understanding of pū as a foundation, and rākau as growth. Traditional kaupapa pūrākau described te kore, the nothing, te pō, the night and te Ao Mārama, the world of light. This pūrākau details the Māori creation story, which recognises Tane Mahuta as the son of Papatuanuku and Ranginui. Tane grew pushing through te kore and te pō by separating his parents to find te Ao Mārama. The world of life, movement and growth (Kapa-Kingi, 2024). This brief undetailed explanation of Māori creation outlines the adaptation of the methods within this study. Pūrākau from participants of this study has provided growth, movement and life within the darkness that is inherent in questions and journeys to find knowledge and answers. As a model, He Awa Whiria highlights how two distinct worldviews can come together to form a cohesive fair whole and has been employed to combine and focus the findings of this study. Puna have been adapted within the He Awa Whiria model to define how and where pūrākau has flowed from. This action also defines the stages of this study which detail how, from the development of questions through to discussion, continue to flow and develop with unlimited potential to reach further conclusions and answers. Therefore, the following chapter addresses each research question before summarising the key findings of this study.

6.1 How do experiences impact engagement?

Experiences within health care services are impacted by many intertwining events, treatments and health outcomes. Prior experiences impact engagement with health services, both positively and negatively, and further influence an individual's ongoing willingness to engage with health services. Poor prior experiences are explained within pūrākau; highlighting how poor experience and engagement leads to disempowerment and disengagement with health services.

A cascade effect is explained within pūrākau, highlighting how those who are unable to access primary health services are those that also present acutely to secondary care with often advanced and avoidable disease. Furthermore, this cascade highlights a pathway identified within consumer and provider pūrākau, that impacts the development of chronic diseases for Māori and non-Māori. Willingness to engage with health services was impacted by prior experiences or accessibility to services in a manner that was perceived as safe and meaningful. Māori consistently report experiencing significant inequities and barriers to accessing health services in Aotearoa (Graham & Masters-Awatere, 2020; Palmer SC et al., 2019; Sheridan et al., 2011). Within Aotearoa, research consistently highlights practical barriers, structural barriers, or past experiences of care which leads to poorer health outcomes and an earlier mortality rate in comparison to non-Māori (J. A. Bourke et al., 2023)

Further, experiences shared through the current study highlight a lack of support and meaningful engagement within both primary and secondary services. Experiences explored within pūrākau highlight inherent attempts to find services that work for people. Pūrākau describes experiences within western health services that impact willingness to engage with those services; however subsequent pūrākau identifies that this willingness was improved when accessing kaupapa Māori services. Similarly, other pūrākau highlight a willingness to engage with services through access to clinics that adequately meet the needs of people as defined by them.

Experiences of meaningful engagement with health services, including primary, secondary and tertiary services, positively influences the willingness of consumers to engage with health services. Prior experience, meaningful connection and service delivery impact willingness to engage with health services, as highlighted by participants of this study. Willingness to engage and ability to engage are discussed within the next section, highlighting the interchangeable nature of experiences and therefore needs within health services

6.2 How do barriers to access impact engagement?

Levesque et al. (2013) highlight that access is the opportunity to reach and obtain appropriate health care services. Access is influenced by the characteristics of a

persons, household, social or physical environments, and furthermore characteristics of health systems, organisations and providers. Therefore, access is additionally the possibility to identify health care needs, to seek health care services, to access resources, gain appropriate care and to be offered services appropriate for care needs.

Within the health service of Aotearoa, Māori experience significant barriers to access, which research correlates to historic and current barriers to access including the ongoing impacts of colonisation (Abey-Nesbit et al., 2023; Ministry of Social Development, 2024; Rolleston et al., 2022; The Waitangi Tribunal, 2021; Thomas et al., 2022). Pūrākau within this study finds that barriers to access impact ability to access, and furthermore willingness to engage. Pūrākau identified barriers and personal, whānau and institutional levels, highlighting the correlation between ability to access services and health outcomes through practical accessibility to services, or treatments. Practical barriers included access to reliable transport, petrol or money, or physical barriers such as accessibility to clinical spaces and equipment. Ability can be defined as the practical and physical ability to access services. One pūrākau response shared a provider's observation of a person within their community declining recommended treatments due to the regular and ongoing monitoring required to manage the medication safely, others identified cost barriers impacting access to medications. Other pūrākau highlighted barriers such as reliable transport, parking or the cost and time of travel as barriers that impact engagement. Accessibility to services including primary care appointments was discussed with pūrākau illustrating the impacts life commitments have on ability to engage with health services. Work, university or childcare requirements were highlighted as barriers to accessing appointments while access to an appointment in a timely manner, or length of appointment times were discussed within pūrākau. Working was additionally identified as an empowering factor to maintain health and wellbeing, with whānau empowerment continually identified as an empowering factor to engage with health services. Participants identify that preventative access to health services is important, with underlying health conditions empowering engagement. Barriers such as cost are identified within pūrākau responses, with participants sharing that the cost barrier is a deterrent for access to health services when well. Ability and willingness to engage with health services are impacted by barriers to accessing services, willingness arguably influencing ability at a personal level.

Barriers to accessing health services have been well researched within the last two decades globally and within Aotearoa. Researchers have identified links with Indigenous populations and poorer health outcomes, linked closely to communal and systematic colonial disruption (J. A. Bourke et al., 2023; Thomas et al., 2022). Barriers impact engagement at individual, whānau, communal, institutional or governmental levels with various cultural barriers inherent in the establishment and ongoing delivery of a western model of health care (J. A. Bourke et al., 2023; Came, Kidd, et al., 2021; Thomas et al., 2022)

6.3 What would the ideal service look like - a consumer provider perspective

Moana Jackson defined the ethic of imagination within kaupapa Māori research, this ethic reflective of the Indigenous research paradigm actualising the knowledge that something needs to be thought before it is understood. This ethic highlights an understanding that there might be other realities and guided the element of this research enquiry that required an idealistic approach.

Ideal services described within pūrākau can impact on both ability and willingness to access and engage with health services. Pūrākau suggests a change in the delivery model of care. Easier primary care access through cost reduction, extended appointments including afterhours access, transport support, or whānau friendly clinic spaces were suggested within pūrākau, while access to the same GP each appointment, or follow ups online were described. Pūrākau responses from consumers and professionals highlighted the need for a change in model delivery that facilitates ability and willingness to engage through practical, physical and policy focused change that educates and empowers professionals and consumers in understanding the inherent convoluted complexities of health and the delivery of health care. Pūrākau summarised accessibility improvements that in turn result in an ability to engage with health services in a more meaningful way. Nurse-led services, or increased access to specialists within primary care were identified, with pūrākau sharing that this could positively benefit attendance to appointments, ongoing engagement and chronic disease reduction. Ideal improvements were focussed around improving experiences and therefore willingness to engage, while ability to engage was discussed in a practical sense.

Willingness and ability to engage were themes within ngā puna ideal that highlight the interconnectedness of accessibility to services with personal and systemic barriers, facilitators or empowering engagement factors. Ability to access is multifaced, impacted by systemic and person resources that make engagement with health services possible, while willingness to engage asserts a preparedness that is, within some of its phases, responsive to the accessibility of services. Those at highest risk identified at these practices who can't make it get the clinic bought to them"

Education is discussed within the pūrākau; it clearly highlights a need for cultural education within the multi-disciplinary teams alongside support to improve access to information for health consumers. Whānau involvement in care is mentioned within facilitators, empowerment factors and ideal service changes. Respondents highlight the need for improved whānau involvement in care, detailing the negative impacts when this is not encouraged or supported. Others highlighted the benefits of whānau involvement on planned care and furthermore outcomes. Ability and willingness are empowered through whānau involvement.

Ability and willingness are key elements to enable access and engagement and are highlighted throughout the pūrākau. Respondents highlighted service improvements that facilitate engagement through improved accessibility or implementation of systems and education that acknowledges and supports will and willingness to engage in a manner that is adequate and safe as defined by the health 'consumer'.

6.4 Summary of discussion

Pūrākau as a method within this research has provided a broad, rich dataset that highlights a variation of experiences with and within the publicly funded health services. Providers who responded to the survey indicated a broad skill set, from primary health service management and specialists to specialists and medical staff within secondary health spaces. Consumers provided detailed experiences and opinions within their pūrākau that clearly and concisely defined a snapshot of experiences within the publicly funded health service.

Willingness and ability to access were themes identified within the pūrākau, furthermore affirmed by data. Whānau involvement, culturally aware care and

perceived facilitators improve willingness, support ability and provide a clear base from which person focused care can be delivered.

Figure 19 conceptualises the ability and willingness to engage with health services. Prior experience supports engagement; however, at the opportunity for engagement which is comparable to the framework developed by Levesque, ability and willingness appear to influence primary engagement. Secondary health access can therefore occur due to inability or unwillingness to engage with primary health services due to barriers experienced by those accessing services.

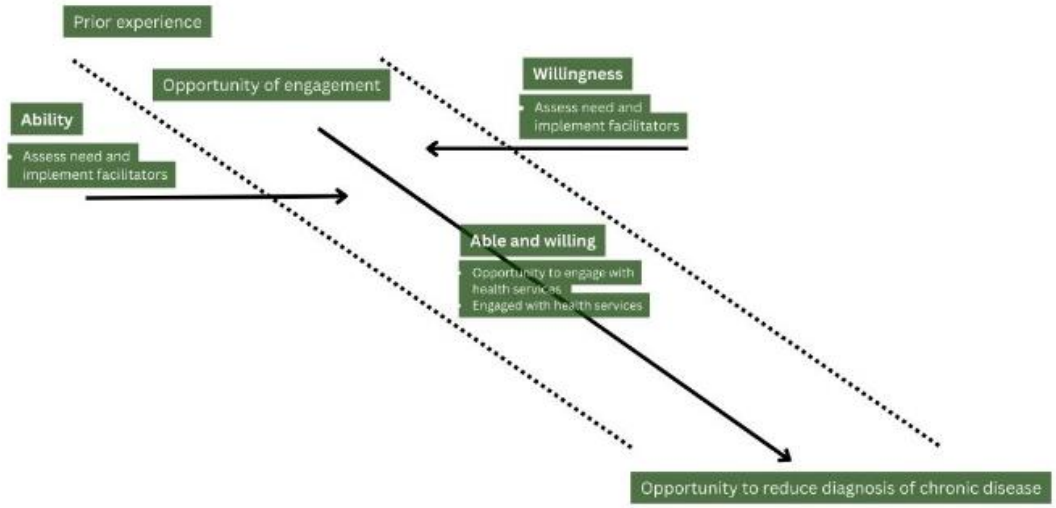

Figure 19 - Diagram of impacts of ability and willingness

Furthermore, the missed opportunity for primary care engagement sustains ongoing diagnosis of chronic disease due to lack of prevention or early detection. Therefore, facilitating a health care service that meets individual needs, as specified by the health consumer and their whānau might positively reduce the diagnosis of chronic health conditions.

Chapter seven: Limitations, conclusions and future research

Throughout the study, narratives through pūrākau have guided the discussion and defined outcomes in a manner that empowers participant voice over researcher interpretation. This was purposefully conducted as it is placed within Indigenous research; researchers assume the position of learner as they are seeking answers and learnings from a group. Therefore, the following chapter defined the limitations of this research project and namely discussion before summarising conclusions and identifying potential future research from this study.

7.1 Study limitations

This study comes with obvious limitations; Indigenous research is a pursuit for liberation; in that it is an act to gain knowledge, understanding and education. Shawn Wilson (2020) defines it as 'ceremonious'.

The inherent reflective praxis within this research has identified limitations that may influence the validity and generalisability of the findings. The sample was small and limited to the Waikato region and although Waikato by its size, demographics and location allows a level of generalisability, it is limited. Notwithstanding these obvious limitations, the use of pūrākau as a method within this research has provided a significant and broad range of qualitative data and quantitative data. While valid, valuable and considered, the task of analysis with this data certainly limited the conclusions and furthermore limits the ability of clarification and further questions to understand some experiences.

This study was underpinned by Kaupapa Māori methodology. A limitation within the chosen method was the inability to engage in clarifying conversations from a professional perspective, despite this limitation a dual approach to data collection supported the validation of assumptions of consumer responses safely justified by professional pūrākau observations.

7.2 Conclusions

In conclusion, this study aimed to understand how barriers and experiences impact engagement with health services. In addition, the study emphasised the ethic imagination, discussed by Moana Jackson and compared health professionals or providers and health consumers views on perceived needs for improvement within the publicly funded health service. The study was underpinned by kaupapa Māori methodology which asserts the outcomes of research and for and of benefit to Māori or those 'being researched'. This study identified the correlation between ability and willingness to engage with health services. Barriers to access are well known, with practical or physical barriers commonly impacting primary care access. Experiences within health services have been discussed in prior research, notably with Māori voices and experiences being highlighted and presented in a revealing and empowering manner. Willingness to engage was a theme that was identified through pūrākau that detailed poor prior experience, or lack of meaningful connection or engagement with services ultimately negatively impacting willingness to engage with services. Willingness to engage impacts on a consumer's ability at a personal and whānau level, both positively and negatively. Ability to engage with health service is impacted by practical, physical, personal, or systemic influences or factors and when considered alongside barriers to access such as ability to access primary health care services is influenced by whānau, work, university or childcare.

7.3 Future research

Future research might focus on the development of a framework through which personal and whānau experiences can be understood. Both ability and willingness might be discussed to formulate a person or whānau centred care plan with the aim to facilitate supportive, meaningful engagement with primary health care services that contributes to a reduction in chronic disease diagnosis in Aotearoa.

Appendices

Appendix A: Question sets

Provider questions

Q8: Of the following barriers, which have you seen impact on engagement with health services?

a. Physical barriers (EG, lack of transport, unable to pay for parking)
b. Poor communication
c. Hostile healthcare environment
d. Primary care barriers
e. Racism
f. Pūrākau

Q9: How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?

a. Primary health services - GP clinics, mobile clinics etc.
b. Secondary health services - Public hospitals, hospital clinics etc
c. Kaupapa Māori health services
d. Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
e. Pūrākau, please use this space to share and barrier reducing projects or kaupapa not listed above

Q10: Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers

a. Practical facilitators (Eg. Clinics with appropriate resources for blind or deaf people, mobile clinics, transport services etc
b. Whakawhanaungatanga (Eg. Introduction to clinic or staff prior to assessment)
c. Whānau or family involvement in care and care planning
d. Manaakitanga (hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others)
e. Cultural safety or culturally safe practice

f. Pūrākau - please use this space to add any facilitators not listed above

Q11: How could health care services be improved to meet the needs of the community?

a. Easier primary care access
b. More support groups within the community
c. Accessible information/educational resources
d. Home visits
e. Longer appointments
f. Whānau, family appointments
g. Pūrakau

Consumer questions

Q5:Do you live with any of the following health conditions? (options made available that were not responded too were retracted from this question set but can be found in appendix) (add)

a. Chronic respiratory disease (COPD, Asthma)
b. Bone health (Gout, Arthritis)
c. Gynaecology (Endometriosis, Polycystic ovaries syndrome)
d. Mental health
e. Diabetes
f. Urology (Prostate problems, Urinary retention or incontinence)
g. Other

Q6:Are you enrolled with a publicly funded health service, like a GP clinic or equivalent? (options made available that were not responded too were retracted from this question set but can be found in appendix) (add)

a. Yes, I am enrolled
b. No, I am not enrolled

Q7: How often do you visit a GP or a GP clinic per year, on average? (this was a selectable option with added pūrākau, statistical findings can be found on page) (add)

a. Other, pūrakau

Q11: Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces

a. GPs
b. Hospitals including clinics and outpatient appointment
c. Other - please specify

Q12: Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.

a. I don't find any issues engaging with health services
b. I don't understand, or I struggle to understand what my Doctor or Registered Nurse is explaining to me during my appointment
c. I struggle to get to the clinic because of transport or travel issues
d. I don't like the clinic and find it hard being there - environment, or past experiences
e. Unsuitable appointment times - I am the main carer in my household, or can't go during available appointment times
f. Pūrakau - please use this space below to share any experiences you feel comfortable with, relating to this pātai (question)

Q13: Is it important to you to access health services when you are well?

a. Yes. Please use the pūrākau space provided to describe why this is important for you.
b. No. Please use the pūrākau space provided to describe why this is not important for you

Q14: What steps do you take to maintain your health and wellbeing?

a. Exercise, if you feel comfortable please indicate how often you exercise and what activities you do
b. Healthy eating. Space has been provided below for you to share the healthy food practices you follow

c. Regular GP or medical/health clinic appointments
d. Cultural practices of health and health care
e. Pūrākau - please use this space below to share any experiences you feel comfortable with, relating to this pātai (question)

Q15:What empowers you to maintain your health and wellbeing

a. My doctor.
b. Community support groups
c. Whānau (family) support or involvement
d. Friendly clinic staff.
e. Social media and advertisements.
f. Pūrākau

Q16: What would your ideal GP clinic or health provider look like?

a. Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor
b. Whānau (family) appointments - An appointment where my whānau, partner or tamariki (children) are able to attend with me
c. Easier to access services - Reduced costs to services, home visits, free parking, transport support, zoom appointments with a Doctor or Nurse etc.
d. Appointments later in the day - After hours appointments or phone calls to check in, educate on chronic condition, or prescribe
e. Chronic condition specialists within the same clinic - Ability to access Chronic condition specialist to access after Dr diagnosis or review
f. Pūrākau - please use this space below to add to or share any experiences you feel comfortable with, relating to this pātai/question

Q17: PŪRĀKAU

a. Pūrākau

Appendix B: "Case development" templates

Consumer template

(CODE)

(**NAME**) pseudonym

(AGE)

(ETHNICITY)

(GENDER)

RESPONSE: (Q8. What has your experience with publicly funded health services been like?)

(EXPERIENCE /10)

RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)

(SUPPORT /10)

RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)

(MEANINGFULCONX /10)

RESPONSE: (Q#)

(QUESTION OPTION)

(PŪRĀKAU)

(QUESTION OPTION)

(PŪRĀKAU)

(QUESTION OPTION)

(PŪRĀKAU)

RESPONSE: (Q#)

(QUESTION OPTION)

(PŪRĀKAU)

Provider template

(CODE)

(**NAME**) pseudonym

(AGE)

(GENDER)

(ETHNICITY)

(LENGTHREG)

RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)

(MAINTWELL /10)

RESPONSE: (Q#)

(QUESTION OPTION)

(PŪRĀKAU)

(QUESTION OPTION)

(PŪRĀKAU)

(QUESTION OPTION)

(PŪRĀKAU)

RESPONSE: (Q#)

(QUESTION OPTION)

(PŪRĀKAU)

(PŪRĀKAU)

RESPONSE: (QX)

(OPTION)

(PŪRĀKAU)

Appendix C: Pūrākau responses

Consumer pūrākau responses

The following section highlights each response from health consumers, set out in a template that provides similar structure to the findings throughout

(**Riana**) pseudonym
(30-39)
(New Zealand European)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(6 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(7 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(8 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Chronic cardiac disease (Heart failure, Hypertension))
(Asthma (when dealing with chronic bronchitis))
(Health condition -Gynaecology (Endometriosis, Polycystic ovaries syndrome))
(Endometriosis and PCOS)
(Health condition -Mental health)
(Depression, PTSD and anxiety)
(Health condition -Pūrākau)
(Two autoimmune conditions)
RESPONSE: (Q7. How often do you visit a GP or a GP clinic per year, on average?)
(Engagement - Yes, I am enrolled)
(Yes, GP clinic. I have chosen and stayed due to a convenient CBD location, good experiences with the doctor, nurse, pharmacy & admin team.)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(I have had varying experiences over my health journey, but a GP who is familiar with clients and remembers things, even just the basics (does not make you constantly repeat your medical history) is very helpful with forming and maintaining relationship.)
(Experience - Hospitals including clinics and outpatient appointment)
(I have found nurses are more likely to build rapport and relationships with patients, much more so than doctors or specialists.)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - I don't find any issues engaging with health services.)
(I occasional have issues but not consistently to tick any boxes, appointment times not matching with work/uni schedules are an issue sometimes. Also finding doctors knowledgeable on my conditions seems difficult sometimes.)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(Yes, I believe health care should be as accessible for preventative and maintenance appointments just as easily as it is for acute or emergency appointments.)

(**Whaea Dawn**) pseudonym
(50+)
(Māori)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(7 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(5 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Gynaecology (Endometriosis, Polycystic ovaries syndrome))
(Fibroids - morena has been helpful)
(Health condition -Diabetes (pre-diabetes, type 1, type 2 or gestational))
(Pre diabetic - low carb diet and exercise)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Yes, I am enrolled)
(Previously with an NGO but wasn't happy to keep using the service.)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(Best experience is when the doctor told me it's not my fault I'm pre diabetic and that just losing 5% of my body weight will help a lot. Worst experience happened a long time ago a male doctor did a cervical smear on me when I was four months pregnant I had some spotting afterwards. The next visit I told him what happened and he nervously laughed about it.)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - Pūrakau)
(Just the availability is all)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(Always good to have a check up to keep on top of wellness, blood work is an early indicator at my age)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(At least 5 days a week walking)
(Maintenance - Healthy eating)
(Low carb but also have to grow my own food too. 70% of the supermarket food is made up of white flour and sugar. That is where the real crux of heal lies is in our food sources)
(Maintenance - Regular GP or medical/health clinic appointments)
(Yes at my age at least yearly)
(Maintenance - Cultural practices of health and health care)
(It's important that public health put these into action and train their staff appropriately not just recite the three "p"s. However I have also been a client of an NGOs and some of them aren't that great either, if not worse.)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment - My doctor)
(Encouragement in the right direction is all I needed, however I also have a background in nursing)
(Empowerment - Community support groups.)
(Growing my own Kai, community gardens, Kai swap (healthy Kai) networks)
(Empowerment -Whānau (family) support or involvement)
(Important for whanau to be involved and or considerate of Kai and my intermittent fasting times. It's so difficult when whanau are not thinking about these things. The whole whanau needs to get involved. Likewise with no smoking or drinking)
(Empowerment -Friendly clinic staff)
(Essential. No one likes going onto these clinical cold spaces. The human element can either add warmth or put people off)
(Empowerment -Pūrākau)
(Education in non clinical spaces. Make health an everyday normal thing.)

(**Erin**) pseudonym
(50+)
(Other)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(7 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(8 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(8 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Bone health (Gout, Arthritis))
(In my spine and feet)
(Health condition -Mental health)
(Life long anxiety and depression)
(Health condition -Pūrākau)
(Osteoid Osteoma in my sacrum)
RESPONSE: (Q7. How often do you visit a GP or a GP clinic per year, on average?)
(Engagement - Yes, I am enrolled)
(No particular reason)
(Engagement - Other, pūrakau)
(Prior to the previous 2 years, I was using the GP much more because of acute and then chronic pain issues)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(When I was in severe pain, I relied on my GP to make decisions where I couldn't. Later, I needed someone to discuss options and potential treatments, having understood my previous issues)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - I don't find any issues engaging with health services.)
(However, I go prepared and I am a nurse so I'm able to ask relevant questions)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(Yes. Preventative medicine is very important as I age. I have a family history of breast cancer so being able to have regular mammograms is vital)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(I try to get to the gym after work but I am often too tired. Chronic pain is exhausting. I do know that when I go, I feel better)
(Maintenance - Healthy eating)
(I have one nutritionally balanced meal a day and grow and eat my own vegetables)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Pūrākau)
(Not being able to work is a powerful motivator to keep as well as possible. I know I need to lose some weight, but I don't beat myself up about it, I have more important things to worry about, like aspects of work and my pain control.)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Pūrākau - please use this space below to add to or share any experiences you feel comfortable with, relating to this pātai/question)
(Travelling to the DHB is time consuming and expensive and stressful. The DHB needs to recruit and train more clinical nurse specialists so they can be based in the community. Patients should only need to travel to the DHB in an urgent situation.)
(**Rain**) pseudonym
(20-29)
(Māori)
(Other)

RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(0 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(n/a)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Gynaecology (Endometriosis, Polycystic ovaries syndrome))
(Polycystic Ovarian Syndrome (PCOS))
RESPONSE: (Q7. How often do you visit a GP or a GP clinic per year, on average?
(Engagement - Other, pūrakau)
(8 visits per year)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Yes, I am enrolled)
(I don't like my GP and prefer not to visit hime as he is unable to provide equitable service to Māori.)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(Doctor ignored identifying solution to my needs. When advised of a condition that has been confirmed, doctor questioned why I may have the condition, ignored my response and didn't believe I had the condition. Advising "just by looking at you, i don't think you do". Where as sonograms, nurse and Doctor (female) confirmed condition. His Eurocentric male superiority complex has made my connection with him incredibly negative. He should remain as a Sports doctor and not a GP at a medical centre, as he clearly doesn't respect Wāhine Māori.)
(Experience - Hospitals including clinics and outpatient appointment)
(Hospital staff a great and respect the time they are able to provide.)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - I don't understand, or I struggle to understand what my Doctor or Registered Nurse is explaining to me during my appointment)
(Accidentally swapped medication as instructions were not clear enough. No follow up support provided. In addition, the lack of Tikanga Māori or Ngā Reo Māori, proves inequitable service, which also reflect the Eurocentric standard that are designed against the values of the original peoples.)
(Barrier - Unsuitable appointment times - I am the main carer in my household, or can't go during available appointment times)
(I am employed at the average working week of 9am to 5pm. If I need to see a doctor, I am then required to go on leave, impacting my work.)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(With the significant impacts on our environment, the average Māori person will not be healthy. Our rivers are degrading, pollen from foreign plants cause hayfever, the air is pull of carbon pollution and our sun burns life on the land.)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Healthy eating)
(Maintain (when possible) balance between foods from ancestral practices and plant based diets. Although can be influenced by foods brought over from foreign countries.)
(Maintenance - Cultural practices of health and health care)
(Practice and engagement with kai māori)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment - Community support groups.)
(Hāpori and hapū)
(Empowerment -Social media and advertisements.)
(Tiktok trends can influence diet)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)

(Rather than 30min quick session on past month, a 45-60min appointment would mean I can meet my needs and resolve issue(s).)
(Improve? - Easier to access services - Reduced costs to services, home visits, free parking, transport support, zoom appointments with a Doctor or Nurse etc.)
(Follow up appointments via zoom would be incredibly helpful.)
(Improve? - Appointments later in the day - After hours appointments or phone calls to check in, educate on chronic condition, or prescribe)
(At minimum, services should be provided until late for those working full-time in "Labour".)
RESPONSE: (Q17. Pūrākau)
(pūrākau)
(It's important that a new practice model is considered/designed for, rather than against Māori values, to ensure the needs of everyone can be captured.)

(**Whaea Erena**) pseudonym
(50+)
(Māori)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(8 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(7 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(9 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Chronic cardiac disease (Heart failure, Hypertension))
(Under a heart failure team, a variety of medication, healthy eating and a bit of exercise)
RESPONSE: (Q7. How often do you visit a GP or a GP clinic per year, on average?)
(Engagement - Yes, I am enrolled)
(I have been part of the medical centre for many years. Te Korowai started a few years after. I am happy with the care that I am provided)
(Engagement - Other, pūrakau)
(Hadn't been for about 4 years due to the pandemic, however, have started up again after having a heart attack in January)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(Daughter was pre-teen, got very sick went through 3 doctors before they found out what was wrong with her. They weren't listening to me.)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - I don't find any issues engaging with health services.)
(I (Māori) sometimes get treated differently than my husband (Pakeha) even though pay the bills when the staff don't know me. Treat everyone the same, good in theory....)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(I thought I was well and soon found out that I was quite unwell.)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(Just walking, sometimes dancing.)
(Maintenance - Healthy eating)
(Breakfast, lunch, dinner. Fibre, fruit, vegetables and protein.Rarely sweets)
(Maintenance - Cultural practices of health and health care)
(The GP and nurses have not done anything that has offended me culturally.)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Whānau (family) support or involvement)
(Only whanau and friends that I trust.)
(Empowerment -Friendly clinic staff)
(Great heart failure team. Very supportive, no question is stupid. They make it real and doable.)
(Empowerment -Pūrākau)
(My belief in myself, my whakapapa and my upbringing for the 60's, 70's and 80's and 90's.)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)
(Generally I am happy with the relationship that I have with the GP. I am confident and competent in asking questions and discussing health concerns an)
(Improve? - Whānau (family) appointments - An appointment where my whānau, partner or tamariki (children) are able to attend with me)
(I did that quite often when my daughters where younger.)
(Improve? - Easier to access services - Reduced costs to services, home visits, free parking, transport support, zoom appointments with a Doctor or Nurse etc.)

(It is getting easier with the new booking system.)
(Improve? - Appointments later in the day - After hours appointments or phone calls to check in, educate on chronic condition, or prescribe)
(I have not used any of the services mentioned.)
(Improve? - Chronic condition specialists within the same clinic - Ability to access Chronic condition specialist to access after Dr diagnosis or review)
(The Medical Centre has moved to its new location about 2 years ago. It has everything that the community needs with potential to add when needed.)
RESPONSE: (Q17. pūrākau)
(pūrākau)
(I also like how our medical centre sends the prescription to the chemist and we get a text to say when the prescription will be ready. They are working together..)

(**Rohi**) pseudonym
(40-49)
(Māori)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(7 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(7 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(9 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Urology (Prostate problems, Urinary retention or incontinence))
(Chronic cough - diagnosed as Irritable larynx syndrome)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Yes, I am enrolled)
(Have been with my GP practice for over 20years)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - Hospitals including clinics and outpatient appointment)
(I live within one DHB but my GP is in another. Referrals have been difficult to be accepted and caused delays in treatment. Communication is poor at times and I have had to follow up with both DHBs and my own GP.)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(As I'm getting a little older, I want to ensure any health issues are identified early. I try to be on time with all my screening appointments (breast, cervical, flu vax etc). Thankfully at my GP service I can usually get an appointment on the day I need and a phone consultation is available if it is a discussion regards repeat prescription so I don't have to travel unnecessarily.)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(Not enough! Always on my mind to lose weight and maintain a healthier lifestyle.)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Pūrākau)
(Utilising all spaces to support my hauora. Medical practice where I can see the doctor, nurse practitioner or nurse depending on my needs. Local hauora/marae/community space to engage and support initiatives. Encouraging my whānau to engage in services and activities to improve and support their hauora, eg quit vaping, mobile services, iwi whānau days)

(**Tama**) pseudonym
(16-20)
(Māori)v
(Tane)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(EXPERIENCE /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(SUPPORT /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(MEANINGFULCONX /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Urology (Prostate problems, Urinary retention or incontinence))
(Type 1 diabetes, idk if that is under the last one or not)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Yes, I am enrolled)
(The support is beyond what I'd expect. Absolutely love them)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - Hospitals including clinics and outpatient appointment)
(The older the nurse at a hospital, generally the rude-r. Some are so rude and talk smack about you cause of your (young) age. Some are the complete opposite and I wish I could see them every day but more often than not they're rude. I'm all for respect your elders but nah man)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(I don't really know how to expand on this cause I've been in and out of my go practice for years with mental health issues but knowing that they're supportive of you improving or being well, as much as they're there for you when you're unwell seems important)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(I walk, when I can, I struggle with the motivation but I am doing more then I did)
(Maintenance - Healthy eating)
(I actually am choosing to eat veges and salad!! I used to be potatoes and potatoes only)
(Maintenance - Regular GP or medical/health clinic appointments)
(I have to heheh perks of chronic illness, I'm on a first name basis)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Pūrākau)
(The fact that I hate myself motivates me pretty in well)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)
(Having the same dr over and over and having them actually listen makes a HUGE difference. When they work WITH you not what they want is massive and makes me want to work on me too)
(Improve? - Chronic condition specialists within the same clinic - Ability to access Chronic condition specialist to access after Dr diagnosis or review)
(I'm fairly lucky in that diabetic appointments are usually funded by gp clinics and are free to all (in my area anyways))

(**Maine**) pseudonym
(20-29)
(Māori)
(Male)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(5 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(5 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(8 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Urology (Prostate problems, Urinary retention or incontinence))
(Polycystic ovary syndrome)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(Yes, under any circumstances those services should be accessible)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(I exercise 4-6 times a week, I got to F45 and I go walking and hiking.)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Whānau (family) support or involvement)
(Me, knowing I want to be the best version of myself. Also my partner friends family also empower me to maintain a healthy wairua)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
(**Jenna**) pseudonym
(20-92)
(New Zealand European, Other)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(7 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(8 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(3 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition - Chronic respiratory disease (COPD, Asthma))
(Asthma - well controlled)
RESPONSE: (Q7. How often do you visit a GP or a GP clinic per year, on average?)
(Engagement - Yes, I am enrolled)
(Has walk in clinic and extended after hours locally)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - No)
(Don't really need the doctor unless something is wrong)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)

(Maintenance - Exercise)
(Try to do at home exercises as often as I can and go for walks)
(Maintenance - Healthy eating)
(Lots of veges)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Pūrākau)
(Myself. I want to be healthy for my family and work)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Chronic condition specialists within the same clinic - Ability to access Chronic condition specialist to access after Dr diagnosis or review)
(Would be good to have specialists rather than gps and then hospital referrals)
(**Tina**) pseudonym
(30-39)
(Other)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(5 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(1 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(8 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Mental health)
(Ptsd
Anxiety
Insomnia
Depression)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - Pūrakau)
(Parking is a huge issue. Also child care and travel. Also the time for a doctors spot sucks. As soon as your time is up you have to go even if you aren't finish. It makes it hard when you finally break down a wall and feel comfortable enough to open up)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(So I can continue to be well and keep on top of my medications)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(Daily, im a mum and I work.)
(Maintenance - Regular GP or medical/health clinic appointments)
(Regular dental appointments :))
(Maintenance - Pūrākau)
(Food is expensive. Eating healthy is a stretch)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Whānau (family) support or involvement)
(Im a mumma of 7 I need to lead by example)
RESPONSE: (Q17. pūrākau)
(pūrākau)
(Thank you for taking the time to ask the people what we want. For having the patience to actually listen and for trying to do something about our future ❤️)

(**Dalia**) pseudonym
(40-49)
(New Zealand, European)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(8 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(10 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Bone health (Gout, Arthritis))
(Psoriatic arthritis)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(Delays to getting appts is a barrier to timely response/empowerment. My GP is great at responding to messages on the digital manage my health app and this was lifechanging!)
(Experience - Hospitals including clinics and outpatient appointment)
(I have received letters a week after an appointment - it doesnt worK. The nurse lead rheumatology clinic send me digital appts which is awesome.)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - Pūrakau)
(I am good now but when i lived in auckland I dreaded appointments. I was usually seeing a registrar and I usually experienced fat-phobic discrimination. never mind that it was the meds THEY put me on that make me fat.)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(It will shorten my lifespan if i dont)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(cycling 3-5 times a week around 5km a time. Walking around 10,000 steps a day. Hiking once a month.)
(Maintenance - Healthy eating)
(I use my food bag to assist with portion control/ balance. this is not cheap!)
(Maintenance - Cultural practices of health and health care)
(Time in the outdoors in my garden being in nature.)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Friendly clinic staff)
(My gp is awesome)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Appointments later in the day - After hours appointments or phone calls to check in, educate on chronic condition, or prescribe)
(After hours appts would be great. The reality with chronic conditions is that we should be aiming to be well and fully functional. Having to keep taking leave for appointments to maintain that is hard on a job/employment)

(**Reihana**) pseudonym
(30-39)
(Māori)
(Tane)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(2 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(10 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Mental health)
(PŪI have PTSD and major depressive disorder. When I was in a depression episode I had a doctor tell me that she had worse of patients than me because I was wanting to apply for more WINZ counselling sessions and needed her approval. She never talked to me about my depression made a bias assumption because I was happy in the consults. I had a psychiatrist tell me it was impossible to remember my sexual abuse at 3 and I was making it up and then admitting me involuntarily to a hospital because of it. I had to fight for another therapist to assess me.RĀKAU)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(Same as wee in q5)
(Experience - Hospitals including clinics and outpatient appointment)
(Staff always pronounce Māori names wrong, I feel like it's a colonised institution. One time a midwife said my baby had a Mongolian spot which is a colonial term and a derivative of mongoloid a racist term for Asian or Mongolian people, the spot was actually a congenital birthmark and had a scientific name. A midwife was surprised when I said I was using Tamariki ora instead of plunket and condescendingly said 'ooh people usually use plunket but I do know there is a Mawree one')
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - I don't like the clinic and find it hard being there - environment, or past experiences)
(Mostly pakeha and don't pronounce Māori words properly or try)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(I like to be able to make sure I'm on track but if I'm well they don't really listen because I'm not presenting myself unwell at the time. I hate going to a doctor face to face when I'm really depressed and I usually don't like to leave the house and isolate)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(Walking)
(Maintenance - Healthy eating)
(I try to cook a healthy meal at dinner and put tasteless protein in my tea for breakfast so it's kind of nutritious)
(Maintenance - Regular GP or medical/health clinic appointments)
(I get weekly acc therapy I came across an Emdr specialist and this has helped alot)
(Maintenance - Cultural practices of health and health care)
(I try do a te Reo course each year)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment - My doctor)
(When I have a nice caring doctor it makes me feel better and want to get better)
(Empowerment - Community support groups.)
(There arnt much around but I feel good when there are community events on)
(Empowerment -Whānau (family) support or involvement)
(Family and kids activities)
(Empowerment -Friendly clinic staff)
(If staff are friendly and happy I leave feeling that way)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)

(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)
(Being able to list everything I wanna come for and being allocated enough times. Being able to have things check out that I'm worried about like any type of blood tests etc)
(Improve? - Easier to access services - Reduced costs to services, home visits, free parking, transport support, zoom appointments with a Doctor or Nurse etc.)
(Parking is hard at the hospital it's high priced)
(Improve? - Appointments later in the day - After hours appointments or phone calls to check in, educate on chronic condition, or prescribe)
(After work hours and weekends because some people can't take time off)
(Improve? - Chronic condition specialists within the same clinic - Ability to access Chronic condition specialist to access after Dr diagnosis or review)
(There isn't enough access to specialists and private costs what it costs to feed the family for the week)
RESPONSE: (Q17. pūrākau)
(pūrākau)
(Question 5 only let me select one option so I copied it into one cell :) good luck)

(**Lennox**) pseudonym
(30-39)
(Māori, Other)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(7 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(10 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Mental health)
(Bipolar, Depression)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(I have had 5-6 GPs in 3 different regions of NZ. Each clinic sometimes with numerous practioners. In my opinion across them all what you pay is what you get, I found a young, similar age and open to progressive hooistic who is patient led. In the opposite example I went to the cheapest fee I could find and felt part of a train in and out within 15minutes each time with an older male who was very abrupt and had very to litte patients rapport/ relationship building.)
(Experience - Hospitals including clinics and outpatient appointment)
(I estimate i have had approximately 15-20 trips to hosptial in my life, many more as a visitor an student staff member. In these have only had positive experiences. I have never felt unsafe or not cared for.
I do feel that around 30-50% of the hospital staff did not try to connect other than the role they were trying to do at the time and of that 5-10% of them who were obviously unhappy or had very little care. The same 5-10% of staff usually ward nurses who went out of their way to connect with me or my whanau. Such as on group of nursing staff who providing rooms next to bigger breakout spaces for visiting groups of over 30-50 people.)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Whānau (family) support or involvement)
(Being best self for future tamariki)
(Empowerment -Social media and advertisements.)
(anxiety based exercise based on advertising / celebrity culture.)
RESPONSE: (Q17. pūrākau)
(pūrākau)
(Good luck with the study!)
(**Ira**) pseudonym
(20-29)
(New Zealand European)
(Male)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(7 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(7 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Yes, I am enrolled)
(Mahoe med - Great doctors)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - Hospitals including clinics and outpatient appointment)
(Giving birth - the assigned midwife did not listen to my concerns about pain and checking how dilated I was)

RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - No)
(It costs money and time if I am well and not needing a doctor)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Whānau (family) support or involvement)
(I want to stay fit and healthy for my child and husband)

(**Whaea Mata**) pseudonym
(50+)
(Māori)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(8 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(7 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(7 /10)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Other, pūrakau)
(Māori Hauora Provider, which aligns with my health care needs)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(I'm okay for now, but I do worry for other members in my whanau)
(Experience - Other)
(Access to GP in a timely manner. Māori appear to lack treatment options, don't complain enough E.g. Māori male 50-60 years, Knee, hip pain, attends GP tries all pain relief for long periods at a time (months, years) Increased weight gain, leads to obesity, Hip pain- not recommended for surgery, as too young, will have to do again later in life? Again pain leads to less exercise and weight gain. These also lead to depression for individuals and it appears, no one listens. Pakeha seem to push for treatment and usually get it done earlier rather than later.)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - I don't find any issues engaging with health services.)
(I see the imbalance with whanau members as per answer Q11)
(Barrier - I don't understand, or I struggle to understand what my Doctor or Registered Nurse is explaining to me during my appointment)
(Again, I see this happen in my whanau.)
(Barrier - I don't like the clinic and find it hard being there - environment, or past experiences.)
(Don't feel listened too. Language barriers with overseas GPs)
(Barrier - Unsuitable appointment times - I am the main carer in my household, or can't go during available appointment times)
(As a full time worker, it is hard to get in to the GP, I would usually take a day off to attend the GP.)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(To keep well, check BP and bloods to keep well)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(Yoga, stretches, walking)
(Maintenance - Healthy eating)
(Recently fasting from 8-9pm to lunch. I prefer to eat a main meal at lunch, small dinner.)
(Maintenance - Regular GP or medical/health clinic appointments)
(I have hypertension and hay fever, on regular medication for these. I will have regular blood pressures, blood test and keep up with regular screening test.)
(Maintenance - Cultural practices of health and health care)
(Whanau, Hapu and Iwi are a big part of my wellbeing)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment - My doctor)
(Moko)
(Empowerment - Community support groups.)
(Māori nursing groups)
(Empowerment -Pūrākau)
(Moko & whanau)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)

(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)
(All of the above and to feel listened too)
(Improve? - Whānau (family) appointments - An appointment where my whānau, partner or tamariki (children) are able to attend with me)
(All of the above)
(Improve? - Easier to access services - Reduced costs to services, home visits, free parking, transport support, zoom appointments with a Doctor or Nurse etc.)
(However it appears the GPs that are more expensive appear to have better outcomes. Patients are more happy with the service they are given)
(Improve? - Appointments later in the day - After hours appointments or phone calls to check in, educate on chronic condition, or prescribe)
(This would be good for working individuals)
(Improve? - Chronic condition specialists within the same clinic - Ability to access Chronic condition specialist to access after Dr diagnosis or review)
(Aligning appointments in the one day)
(Improve? - Pūrākau - please use this space below to add to or share any experiences you feel comfortable with, relating to this pātai/question)
(It would probably be a one stop shop where you could have everything done at once. Also having other providers near to access if necessary? Also having more mobile services in localities?)

(**Whaea Ida**) pseudonym
(50+)
(Māori)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(8 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(7 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Yes, I am enrolled)
(Yes, I am enrolled)
RESPONSE: (Q7. How often do you visit a GP or a GP clinic per year, on average?)
(Engagement - Other, pūrakau)
(I have had appts with the GP and Practise nurse she has relayed to GP for treatment management)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(Utilising manage my health so I can communicate with the nurse and or doctor has been very useful and prevents confusion at the front desk)
(Experience - Hospitals including clinics and outpatient appointment)
(Efficient and always professional.)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - Unsuitable appointment times - I am the main carer in my household, or can't go during available appointment times)
(No issues. Very accommodating)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(Yes but it can be via manage myhealth online.)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(Finding the motivation is my issue yo doing regular exercise)
(Maintenance - Healthy eating)
(I have to plan when and what exetcise I am going to do eg, walking or biking and swimming.)
(Maintenance - Regular GP or medical/health clinic appointments)
(I have had an extra months bp meds until I could get an appt.)
(Maintenance - Cultural practices of health and health care)
(I attend a kaupapa Māori lead clinic and it is brilliantly awesome.)
(Maintenance - Pūrākau)
(It is just a wonderful Māori environment.)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment - Community support groups.)
(Yes Community led. That is very motivating)
(Empowerment -Whānau (family) support or involvement)
(Husband is supportive and very good at prompting to plan a ride or walk.)
(Empowerment -Social media and advertisements.)
(Yes definitely the media including local papers)
(Empowerment -Pūrākau)
(Cooking programmes on TV)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)
(Sometimes a longer appointment is needed and my gp practise are accommodating.)
(Improve? - Whānau (family) appointments - An appointment where my whānau, partner or tamariki (children) are able to attend with me)

(I thought this could happen anytime.)
(Improve? - Appointments later in the day - After hours appointments or phone calls to check in, educate on chronic condition, or prescribe)
(Drs and nurses have families and a life outside of there work. I am happy with the current system at my practice.)
(Improve? - Chronic condition specialists within the same clinic - Ability to access Chronic condition specialist to access after Dr diagnosis or review)
(This could be usecul/helpful)

(**Layla**) pseudonym
(40-49)
(Māori)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(6 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(n/a)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q7. How often do you visit a GP or a GP clinic per year, on average?)
(Engagement - Yes, I am enrolled)
(I live rurally and that dr comes to our little health clinic. I haven't been dr in years so it's a just in case thing.)
(Engagement - Other, pūrakau)
(I very rarely get sick enough to see a dr. I use rongoa Māori if I do get sick and traditional healing. Gp is a last resort.)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(They have no whanaungatanga. Expect me to share my personal Hauora without any trust or relationship. Don't consider my cultural beliefs and tikanga around my Tinana wairua and hinengaro. They have on several occasions whakaiti me as I have tried to explain ashamedly what was wrong with me.)
(Experience - Hospitals including clinics and outpatient appointment)
(Same as drs)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - I don't find any issues engaging with health services.)
(I will go to Māori health providers with nurse practitioner for my Hauora wahine appointments.)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - No)
(They are not interested in me being well. Why would I pay the exorbitant costs if I am well.)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Healthy eating)
(I try to eat mostly unprocessed foods. I have an extensive maara. Preserve lots of my Kai. My boys are hunters and divers.)
(Maintenance - Cultural practices of health and health care)
(I have lots of practices of spiritual cleansing and looking after myself.)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Whānau (family) support or involvement)
(The continuation of strong whakapapa is important to me)

(**Aimee**) pseudonym
(30-39)
(New Zealand European)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(7 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(7 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(7 /10)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Yes, I am enrolled)
(Have found it hard to find a GP I like in the town I live so travel out of town to another clinic)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(Having a trusted GP who knows my history has been important to me, particularly when seeking healthcare for pregnancy or for my children as I have had difficulties in the past with these things. I feel that as a mother, things are often brused aside as being "hormonal" or "pregnancy related" and so on, so having someone who I know will take me seriously is important)
(Experience - Hospitals including clinics and outpatient appointment)
(Have found this hard when seeing different people frequently who don't understand my history - there can be a lack or care and empathy and trauma for me having to explain things again)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(Preventative health is important to me but cost is a barrier to accessing it at times)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(Light exercise)
(Maintenance - Healthy eating)
(Try to have balanced meals)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Whānau (family) appointments - An appointment where my whānau, partner or tamariki (children) are able to attend with me)
(Having clinics more child friendly or less restrictions on taking kids would be very helpful)
(Improve? - Easier to access services - Reduced costs to services, home visits, free parking, transport support, zoom appointments with a Doctor or Nurse etc.)
(Cost is definitely a barrier)
RESPONSE: (Q17. pūrākau)
(OPTION)
(Trauma informed care should be more prevalent. A more holistic approach where practitioners take the time to build rapport and trust with patients, therefore empowering individuals to take better control of their own health is important.)

(**Willa**) pseudonym
(30-39)
(Female)
(Other)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(7 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(8 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Yes, I am enrolled)
(the enrolment process was easy no issues but this was almost 10 years ago.)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - I don't find any issues engaging with health services.)
(so far, i have got no issues with accessing the services)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(this would mean that preventive care should also be maximize to reduce the incidence of using the acute hospital for curative reasons)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Whānau (family) support or involvement)
(i try to be the healthy version of myself for myself and for my family)

(Whaea Anahera) pseudonym
(50+)
(Māori)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(2 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(10 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(7 /10)
RESPONSE: (Q6. Are you enrolled with a publicly funded health service, like a GP clinic or equivalent?)
(Engagement - Yes, I am enrolled)
(No costs to me)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - No)
(I can contact them Mon to Friday.also have Te Kuiti hospital which I have been a patient admitted through emergency)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(2 x per week exercise and)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment - My doctor)
(As long as am walking talking, breathing the world is my oyster)
(Empowerment - Community support groups.)
(Excellent Community group assistance, covid, firewood,food.Maniapoto marae pact trust)
(Empowerment -Whānau (family) support or involvement)
(All good with family support)
(Empowerment -Pūrākau)
(Positive attiutude, good food and exercise. Singingand playing my ukulele)
RESPONSE: (Q17. pūrākau)
(OPTION)
(Overall the Dr's and Oncologist have been great. My own GP Always gives me plenty of time)

(**Kane**) pseudonym
(20-29)
(New Zealand European)
(Male)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(2 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(8 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(n/a /10)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - Pūrakau)
(Hard to get an appointment time, GP runs late, 15min booking slot feels impersonal)

(**Daniel**) pseudonym
(40-49)
(Māori)
(Tane)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(7 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(10 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - Unsuitable appointment times - I am the main carer in my household, or can't go during available appointment times)
(Hard to get to appointments due to work)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)
RESPONSE: (QX)
(OPTION)
(PŪRĀKAU)

(**Margaret**) pseudonym
(50+)
(New Zealand European)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(4 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(9 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - Pūrakau)
(Differculty getting appointment)

(**Mike**) pseudonym
(30-39)
(Other)
(Male)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(9 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(10 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - Pūrakau)
(It is quite difficult to book an appointment for a GP so I would need to book 2-3 months in advance)
RESPONSE: (Q17. pūrākau)
(pūrākau)
(Great job! looking forward to the results of this study)

(**Whaea Moana**) pseudonym
(50+)
(Māori)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(6 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(8 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(9 /10)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - No)
(Only visit when unwell)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(Daily, walk at lunchtime)
(Maintenance - Healthy eating)
(Whole foods, limited junk food, lots of water, 3 months into 12 month no alcohol)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Whānau (family) support or involvement)
(Being fit and active for my mokos)
(Empowerment -Pūrākau)
(Caring for parents)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)
(Flexi appointments, 30 min slot, under 15mins no charge)

(**Te Whetu**) pseudonym
(20-29)
(Māori)
(Health condition -Mental health)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(6 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(5 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(7 /10)
RESPONSE: (Q5. Do you live with any of the following health conditions?)
(Health condition -Mental health)
("mild anxiety")
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(preventative medicine is more effective than treating damage that is already done)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(zumba, pilates, running, walking approx 3-4 times per week)
(Maintenance - Healthy eating)
(do my best to eat lots of fruit, veges, protein"
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment - My doctor)
(My job, knowledge of disease, my family and friends)

(**Gulio**) pseudonym
(40-49)
(Other)
(Male)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(9 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(10 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Healthy eating)
(Low sugar and low carbs as much as possible)

(**Mere**) pseudonym
(40-49)
(Māori)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(8 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(7 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(5 /10)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(Daily 40 min walking)
(Maintenance - Healthy eating)
(Eating healthy)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Pūrākau)
(own feelings wairua)
RESPONSE: (Q17. pūrākau)
(pūrākau)
(when physically well find I'm mentally well and vice versa)

(**Demi**) pseudonym
(20-29)
(Māori)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(8 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(8 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(MEANINGFULCONX /10)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment -Pūrākau)
(Being able to live my life to the fullest, be healthy)

(**Ella**) pseudonym
(30-39)
(Māori)
(Wahine)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(EXPERIENCE /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(SUPPORT /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(MEANINGFULCONX /10)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - GPs)
(I have found that quite often I am judged as being uneducated because of the way I dress and the colour of my skin)
RESPONSE: (Q12. Do you experience any of the following barriers when engaging with primary and secondary health care? These include GP clinics, hospitals and hospital outpatient clinics.)
(Barrier - Unsuitable appointment times - I am the main carer in my household, or can't go during available appointment times)
(It is extremely hard to navigate getting to appointments in between study and childcare and school)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)
(It would be wonderful if I was able to see the same doctor every appointment.)

(**Jake**) pseudonym
(50+)
(Other)
(Male)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(10 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(7 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(10 /10)
RESPONSE: (Q11. Pūrakau space has been provided for you to share any experiences or times where connection has impacted you - both positively or negatively - within publicly funded health spaces)
(Experience - Hospitals including clinics and outpatient appointment)
(We recently had experience at 2 hospitals and the care was excellent)
RESPONSE: (Q13. Is it important to you to access health services when you are well?)
(Prevention - Yes)
(I have congenital heart issues so if I can't see someone quickly it can be quite distressing)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)
(Bring back family GPS not clinics)
(Improve? - Easier to access services - Reduced costs to services, home visits, free parking, transport support, zoom appointments with a Doctor or Nurse etc.)
(Costs for healthcare is difficult)
RESPONSE: (Q17. pūrākau)
(pūrākau)
(I would like to see cheaper if not free clinics so A&E wouldn't be used for general problems)

(**Briana**) pseudonym
(30-39)
(New Zealand European)
(Female)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(5 /10)
RESPONSE: (Q9. Using the slide scale below, please indicate how supported you feel by your GP or health care professional)
(5 /10)
RESPONSE: (Q10. How important is connection or meaningful relationships with a nurse or doctor to you when accessing health care or support from publicly funded health services?)
(5 /10)
RESPONSE: (Q8. What has your experience with publicly funded health services been like?)
(Experience - GPs)
(I have seen a different GP each time I go, it feels impersonal and I don't get followed up like I should)
RESPONSE: (Q14. What steps do you take to maintain your health and wellbeing?)
(Maintenance - Exercise)
(4-5 times a week for an hour)
RESPONSE: (Q15. What empowers you to maintain your health and wellbeing)
(Empowerment - My doctor)
(I like to keep fit and active to stay healthy and keep running)
RESPONSE: (Q16. What would your ideal GP clinic or health provider look like?)
(Improve? - Longer appointments - More time to discuss health concerns, explore treatment options or develop a meaningful relationship with the Doctor.)
(Same GP and not have to wait for weeks before free)
RESPONSE: (Q17. pūrākau)
(pūrākau)
(Survey is a bit long)

Provider pūrākau responses

The following section highlights each response from providers, set out in a template that provides similar structure to the findings throughout

(**RN Regan**) pseudonym
(21-29)
(N/I)
(Other)
(5-8 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: ("Q8. Of the following barriers, which have you seen impact on engagement with health services?")
(Barrier-Poor communication)
(I think this is a major factor. It is simply because patient's who are not well educated by the clinicians would not understand their health. Hence, would not consult unless severe. So communication , in this sense, education, is paramount.)
RESPONSE: ("Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?")
(Barrier reducation - Primary health services - GP clinics, mobile clinics etc.)
(Maximize and empower primary care. Give them the best possible resource and manpower. This way patients will be better educated on how to look after themselves and in return decrease hospital admission)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Whānau or family involvement in care and care planning)
(Partnership and Participation should be discussed in dealing with patient care.)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Easier primary care access)
(lesser wait time in the GP clinics)
(Improve? - Home visits)
(Boost District Nursing)
(Improve? - Whānau, family appointments)
(include the family in the care plans)

(**RN Jordan**) pseudonym
(50-59)
(Gender not identified)
(Māori)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(9/10)
RESPONSE: ("Q8. Of the following barriers, which have you seen impact on engagement with health services?")
(Barrier - Poor communication)
(Miscommunication, health literacy, whanau enablement, whanau literacy, whanau engagement in particular generational and blended whanau)
(Barrier - Hostile healthcare environment)
(Health prejudices and judgement for those with complex chronic conditions, obese Māori feature high in these areas. Two way hostility with cultures that clash e.g gangs, not just Māori other ethnic groups intstitional racism)
(Barrier - Primary care barriers)
(Turning up to ED because cant access GP services - delay in appointments. Cost of GP emergency doctor. Share experience! I rang for appointment for my son 30years. I had triage, did my own assessment given my experience, did not need ED. I was on hold for 50mins was a Saturday. I was not gonna be deterred. I kept my phone ringing, drove down to GP which is 5 mins (they prefer you to ring not just roll on up). One person in waiting room, no phone I could hearing ringing in the GP, but my phone. Receptionist not on phone. Kept my phone ringing. I asked and explained need for an appointment with the emergency GP, given appointment to see doctor in 20 mins, great!! My phone still ringing and being put on hold, I said to receptionist - I have actually been on hold for awhile and still am! Thank you for the appointment but now I need to get my son because I dont want him driving! Pretty apalling! So deters people. Hence why they front up to ED.)
(Barrier - Racism)
(Experience from with the institution and from own Māori whanau.)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Failed system and worse. Been in healthcare since 1990. Poor leadership, need to remove the old and bring in new)
(Barrier reduction - Kaupapa Māori health service)
(Would like to see what nurse led kaupapa Māori health would look like across the spectrum of care)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(Need staff, experience, expertise, more fte and adapt and change)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Whakawhanaungatanga)
(Minimise fairs, clarify understandings, negotiate, assess any barriers prior)
(Current facilitators - Whānau or family involvement in care and care planning)
(Key whanau! Getting more difficult with the make up of who and what is their whanau.)
(Current facilitators - Manaakitanga)
(We are multicultural so - hard pressed to see many Māori or kiwi nurses. Lots of other ethnicity so more important now to look at the wider picture.)
(Current facilitators - Cultural safety or culturally safe practice)
(We are multicultural so - hard pressed to see many Māori or kiwi nurses. Lots of other ethnicity so more important now to look at the wider picture.)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - More support groups within the community)
(Credible and accountable)
(Improve? - Accessible information/educational resources)
(Health literacy is big.)
RESPONSE: (Q12. Thank you for your time and participation in this study. Before you close the tab, is there anything else you would like to add to this survey?)

(pūrākau)
(Our health service primary and public has failed! Continues to fail. Who saving the system nurses! Who are looking overseas now, losing homegrown health professionals. Unfortunately politically all parties have done the health system a disservice.)

(**RN Hana**) pseudonym
(50-59 years)
(wāhine)
(Māori, New Zealand European)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Hostile healthcare environment)
(Hegemonic dominance of the medical/western model of health and no consideration of consumers realities. Priority is to run the hospital/health organisation so consumers have to fit in. Further in Aged Care the irony is this sector is based on audits by the government where you are assessed on how the care focuses on the individual needs.)
(Barrier - Racism)
(Racism is hegemonic and a dominance of the western scientific prove that ignores individual needs and care)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(More Kaupapa Māori clinics with a priority of Māori led approaches that are iwi based and/or inclusion of Māori ways of knowing ad doing as interpreted by he consumer and whanau)
(Barrier reduction - Kaupapa Māori health service)
(Increase the number)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Practical facilitators (Eg. Clinics with appropriate resources for blind or deaf people, mobile clinics, transport services etc))
(Māori Nurse Practitioners and Māori health clinical staff)
(Current facilitators - Whakawhanaungatanga)
(Critical and needs to be used by all health staff and admin staff in a meaningful way. At the Ministry of Health this appears token gesture)
(Current facilitators - Whānau or family involvement in care and care planning)
(Support to whanau to lead in their care and needs)
(Current facilitators - Cultural safety or culturally safe practice)
(Hugely made a difference in Nursing for Māori programmes like Tihei Mauri Ora - Waikato Polytechnic now Wintec Hamilton from 1994 in Diploma of Nursing the Degree of Nursing then PG Maaori Mental Health and Midwifery. Also Whitireia Pacific and Māori Nursing programmes and now Awanuiarangi Māori Nursing programme)
(Current facilitators - Pūrākau)
(As specific to iwi like Tihei Mauri Ora had as its patron the late Māori Queen and Whitireia had Ngati Toa and Awanuiarangi has Tuhoe Ngati Awa)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Easier primary care access)
(Māori should led this)
RESPONSE: (Q12. Thank you for your time and participation in this study. Before you close the tab, is there anything else you would like to add to this survey?)
(pūrākau)
(With a Pacific Head of Health and a Māori leading the Ministry Māori roopu one should expect cultural practices to be further embedded into Hauora at the top level. Now its about getting rid of the white system which dominates the funding model and institutions Also there are pockets of white groups who are white led and only employ their own in the system that are being exposed, interesting to watch and have them outed. Sad there are some Māori who are in these groups who have made money out of the misery of Māori poor health. This must stop)

(Midwife Dayna) pseudonym
(50-59)
(Wahine)
(Māori)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Purākau)
(Lack of access to our Tūpuna Rongoā practices)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Pūrākau)
(Whānau, hāpu and iwi based Rongoā clinics throughout Aotearoa. It's what our whānau are asking for from Kaumātua, whanau, for tamariki and mokopuna through to pre-conception and Hāpu māmā. Rongoā clinics are a one stop shop of wholistic care)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Pūrākau)
(Āe, all if the above)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Pūrakau)
(**PT Leila**) pseudonym
(30-39)
(Wahine)
(Māori)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(9 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(Unable to speak English & unavailability of interpreters so lots is assumed. So much poor health literacy & Healthcare professionals not having the time nor patience to stop & explain. Misinterpreted information because of the above therfore lots of expectations (from both sides) not met.)
(Barrier - Hostile healthcare environment)
(Lack of understanding of patients core belief systems therefore very uncomfortable for patients to engage/be themselves.)
(Barrier - Racism)
(Stereotypes based on race or color. Inappropriate comments.)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(Having holistic services with multi/interdisciplinary services under one roof ie. What's the most important things we sort for you in this one trip ie. Koro has a sore foot, gets dizzy & reflux- podiatrist, GP & dietician. More employment, support, access to leadership opportunities for māori & P.I.)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Train more people with practical ways to respond/help tangata whenua- truly believe these approaches will help all. Better disabled access. Transparency & more importance based of health literacy. More employment, support, access to leadership opportunities for māori & P.I.)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(Better links with above services. Less paperwork, middleman hold ups/access to services. More interdisciplinary work in these fields.)
(Barrier reduction - Pūrākau)

(Making rongoa available/accessible in all of the above places. More research into māori modalities of health & how these impact/facilitate well-being)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Whakawhanaungatanga)
(I use this daily. If I create a friendly welcoming space esp with māori who I can connect with their trust is with me 100%.
(Current facilitators - Whānau or family involvement in care and care planning)
(Always. They trust whānau before they trust you. Including whānau in treatment decisions, planning etc. But also knowing when you may be overstepping/overusing/breaching that whānau members relationship with their loved one & then being able to manage that dynamic.
(Current facilitators - Manaakitanga)
(Providing a toothbrush, making a cup of te, heating up a bowl of porridge, helping where it might not be your direct job ie. To clean/turn/wash as & if ok with patient. They remember these little things..)
(Current facilitators - Cultural safety or culturally safe practice)
(Unfortunately I've seen this work negatives more than positively & I see it as there not being a robust enough training programmer when starting & working in Healthcare esp secondary Healthcare. The people who I have seen it work positively for are either A) māori or PI health professionals so it is innately in them or B) people who have gone onto do te reo course on their own accord & apply principles learnt here to their practice..)
(Current facilitators - Pūrākau)
(I think transparent communication goes a long way. Saying when you don't know something going away & finding answers & then ensuring to come back shows your work ethic & how you keep your word. Following through on your word also. Taking time to break things down that aren't understood goes a long way; whānau tend to be alot more receptive if they aren't made to feel stupid..)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Easier primary care access)
(One stop shop? Ie. Multi/interdisciplinary practices. Those at highest risk identified at these practices who can't make it get the clinic bought to them.)
(Improve? - More support groups within the community)
(Accessibility!)
(Improve? - Accessible information/educational resources)
(Feel like pamphlets, leaflets are readily available but a waste of time if not understood. So if these are going to be provided they need to be explained thoroughly so there is new knowledge learnt & understood.)
(Improve? - Home visits)
(More accessible esp for those at highest risk)
(Improve? - Longer appointments)
(For transparent communication and informing & confirming knowledge)
(Improve? - Whānau, family appointments)
(Always.)

(**RN Hera**) pseudonym
(AGE)
(GENDER)
(ETHNICITY)
(LENGTHREG)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(A poor introduction by health professionals interacting with patients and their whānau is usually the beginning of bad rapport and ineffective professional relationship. In order to gaining trust, whakawhangatanga MUST be established from the initial interaction. Patients and whānau are often told of appointment dates and times and not given options. This is not patient or whānau focused. Services can't assume a patient has received to letter or text about appointments, unless they have been told verbally over the phone or face to face and patients have confirmed this with them. Often I have seen patients weren't aware, then they are labelled as DNA.)
(Barrier - Hostile healthcare environment)
(Healthcare professionals are often desensitized and can be focused on the biomedical model and not seeing the patients as a person. This comes across in the way Dr's and Nurses communicate with patients, especially at critical times such as giving whānau bad news.)
(Barrier - Primary care barriers)
(Lack of accurate referrals from GP, or timely referrals)
(Barrier - Racism)
(Racism plays a huge part in the experience or journey of many healthcare users. As a health professional, I have read plenty of patient clinical notes written by other Health team members. Specifically the narrative that has been written can portray a specific picture for the reader that can impact they patients are perceived. This can be negative and positive.)
(Barrier - Purākau)
(Access No NZ resident, not eligible for free health care (e.g pacific), Social- complex whānau, alcohol and substance abuse, Homelessness- no fixed abode)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(The cost of consultations for GP can be a barrier for lower income households.
Satellite clinics, Marae)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Access especially with parking
Prioritization tools elevating Māori priority scores for surgery, FSA appointments, investigations and tests and specialist care/ treatment)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(Access especially with parking)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Practical facilitators (Eg. Clinics with appropriate resources for blind or deaf people, mobile clinics, transport services etc))
(Transport services provides the capability for whānau to attend clinic appointments, which they would have otherwise not attended.)
(Current facilitators - Whakawhanaungatanga)
(Build good rapport and trusting relationships with Clinician and patient and whānau)
(Current facilitators - Whānau or family involvement in care and care planning)
(Enacting Te Tiriti Article 1; Kawanatanga (Governance/ partnership), shared decision making to with patient and whānau to improve outcomes)
(Current facilitators - Manaakitanga)
(Taking the time out to listen to whānau and patients demonstrates Manaaki, which helps build better relationships and connections ')

(Current facilitators - Cultural safety or culturally safe practice)
(Being mindful, awareness and considerate of patient and whānau needs, values and practices ensures culturally safe care)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Easier primary care access)
(The cost to care is too high)
(Improve? - More support groups within the community)
(Unsure?)
(Improve? - Accessible information/educational resources)
(information is accessible through the internet, the issue is getting access/ money to be able to utilize the internet. Furthermore, the info available is not always accurate)
(Improve? - Home visits)
(Home visits can be the last port of call when it comes to lack of engagement with patients. Having the ability to visit someone at home gives better insight into their social situation, housing, whānau, finances.)
(Improve? - Longer appointments)
(Often patients have a long list of concerns, as they can not afford to visit the GP multiple times. Medical model, GP will treat the urgent or more concerning issue. This means some things get missed, due to time constraints)
(Improve? - Whānau, family appointments)
(Having the ability to whānau hui is essential, upon the request of patient)

(**RN Laura**) pseudonym
(5.-59)
(Woman)
(New Zealand European)
(8-10 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(In my role as a Registered Nurse I have certainly witnessed occasions where post doctors rounds patients have been completely unaware of their plans of care, procedures they are to have or sometimes what they are actually in hospital for. How on earth can someone engage with health services if their care is not done in partnership with them? People are labelled as "non-compliant" or "frequent flyers" and from my point of view have we taken the time to clearly communicate with that person regarding their medical conditions, or even taken to time to find out if what we are asking of them is what they actually want or is manageable for them when they get home?)
(Barrier - Primary care barriers)
(There is currently a three week wait to attend an appointment at our local GP. There is one practice to service the entire community. About five or so years ago the GP practice at the Marae closed and this certainly created barriers as some people expressed discomfort at having to attend the only other available GP stating it not provide a holistic service. This makes me wonder where these people are going now if they need primary care, are the not going to the doctors when they need to and then it gets to the point where they are so unwell they require hospitalisation?)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(I firmly believe that we should be providing services in the community that are easy to access particularly rural and lower socio-economic areas where studies show there are more barriers to accessing health care. But - these services need to be culturally responsive - evidence shows health outcomes are worse for Māori than non-Māori. We also need to be thinking outside the box - mobile clinics great, however if you think about a family with several children for example, no available childcare and no means of transport, even getting to a mobile clinic could be challenging. Does the health service go to them instead?)
(Barrier reduction - Kaupapa Māori health service)
(There is absolutely a need for Kaupapa Māori health services due to the appalling statistics regarding health outcomes for Māori versus non-Māori.)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(I am unsure how these services are provided currently but would be great if these could be done as home visits perhaps.)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Practical facilitators (Eg. Clinics with appropriate resources for blind or deaf people, mobile clinics, transport services etc))
(Where I live there is a shuttle service to take people to the hospital - this does have a positive impact for those that are aware of the service, however I don't believe it is widely advertised which is a pity.)
(Current facilitators - Whakawhanaungatanga)
(In one of my previous roles it was expected that we start any hui with whakawhanaungatanga and from my experience this definitely had a positive impact on the relationship and engagement with healthcare. In my current role, I initially introduce myself when first meeting a patient and will explain anything that I am doing and get their consent and then in the course of conversation will talk more about myself. I absolutely believe this helps build a partnership relationship and enables better engagement.)
(Current facilitators - Whānau or family involvement in care and care planni)
(From my experience, involving whanau in care and care planning - with the patient's consent - is invaluable to engagement with healthcare.)
(Current facilitators - Manaakitanga)

(Without a doubt I have seen positive impacts when people are treated with dignity and respect. I have also seen how detrimental it can be when the opposite happens.)
(Current facilitators - Cultural safety or culturally safe practice)
(Again, I have seen where people are treated with dignity and in a manner that is respectful of what matters to them culturally then this has a positive effect.)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Pūrakau)
(For the reasons already stated - and I could go on for hours about all of the above things - all of these would help meet the needs within out community.)

(**RN Kate**) pseudonym
(n/a)
(Female)
(n/a)
(n/a)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(MAINTWELL /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(Bookings are not set in a way that allows normal mail to be helpful these days. For those who owe money or are avoiding abuse, they will not answer unknown numbers. For those without cash on phone, they cannot clear voicemail. The admin staff are not trained or empowered to work with those with communication issues due to mental health or cognition issues. Language barriers are only the tip of the iceberg.)
(Barrier - Hostile healthcare environment)
(Our front of house staff in outpatient environments are often 'non-clinical' under trained and under supported to work with the range of people they need to. Racism and bias against those who look different is a real issue)
(Barrier - Primary care barriers)
(Cost cost cost!!!
Judgement at unpaid bills, or refusal of service due to unpaid bills.
Cost of time off work to attend appointments. Cost of child care to attend appointments when kids aren't allowed at Waiora Waikato due to covid.)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(Proper training and clear expectations of boundaries and standards of customer service. If they can do it well in a hotel, why not in a clinic?
Enough staff so that they arent overwhelmed)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Proper training and clear expectations of boundaries and standards of customer service. If they can do it well in a hotel, why not in a clinic?
Enough staff so that they arent overwhelmed)
(Barrier reduction - Kaupapa Māori health service)
(Sufficient resourcing to do what they want/need to do and do it well - they are leading the way in this.
Enough staff)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(Proper training and clear expectations of boundaries and standards of customer service. If they can do it well in a hotel, why not in a clinic?
Enough staff so that they arent overwhelmed)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Practical facilitators (Eg. Clinics with appropriate resources for blind or deaf people, mobile clinics, transport services etc))
(Community shuttles.
Waikato kaitiaki services.
Breast care - accessible parking, liaison nurses, patient focused.
Support to access service)
(Current facilitators - Whakawhanaungatanga)
(The rheumatology nurses do this really well, it's patient centred. So do breast care. I havent seen other specific clinics)
(Current facilitators - Pūrākau)
(I think all areas have a long way to go with Whanau involvement, manaakitanga and culturally safe practice. Part of this is resource allocation. Even the best clinicians will struggle with a 15 min appointment, or 30 mins for breaking bad news. It isnt sufficient. In Australia if you are given a hard

diagnosis, you have a short appointment for key info and intro and then you come back for a proper discussion with your full support team of your family. We do not have this here.)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community? (Improve? - Pūrakau)
(People are very responsive to phone check in's, feeling like someone is keeping an eye on them. this allows them to proactively reach out with new issues.
nurse lead clinics resoundingly get great feedback in terms of safe follow up)

(Nurse Manager Grace) pseudonym
(40-49)
(Wāhine)
(Māori)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(8 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Purākau)
(lack of understanding of te ao Māori and its importance to whanau.)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(being on time is huge, Māori are not renowned for patience and nor should we. Time is precious.)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(As above. all services go to the patient not the other way around. priority based care. rather than being bombarded with information about multiple issues, making a priority list with the patient and focus and work on that first then so on and so forth.)
(Barrier reduction - Kaupapa Māori health service)
(Māori for Māori, we can whakawhanaungatanga like no-one else.)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(as previous)
RESPONSE: (Q12. Thank you for your time and participation in this study. Before you close the tab, is there anything else you would like to add to this survey?)
(pūrākau)
(Nga mihi nui kia koe. thanks for doing such great work on such an important kaupapa.)

(**RN Freya**) pseudonym
(50-59)
(Wāhine)
(Māori, New Zealand European)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(Our outpatients services are currently undertaking systems improvements to improve "not able to attend" rates - this is great because our admin systems are scrutinising the interface and comms between the departments and their patients / whānau/community)
(Barrier - Hostile healthcare environment)
(There are great people with great intentions in the health care system , but despite this our systems do create hostile health care environments for some patients - inflexible scheduling, lack of whānau space, few kaiāwhina or navigators, admin front systems which are very pakeha (no visible manaaki , no Māori kupu or imaging/art, no visibility of te ao Māori, systems which operate on the premise of equality not equity, staff who lack cultural education finding it difficult to put equity into practice when they think this is not fair)
(Barrier - Primary care barriers)
(Cost, ability to get in to see someone , similar to section above system inequities perpetuated by primary care businesses who do not understand or value equity , GPs and nurses who lack cultural education/safety and therefore whose practices may exacerbate inequities)
(Barrier - Racism)
(Systems bias is invisible to those who do not have a cultural lens . Therefore continual perpetuation of inequity founded on policies and procedures that fit the non- Māori majority . Little appetite for change change seen as too risky .)
(Barrier - Purākau)
(Too many overseas health managers and clinicians who seem to skip education about Aotearoa being a treaty based land)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(Infiltrate - work force development - more Māori in all roles within health care)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Infiltrate - work force development - more Māori in all roles within health care)
(Barrier reduction - Kaupapa Māori health service)
(Equitable funding Immunity from repeated audit (I worked in kaupapa Māori environments which were constantly being audited and then went into mainstream - whose only audits are accreditation ones
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(Equitable funding and resources)

(**RN Kaia**) pseudonym
(21-29)
(Wahine)
(Māori)
(5-8 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(poor communication resulting in people not understanding their health and what this means for them)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(possibly some nurse led clinics)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(creating a space for non urgent in-between group)

(**RN Anahera**) pseudonym
(30-39)
(Wahine)
(Māori)
(3-5 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(Health literacy, Communication between health providers and consumers)
(Barrier - Racism)
(In all forms, from all levels. Differing treatment plans or there lack of for Māori vs non Māori restricting whanau into the hospital . Not allowing whanau the opportunity to attend whanau meetings as you would with non Māori.)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Education!!!! Having Māori sitting on all boards that are making decisions . Having a service that is 24/7 not 8-4 mon - fri for Māori.)
(Barrier reduction - Kaupapa Māori health service)
(Have one in general would be a start. One that is visible, one that is 24/7 not jus monday - friday 8-4)

(**RN Ben**) pseudonym
(40-49)
(Male)
(Other)
(5-8 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(4 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(diagnostic overshadowing is a common issue in public health services.)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(Subsidized GP visits
- taxi chits
- subsidized gym memberships
- closer to home treatment/ mobile clinics)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(In example, mental health professional could support service users with their GP visits. This may reduce diagnostic overshadowing and reduce a communication breakdown between the silos (primary & secondary))
(Barrier reduction - Kaupapa Māori health service)
(More access to Māori health services)

(**Dr Hayden**) pseudonym
(21-29)
(Māori)
(1-3 years)
(N/I)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(8/10)
RESPONSE: ("Q8. Of the following barriers, which have you seen impact on engagement with health services?")
(Barrier-Poor communication)
(Inappropriate comments (racial, sexual, demeaning), False promises leading to a loss of faith in the services, No acknowledgement of past trauma / no time for deep conversation)
(Barrier-Primary care barriers)
(Long waiting times , Unaffordable, Delayed visitis, Changing providers so there are gaps in understanding of a patient's background)
(Barrier - Racism)
(Many subtle comments made. A change in attitude towards patients of different ethnicities)
RESPONSE: ("Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?"
(Barrier reducation - Primary health services - GP clinics, mobile clinics etc.)
(As above, longer appointments, greater availability, prioritisation, continuity, whanau appointments)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(parking, access / transport, cultural competency)
(Barrier reduction - Kaupapa Māori health services)
(Integration into all health services rather than just designated kaupapa Māori health services)
(Barrier reduction - Community health services)
(Make this easy and convenient for patients, discuss what works, express importance of reengaging if moving address etc so follow up can continue)
RESPONSE: ("Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.")
(Current facilitators - Practical facilitators)
(Transport shuttles , Translators, Accessible environments)
(Current facilitators – Whakawhanaungatanga)
(This works well in clinic. This helps people to open up and give honest answers so that needs are addressed)
(Current facilitators - Whānau or family involvement in care and care planning)
(Hugely important to involve whanau in care. Have seen problems arise i.e. during COVID, when families aren't allowed in the room.)
(Current facilitators - Manaakitanga)
(A manaaki first approach has been proven to work in many settings. Most recently I have seen this work in the covid tracing area by marangai areare group)

(**RN Drew**) pseudonym
(50-59)
(N/I)
(Other)
(3-5 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(Ability to read and understand the language used medical terminology, phone access & internet access , no fixed address)
(Barrier - Hostile healthcare environment)
(Busy noises information for directions not always at the entrance, difficult to follow maps and directions)
(Barrier - Racism)
(Pre conceived ideas of the staff toward different ethnic backgrounds or Baseline or normal boundaries based on only one cultural gender type)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(As a consumer with health knowledge, review the system - maybe more nurse led options. Funding stream review. Need to stop using public health to save their budget when the care is fits primary. To gain trust back.)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Failed system and worse. Been in healthcare since 1990. Poor leadership, need to remove the old and bring in new)
(Barrier reduction - Kaupapa Māori health service)
(Would like to see what nurse led kaupapa Māori health would look like across the spectrum of care)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(Need staff, experience, expertise, more fte and adapt and change)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Whakawhanaungatanga)
(Minimise fairs, clarify understandings, negotiate, assess any barriers prior)
(Current facilitators - Whānau or family involvement in care and care planning)
(Key whanau! Getting more difficult with the make up of who and what is their whanau)
(Current facilitators - Manaakitanga)
(We are multicultural so - hard pressed to see many Māori or kiwi nurses. Lots of other ethnicity so more important now to look at the wider picture)
(Current facilitators - Cultural safety or culturally safe practice)
(We are multicultural so - hard pressed to see many Māori or kiwi nurses. Lots of other ethnicity so more important now to look at the wider picture.)

(**RN Ria**) pseudonym
(50-59)
(Wāhine)
(Māori, New Zealand European)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Purākau)
(GPs not seeing trends in patients blood results - eg decline in kidney function until too late Thus window of opportunity for preventative measures & education missed ")
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Pūrākau)
(Secondary schools - health educators (nurses) teaching as part of curriculum chronic disease prevention)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Practical facilitators (Eg. Clinics with appropriate resources for blind or deaf people, mobile clinics, transport services etc))
(Transportation)

(**RN Florence**) pseudonym
(40-49)
(Wahine)
(Māori)
(8-10 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(8 /10)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(Free/cheaper GP, Need increase health workforce as extremely understaffed, Increase Māori health professional workforce , More mobile clinics in communities- free, Collaborative care between health services)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(More Māori staff Need bigger workforce Better cultural safe education for non Māori staff caring for Māori)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(Again more Māori Kaimahi in these places Money towards earlier education and intervention to prevent illnesses above)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Whakawhanaungatanga)
(Extremely important if wanting to engage and connect)
(Current facilitators - Whānau or family involvement in care and care planning)
(100% need whanau to lead their care and care planning)
(Current facilitators - Manaakitanga)
(Yes)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Whānau, family appointments)
(Great idea)

(**RN Reina**) pseudonym
(50-59)
(Wahine)
(Māori)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(MAINTWELL /10)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(more health professionals available, more focus on preventative health, more health focus in schools at early age, improved communication skills, culturally sensitive staff)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(more Maaori health professionals at all levels of health)
(Barrier reduction - Kaupapa Māori health service)
(incorporated with mainstream not sitting separately.)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(more health professionals available, more focus on preventative health, more health focus in schools at early age, improved communication skills, culturally sensitive staff)
RESPONSE: (Q10. Please indicate which of the following facilitators you have seen positively impacting communities engagement with providers.)
(Current facilitators - Practical facilitators (Eg. Clinics with appropriate resources for blind or deaf people, mobile clinics, transport services etc))
(appropriate signage, less clinical environments)
(Current facilitators - Whakawhanaungatanga)
(whanau ora approach, mana enhancing approaches so whanau involved at the beginning of journey)
(Current facilitators - Whānau or family involvement in care and care planning)
(whanau ora approach, mana enhancing approaches so whanau involved at the beginning of journey.)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Easier primary care access)
(kai awhina employed to support whanau in all aspects of care - transport, tautoko, navigating agencies)
(Improve? - Longer appointments)
(less focus on business and money)

(**MoF John**) pseudonym
(50-59)
(Male)
(Māori, New Zealand European)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(8 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(Follow ups not being notified. Follow ups not being sent out to providers. Rearrangement of appointment times.)
(Barrier - Hostile healthcare environment)
(Under pressure environment resulting in overwhelming and under welcoming patient experience)
(Barrier - Primary care barriers)
(Access to GP's in a timely fashion)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(Improved access to GP's. Better system of community based consultations e.g. regular clinincs by GP's in smaller harder to reach location)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Absolute shambles)
(Barrier reduction - Kaupapa Māori health service)
(Improve links with existing health care providers)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Easier primary care access)
(Must happen - doing this will alleviate strain on our public health system)
(Improve? - More support groups within the community)
(Agree - too many providers work in isolation with their own goals - at the expense of the wider health goal)
(Improve? - Home visits)
(Use to be common practice - no longer.)
(Improve? - Longer appointments)
(Should be for as long as required - not a 15 minute window)

(**RN Tessa**) pseudonym
(30-39)
(Woman)
(Other)
(n/a)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(7 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(The use of multiple languages and pictures and encompassing more than just English has been great)
(Barrier - Racism)
(Seems as though there has been quite a lot of movement on this topic, I have not really experienced this in healthcare when regards to other nurses giving care to patients. But I have encountered this with regards to nurses talking about other ethnic groups of nurses in a work place.)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(More mobile units to go to the far reaches of Aotearoa. More "in the field" work for medical teams.)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Longer appointments)
(The GP only has 15 minute appointment times and if your GP is god they will definitely spend more time than this with you.)

(**PT Teina**) pseudonym
(30-39)
(Wahine)
(Māori)
(8-10 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(9 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Poor communication)
(Not understanding text reminders, emails or letters. Letters for appointment notification arriving after the time of appointment. Allied health, Drs and nursing staff contradicting each other. Not understanding the complexity of ACC and wondering why the are not covered, not understanding the different ACC contracts and what the expectations are, not understanding how and when to gain a med cert for time off work. Not understanding the doctor or specialist so not understanding what their options are.)
(Barrier - Hostile healthcare environment)
(Short tempered reception staff when client is "complex". Mono culture environment despite some Māori or Minority posters on the wall. If client cannot attend or does not want to really engage there are no other options so clinical staff has to try and convince them to attend rehab.)
(Barrier - Primary care barriers)
(IT costs to attend Physio as primary care and so a lot of people just don't come.
We cant measure this because they are not here to be measured.)
(Barrier - Racism)
(Systemic and institutional racism are more prevalent in my observation than interpersonal racism. The way ACC rolls out its contracts is not congruent with Te Ao Māori. The timelines often mean that big and small rehab companies are quickly trying to source appropriate partners to be named on the contract which then becomes harmful to future relationships ir those partners are Māori organisations or individuals.)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Pūrākau)
(We need to start from a wellness perspective, not a pathology perspective. Increase the disposable income of the lowest socio-economic and we will increase wellness. This combined with reengaging in matauranga Māori will have a huge impact on Māori health outcomes.)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Easier primary care access)
(More GPS and physios or use another method where we upskill local workers to share the job role.)

(**RN Rita**) pseudonym
(50-59)
(Female)
(New Zealand European)
(10+ years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q8. Of the following barriers, which have you seen impact on engagement with health services?)
(Barrier - Hostile healthcare environment)
(Not directly hostile but at times poorly informed and unhelpful to patient need)
(Barrier - Primary care barriers)
(Complex systems to navigate which impact on access, technology can be a barrier as well - eg overloaded phone lines - patients cannot get through. Financial barriers, or access to familiar or usual GP - impacts on patient care and health outcomes)
(Barrier - Purākau)
(Pressure on the primary health care system in terms of staffing issues impacting on availability of care)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(Better health funding options for patients to improve access, more health centres - moving away from the traditional patient/Dr process, more nurse led clinics, more education clinics. Be more specific to the needs of the community or population group)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Better access other than a central point (eg ED), Resources put into improving health literacy and teaching people how to navigate the health system and changing access to the health system to accommodate all levels of care - eg more health care assistants that can help guide family/whanau through the process)
(Barrier reduction - Kaupapa Māori health service)
(Greater emphasis on this - and improving whanau awareness of what is available)
(Barrier reduction - Community health services (chronic disease support, STROKE support, diabetes review clinics etc.)
(More home based care - taking medical care into the home/Marae/community instead of expecting patients to present to clinics. Setting up local mobile community clinics and health points for improved knowledge to health information and community support)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Pūrakau)
(Better determination of need - care taken to provide the best possible care for specific situations - not just a blanket approach.
Improved assessment of need - not just physical but encompassing all determinants of health, spiritual, physical, financial, emotional)

(**RN River**) pseudonym
(n/a)
(n/a)
(n/a)
(1-3 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: ("Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?")
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(outreach secondsry services)
RESPONSE: ("Q11. How could health care services be improved to meet the needs of the community?")
(Improve? - Easier primary care access)
(more Zgps and nurse practiioners)

(**Whaea Kath**) pseudonym
(50+)
(Female)
(Māori)
(3-5)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(10 /10)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Primary health services - GP clinics, mobile clinics etc)
(Provide specific culture led clinics eg Māori, Indian, Chinese etc. All staff identify as this culture and people can choose whether they want to access this.)
(Barrier reduction - Kaupapa Māori health service)
(As above re Māori staffed clinics. But all services need to be out in the community and very easily accessible. Completely free services. (Very contentious) Or, fuel vouchers to allow access to the DHB more easily.)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - Pūrakau)
(Health care needs to be community based as far as possible.)

(**RN Helena**) pseudonym
(70+)
(Wahine)
(Māori)
(1-3 years)
RESPONSE: (Q7. "How important do you think it is for people to access health services when well, to maintain wellness?", using a slide scale to of 0-10)
(9 /10)
RESPONSE: (Q9. How do you think publicly funded health services could remove barriers to equitable health service outcomes in Aotearoa, New Zealand?)
(Barrier reduction - Secondary health services - Public hospitals, hospital clinics etc)
(Parking spaces should be free for staff and patients)
RESPONSE: (Q11. How could health care services be improved to meet the needs of the community?)
(Improve? - More support groups within the community)
(Better funding for Māori providers)

Appendix D: Ethics

Waikato

Te Whatu Ora
Health New Zealand

Te Puna Oranga Māori Research Review Committee

16 December 2022

Re: Māori Consultation for 'Exploring the delivery of publicly funded care planning, to improve health provider consumer relationships, prevent chronic disease and improve health outcomes'.

Name of Applicant: Jessie Mellsop

Tēnā Koe Jessie,

Thank you for submitting the above research proposal to the Te Puna Oranga Māori Research Review Committee for Māori consultation. The research application has been reviewed in order to support and prompt the researcher to think about how this research will improve health outcomes and eliminate inequity for Māori living within the Waikato region.

1. The Committee acknowledges the researchers for collecting ethnicity data as part of a demographic background of the participant to improve data collection for Māori in order to improve Māori health outcomes and reduce inequity for Māori.

2. The Committee encourages the research team to actively recruit equal numbers of Māori and Non-Māori. Any Research that involves Māori participation would require sufficient face to face time for fully informed consent to occur. Inclusion of the whānau of the Māori participant should be encouraged to support the continued engagement of the Maori participant in the research process.

3. The Committee encourages all research that involves participation of individuals, especially Māori participants to fully inform them regarding the detail of tissue collection. One consent form for the current use of Tissue. One consent form for the future use of tissue (this should be clear to the participant).

4. Studies using retrospective data must respect Maori data as outlined in Te Mana Raraunga: ***5.1 Respect**. The collection, use and interpretation of data shall uphold the dignity of Māori communities, groups and individuals. Data analysis that stigmatises or blames Māori can result in collective and individual harm and should be actively avoided.*

   Reference: Te Mana Raraunga: Principles of Māori Data Sovereignty. Brief #1 | October 2018.
   https://static1.squarespace.com/static/58e9b10f9de4bb8d1fb5ebbc/t/5bda208b4ae237cd89ee16e9/1541021836126/TMR+Ma%CC%84ori+Data+Sovereignty+Principles+Oct+2018.pdf (Accessed August 2019)

5. If cultural issues arise for the Māori participant during any research, they will inform the research team during the study that an issue has occurred. Cultural issues may not be obvious to the participant or the researcher prior to commencement of the research.

6. The Committee encourages the research team to continue to consult with Te Puna Oranga, Māori Health service at any time, should they have any further queries.

7. Feedback regarding this research is appreciated and can be shared back to the Kaunihera Kaumatua via Te Puna Oranga Māori Health Service

The Committee endorses this research proposal with the consideration of the above cultural recommendations where appropriate and requests the researcher to collect ethnicity data for all study participants seen at Waikato hospitals for our own internal records.

Dr Nina Scott
Te Puna Oranga-Maori Health Service

Page 1 of 1

The University of Waikato
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Hamilton, New Zealand

Human Research Ethics Committee
Roger Moltzen
Telephone: +64021658119
Email:humanethics@waikato.ac.nz

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

5 December 2022

Jessie Mellsop
Te Huataki Waiora – School of Health
DHECS
By email: jessie.mellsopkupe@gmail.com

Dear Jessie

HREC(Health)2022#51 : Exploring the development of a preventative health care and provider framework

Thank you for your responses to the Committee feedback.

We are now pleased to provide formal provisional approval for your project. Full approval will be given upon receipt of a copy of a letter of approval from Te Whatu Ora.

Regards,

Emeritus Professor Roger Moltzen MNZM
Chairperson
University of Waikato Human Research Ethics Committee

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