



USING DATA TO IMPROVE HEALTH OUTCOMES

## **D3: Using data to get better health outcomes for Māori**

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- Our three DHB research partners
- Study participants
- HRC – Funder
- D3 Expert Advisory Group members



# THE D3 STUDY



*How is routinely collected, Māori specific health data being used, by Māori and other DHB leaders, to stimulate improvements in Māori health outcomes?*

- We explored how individuals in positions of influence (i.e., decision-makers) use data to improve health services for Māori

# THE D3 STUDY



Three-year Kaupapa Māori qualitative study conducted over four phases with three DHB research partners.

Used participatory action research methods within a case study design to:

- Explore challenges around data-driven health service improvement for Māori
- Showcase positive examples of data generation and use
- Provide learning opportunities for our DHB research partners and other key decision-makers at local and national levels

# FINAL RESULTS



- Even the 'simplest' case examples do not demonstrate ability of data and decision-making alone to shift services and outcomes for Māori
- Expertise in addressing equity for Māori is not the same as epidemiological or clinical expertise.
- Māori world view is not currently valued beyond rhetoric - not translated or 'operationalised' in a meaningful way.

## FINAL RESULTS



- Māori skills and knowledge are not appropriately recognised or respected within the health system.
- Health systems evolve for the people (clinicians & Pākehā) who work in them, while they continue to fail to work for either Māori staff or Māori patients.
- Māori are employed to meet the needs of the 'system' and 'blamed' when it does not work.

# KEY MESSAGES GOING FORWARD



- Māori-specific health data is important and must continue to be collected
- Māori must have ongoing and meaningful opportunities to play a lead role in the interpretation of Māori specific health data at all levels of the health system.
- Māori must have ongoing and meaningful opportunities to play lead roles in health services design, delivery and review decision-making.

# WHAT OUR D3 RESEARCH ADDS



- Deeper understanding of why ethnicity data alone is not enough to improve Māori health equity outcomes.
- Points to the need to further examine the drivers that underpin how health data is interpreted to ensure that equity is prioritised.
- Highlights that those involved in health service decision making need to be:
  - the 'right' people; Māori, other community representatives, clinicians and health services managers;
  - competent to contribute to improving health for Māori under the broader umbrella of a Māori-led model.

# QUESTIONS



Further information can be found at  
[www.whakauae.co.nz](http://www.whakauae.co.nz)