School of Psychology
Faculty of Arts & Social Sciences
Te Kura Kete Aronui
The University of Waikato
Private Bag 3105
Hamilton, New Zealand

Bridgette Masters-Awatere
Senior Lecturer
Phone: +64 7 837 9228
Email: bmasters@waikato.ac.nz
Fax: +647 858 5132
Web: www.waikato.ac.nz

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

Thursday 13 June 2019

Professor David Paul
Associate Dean Aboriginal Health
University of Notre Dame
Editor of the Special Issue - Australian Journal of Primary Health

Kia ora David,

RE: Coverletter

Please find attached our revised submission for the special issue of the journal - *Australian Journal of Primary Health*.

The authors would like to take this moment to thank you for the opportunity to respond to the comments of our reviewers. We appreciate the time and effort that reviewing articles takes, so acknowledge the collegial intention of the feedback from Reviewer 1 and reply in the same manner. A response to each of the specific suggestions for improvement (from R1) is located directly beneath the relevant comments attached to this letter.

In the same spirit of collegiality we encourage the reviewer to acknowledge their own limited knowledge of Indigenous methodologies and qualitative methods. It appears that R1 has misunderstood the intention of this paper. This paper documents the benefits of a Kaupapa Māori health intervention, and was never intended as a methods paper. We have strengthened statements throughout that highlight an assumed agreement that Māori ways of being and understanding (eg Kaupapa Māori) are valid in their own right. We offer several references that engage with Māori ontology so that R1 has some leads into the expansive scholarship that exists in the areas of indigenous methodologies and socially-engaged qualitative research.

While R1 has offered to review this piece again, we do not feel this would be useful of their time as this person has misunderstood the nature of the paper. It would be more expedient to have reviews from scholars who are more experienced in and aligned with indigenous methodologies and ontologies, as well as socially-engaged qualitative research.

R2 was happy to accept the article for publication as is, without changes.

We now submit a revised manuscript. Thank you for your consideration.

Ngā manaakitanga



Bridgette Masters-Awatere PhD
Senior Lecturer in Community & Indigenous Psychology
Co-Director of the Māori & Psychology Research Unit
Convenor of the Community Psychology Programme

REVIEWER COMMENTS AND AUTHOR RESPONSES

Note to editor: Reviewer 1 comments are presented in black text. Author responses have been provided directly beneath the relevant reviewer comments in red indented text

Dear Colleague,
Firstly, thank you for submitting and allowing your work to be a part of the academic review process. Congratulations, it is a hard thing to do to bring your work into public view. This feedback is sent with generosity of spirit and collegiality in the hopes of assisting your learning journey.

The reviewer enjoyed the overall idea in this paper: that narratives of Whānau Māori as beneficiaries of Kaupapa Māori centred intervention (Harti tool) to improved interactions with health services.

This paper is an adjunct to a large Randomised Control Trial with ethics approval. This is noted initially because the general feel of this paper for the reviewer is that as part of larger work you have knowledge that as reader I cannot see – this generates a disconnect. The reviewer suggests some structural changes to assist the reader, not only for consistency but for academic rigour.

> The paper is not an "adjunct" to the RCT, but rather an integrated part of the trial. It is possible that that the reviewer has misinterpreted this aspect, so we have amended our abstract and introduction to emphasize that this paper is integrated into the larger project.

This paper addresses a critical area for marginalised groups to access health care in a culturally safe way. The author makes several intelligent connections to values, Kaupapa Māori health policies, power dynamics and the requirement of health consumer lens as a possible innovation in research particularly for vulnerable populations. Its findings, presently, are insubstantial and need to be in conjunction with pursuit of evidence-based medicine. It is clear that this article will make a contribution to the field by examining our research practices with vulnerable populations but needs further work in order to realise its potential.

> The authors disagree with the statement that findings are insubstantial and would further argue that utilising a Kaupapa Māori approach as we have done in itself constitutes an "evidence-based approach". As such, our paper itself contributes evidence within this framework.
>
> The nature of suggestions by the reviewer emphasize changing our approach so that it is no longer Kaupapa Māori in orientation. To do so would disconnect the paper from our purposeful methodology and approach to the qualitative component of the study (as outlined from the beginning). We do not make assertions beyond the qualitative findings, so feel it is appropriate to keep the connections we make to policy, power dynamics and culturally appropriate practice with indigenous peoples – here specifically with Māori.
>
> We contend that much of the "further work" noted by this reviewer prioritises dominant colonial-based expectations of methods, and focuses on procedural aspects pertaining to Western (positivist) paradigms, disregarding our Kaupapa Māori-oriented methods, and overlooking our contributions to mātauranga Māori. The use of rigor in findings has historically been used to delegitimise Māori perspectives and experiences. Overall, it appears as though this reviewer has appraised our qualitative research through a dominant Western lens, and, as such, seeks validation through quantitative analyses and thus perpetuates the very colonialism our article critiques.
>
> Some of the reviewer's suggestions indicate a lack of familiarity with Kaupapa Māori methodology, ontology, epistemology. This indicates that this reviewer does not understand our research approach and analysis. This paper is not intended as a methods paper – indeed, there

are a multitude of papers already in existence that draw on, develop, and extend Kaupapa Māori theory.

However, in recognition that the authors may have assumed a more sophisticated level of understanding by readers unfamiliar with Kaupapa Māori theory and approach, we have strengthened our explanation of Kaupapa Māori through the insertion of references to other works that develop Kaupapa Māori theory in the manner that the reviewer seeks.

Below are some suggested revisions before recommendation for publication.
Two central things that are offered as part of a rework before publication:
Make connections with literature provided and build your academic throughline as an anchor to the work; reliance on minimal subjective opinion rather than robust evidence makes it feeble.
The analysis is lacking synthesis (connections of literature) which affects your discussion and results.

The reviewer is requiring increased insertion of literature. To that end we have included increased references to the published academic literature oriented from a Kaupapa Māori perspective.

Recommendations as to how this may be achieved:
o The summary statement is sound but could be famed for global readership.

We agree. The summary statements have been rewritten/reframed to read as a position statement, rather than a list of bullet points as a way to frame the key points for a global readership

o The Harti tool is identified but never introduced for the reader. At end of paper the reviewer is still unclear what it actually is, its components. Suggest including a visual concept model to aid.

We have inserted explanatory statements given further description of the tool to better inform the reader. However, we disagree with the suggestion to provide a visual model of the tool as the tool itself is not the focus of the paper, but rather the implementation through Research Assistants. Furthermore, the nature of original publications means we are reluctant to include description that will impact of future intended publications specifically focused on describing the Harti tool.

o Unpack each section and identify what is connected to literature meaningfully and how this is a springboard for your work – difficult to find academic thread.

Line 94 of our paper says, “Drawing on Kaupapa Māori methodologies…” and we go on to reference these and discuss how we have drawn on and extended these underlying ideas. The reviewer has either missed this line, or lacks understanding of what/how Kaupapa Māori methodologies are employed in research such as ours.

o Data is lacking – low key meaning leads to generalised statements which affects depth.

The reviewer seems unfamiliar with in-depth qualitative interview research such as ours, in that “Data” is not “presented” but rather the researchers engage with the research corpus as a whole, drawing on commonalities of experience – as noted in our analytical approach. Qualitative analysis can comprise of more than thematic analysis and grounded theory.

o Limited interpretation/results: key parts of method missing and confusion of parts. Even articles have a methodology – get someone to help you to structure that. When you clarify the framework, it will connect the parts to the whole.

As previously mentioned, this was not written as, nor intended to be, a methods paper. The methods are adequately described for purposes of this journal, and for this paper, in describing our research. We have referenced relevant methods, and other works, including specific references so that readers unfamiliar with qualitative Kaupapa Māori research can read further on the topic.

Our framework is clearly identified as Kaupapa Māori-centred, that includes consideration of the social determinants of health, and the researcher as bricoleur. These frameworks draw on previously published work, are cited, and provide guidance to the reader. However, for a reviewer unfamiliar with such work, we can see how they might find it unfamiliar and confusing. To that

end, we have included more references to the published literature that we draw on in our research.

Key things to think about:

o This could be a substantial contribution, but the conception or design of the work needs consideration, including the acquisition, analysis or interpretation of data.

The acquisition, analysis, and interpretation of data are done so from a Kaupapa Māori orientation. We have been transparent, thorough and reflexive of our design, acquisition and interpretation. While the reviewer seems unfamiliar with this approach, it has been well documented in both health-related literature and elsewhere.

o The claim that your paper brings together social determinants of health with KM based practice is a field potential innovation, but this is not explicit – you are sitting on the potential of humanising a very theoretical medical process to a type of KM ontology that is not recognised. Suggest author showcase this.

We are not clear on what the reviewer is referring to here.

o The Harti Tool, for an audience who is not familiar with RCT is invisible and difficult to conceptualise. This throws out cohesion of piece and needs attention.

We have included additional sentences that more fully and accurately describe the tool for the reader.

o Methods section is incomplete. You identify research method (qual interviews) as your technique which is adopted to explore the nature of the problem. Highlight which research methodology is your foundation, which helps reader to understand the determinants influencing the effectiveness of the methods applied. Clarity needed here.

Our methods section clearly identifies Kaupapa Māori methodologies as its research orientation, and that our analysis takes a "Researcher as bricoleur" approach. Such a methodological approach has been well documented elsewhere. We have incorporated increased references to guide readers for whom our approach is unfamiliar.

o Results and discussion are a little confused. Consider anecdotal evidence and what picture you are painting conceptually. Does it align with literature, is it robust enough to sit along-side them meaningfully or purposefully contrast?

The reviewer appears to be asking for greater incorporation of published literature. To that end, we have included more reference to the published literature in our discussion.

o Results section as it stands is verbose, consider succinct rewrite.

The results section includes multiple quotes from participants, and humanises each participant in accordance with our Kaupapa Māori approach. It would be inappropriate to reduce the inclusion of quotes from participants given our emphasis on making room for their perspectives within health service provision.

o Discussion section has quite a few leaps; there is a disconnect how you went from results to three interconnected strategies identified (relationship, matching and connections). This is assumed not a causation from results as evidence and therefore affects validity.

The reviewer is approaching validity from a Western (positivist) paradigm, and the idea of "validity" for findings in this manner has historically been used to delegitimise Māori perspectives and experiences. For those familiar with Indigenous research, there is no disconnect between our results and the discussion.

o Conclusion talks again about Harti tool and aims, the reader is still unclear what this is.

We agree and have removed the focus of the conclusion about the Harti tool and have rounding the paper to a stronger close by reconnecting with the arguments presented in the Introduction.

o Go back to the literature all the time – it is key; you stand on the shoulders of those that go before you and then you build on. E.g (Reinfield, Pihama & Pitama) are some leaders in the field; how did your work build on? Make the connections clear.

We have increased our references to wider literature and noted how our work has developed and furthered previous research in this field in the discussion.

o A suggestion may be to sit down with an academic [critical other] and get them to assist you in seeing the nature of the whole task. If you are too close to a subject, often happens with papers that are an

off-shoot from another project, you have to watch where your internal knowledge of wider project may be absent and isolating for reader.

Most important things for revision for this article:

o Showcase literature in the field; it shows us what? Brown says this and Green says this and now (you) sit here based on data/evidence. It has to be deeper than introductory offerings.

We have incorporated greater reference to existing literature, and extended our discussion to more explicitly link to Australian Indigenous Health.

o Pay attention to what you use as evidence being mindful that singular opinion should be avoided as generalisation for wider field. The spikes in the thinking should show reader something [thread]. A singular contrast is not justifiable.

There are several works referenced within the article that highlight the meaningful contributions of case studies (singular or small) that are not dependent upon large scale data to provide valid assertions of the lived reality of participants. That is, Small, Flvbyjerg, and Ruddin, L. P. (2006); Flyvbjerg (2006), Radley & Chamberlain (2001), Chamberlain (2000). We have included reference to these in our methods section to support our approach taken.

o The methodology needs to include information about Maori ontology, make academic thread clear and types of data you use/generate or analyse toward solution – there is a lot of talking about Maori health but this paper does not really include Maori ways of knowing and doing – this lens is important, let the 'pedagogy' lead by making it explicit.

This is not a methods paper, and several of our references specifically engage with Māori ontology (eg Pihama, Smith etc). This paper assumes Māori ways of being and an understanding of Kaupapa Māori principles, are valid and as such are drawn on throughout the paper. There are other articles focused on explaining Kaupapa Maori – this builds on the work of others and is presented as the taken-for-granted position that privileges Maori values as central (Smith, 1999). Rather than make Māori explicit as the 'exotic', 'special' and 'other' we have positioned dominant colonial tropes of Indigeneity as inappropriate for our paper centred on Kaupapa Māori research practice.

o Watch throw away lines like…'Tarryn was belligerently badgered,' build facts not opinions. The facts (evidence) will be the indicator of whether a belief or proposition is valid or true.

We have edited this slightly to read "Taryn felt badgered…" to better reflect Taryn's experience.

o Study finds little evidence of overt discrimination.

Discrimination was not our focus, it was an issue raised by participants. The "evidence" for "overt discrimination" is not the intended focus of the paper. The authors would point the reviewer to the wider body of readily available and published literature that notes that micro-aggressions and culturally unsafe practices have just as much, if not more, negative impacts on health as overt racism. Suggestions include Wilson & Barton (2012), Came (2014), Harris et al., (2006). Reid et al., (2000).

Concluding reviewer remarks:

These comments are intended as collegial and encouraging – there is real merit here – it just needs refining and guidance at this stage.

The assessor would like to see the review of this piece and now vested in its contribution to the field.

The assessor is keen to follow the prospects of this emerging research. A terrific beginning.

We have no doubt as to the reviewers intent, and do not doubt that s/he meant well. However, they struggled to move outside the dominant positivist paradigm that dominates much of Western medical thought and approaches to health. It is concerning to the authors the way in which Māori ways of being were exoticised and othered as 'new, interesting, different'. We were also concerned for the narrow approach to qualitative research, and that our methods were construed as so new and different for the reviewer.