

W H A K A U A E

Research for Māori Health and Development

Strengthening the knowledge and practice of outcome measurement for Māori

Drs Heather Gifford, Amohia Boulton

Whakauae Research

International Indigenous Research Conference

Auckland Nov 2018

HRC funded Preventing Chronic Conditions research

Reviewed the context of contracting for outcomes for Māori health service providers (MHSPs) in three cases.

Today we will describe how MHSPs are evidencing that their service delivery is contributing to positive outcomes for whānau.



Kaupapa Māori approach

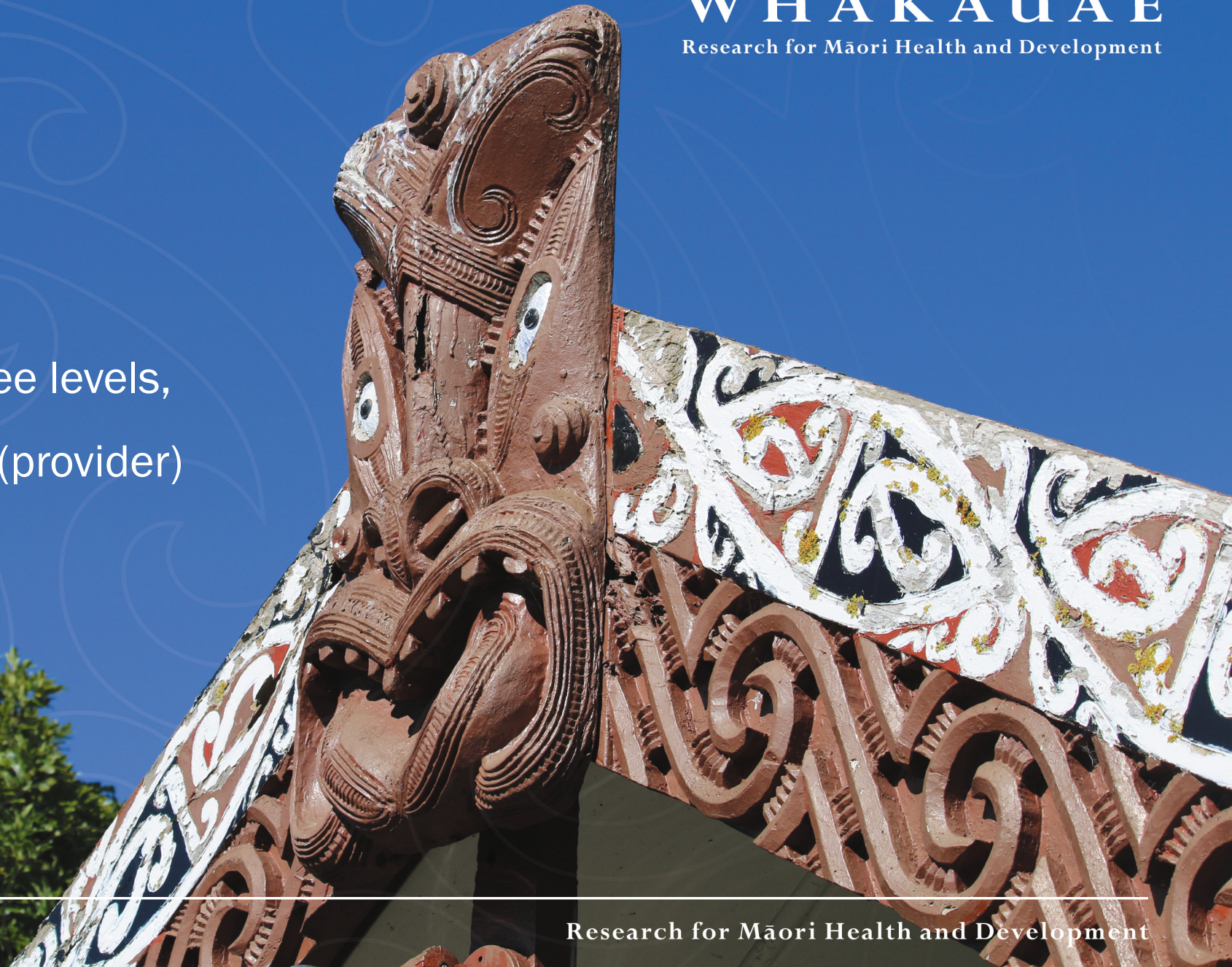
Collective case study

Multiple data sources

Data interrogated across three levels,
policy (government), practice (provider)
and whānau (community).

W H A K A U A E

Research for Māori Health and Development



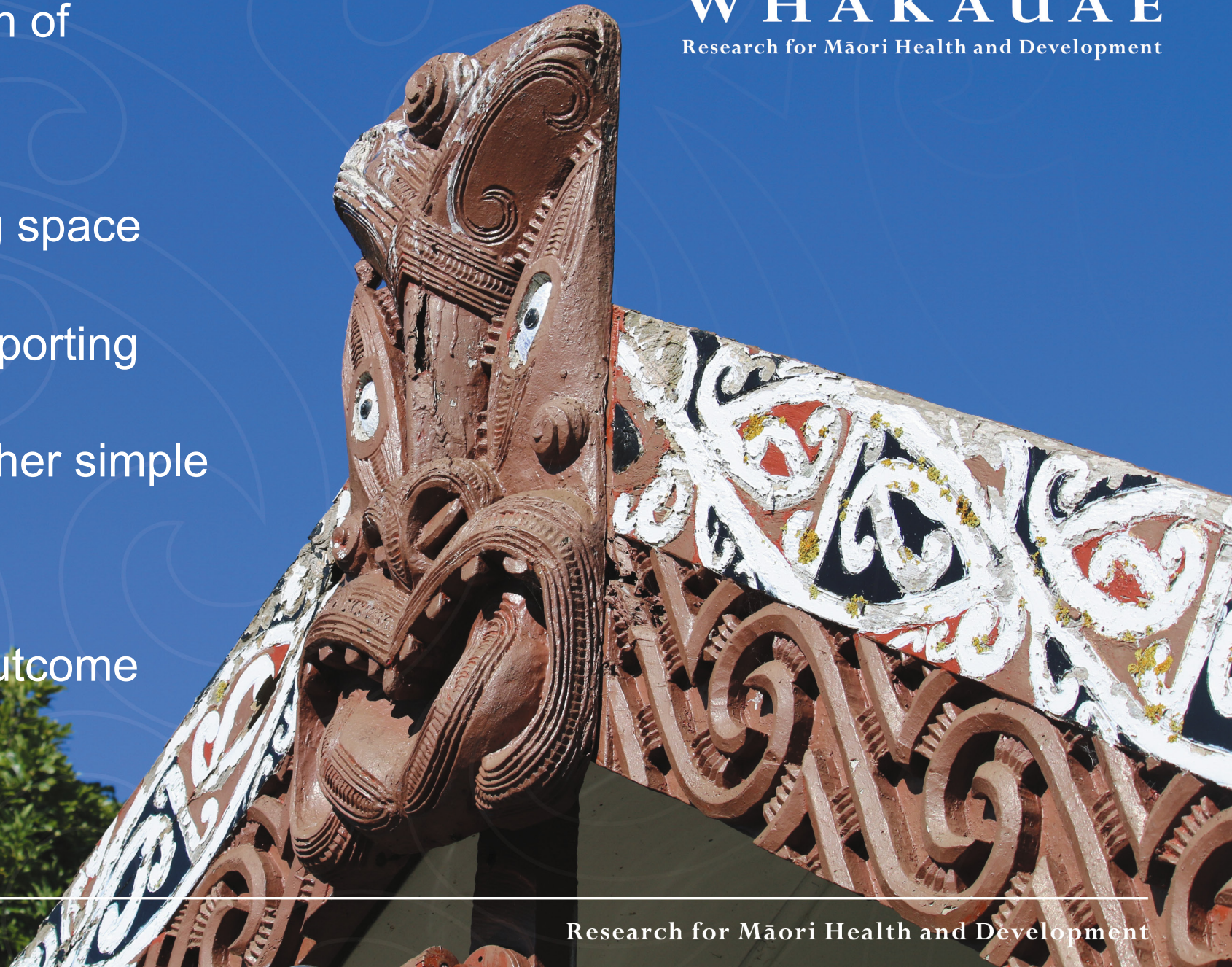
Neo liberal approach; growth of
MHSPs

Tensions exist in contracting space

Move to outcomes based reporting

Measuring of outcomes neither simple
nor straight forward

Advancement by Māori in outcome
space

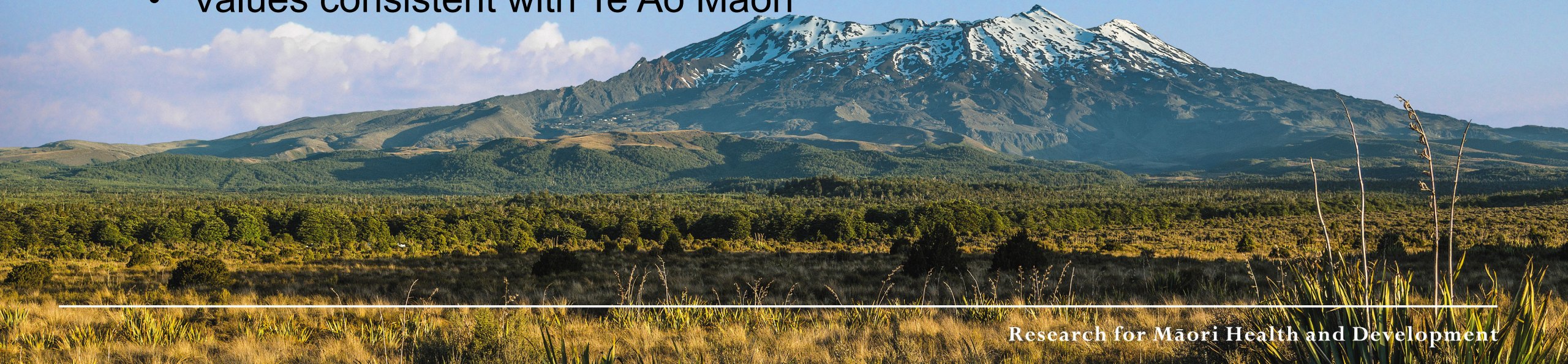


Defined five key theme areas when reviewing the data on outcome frameworks within the MHSP case study sites;

Control, Complexity, Conscience, Consideration and Capacity.

Control

- Largely controlled by the state however promising example in Whānau Ora Outcomes Framework; example of Māori policy, provider and whānau influence
- Further refined and adapted by Māori commissioners and providers; can accommodate flexibility without losing integrity
- Values consistent with Te Ao Māori



Complexity

- Outcome measurement is complex for all players (providers, funders and policy makers)
- Multiple competing demands; additionally complex with Whānau Ora commissioning
- Multiplicity of accountability lines; sense of duplication; onerous and demanding

Conscience (values and principles)

- Outcome measurement neither neutral or value free
- Imposed in top down manner; informed by state priorities of accountability, prioritisation and purchasing
- Assumes individualistic responsibility by at risk groups; narrow descriptors
- Whānau Ora provides counter example of broader systems level view



Consideration

- Significant missed opportunities to review outcome data more regularly and consistently
- Outcomes largely determined by funder
- Little interaction and reflection on data as moves through system
- Strong “reporting to funders” ethos as opposed to quality improvement process

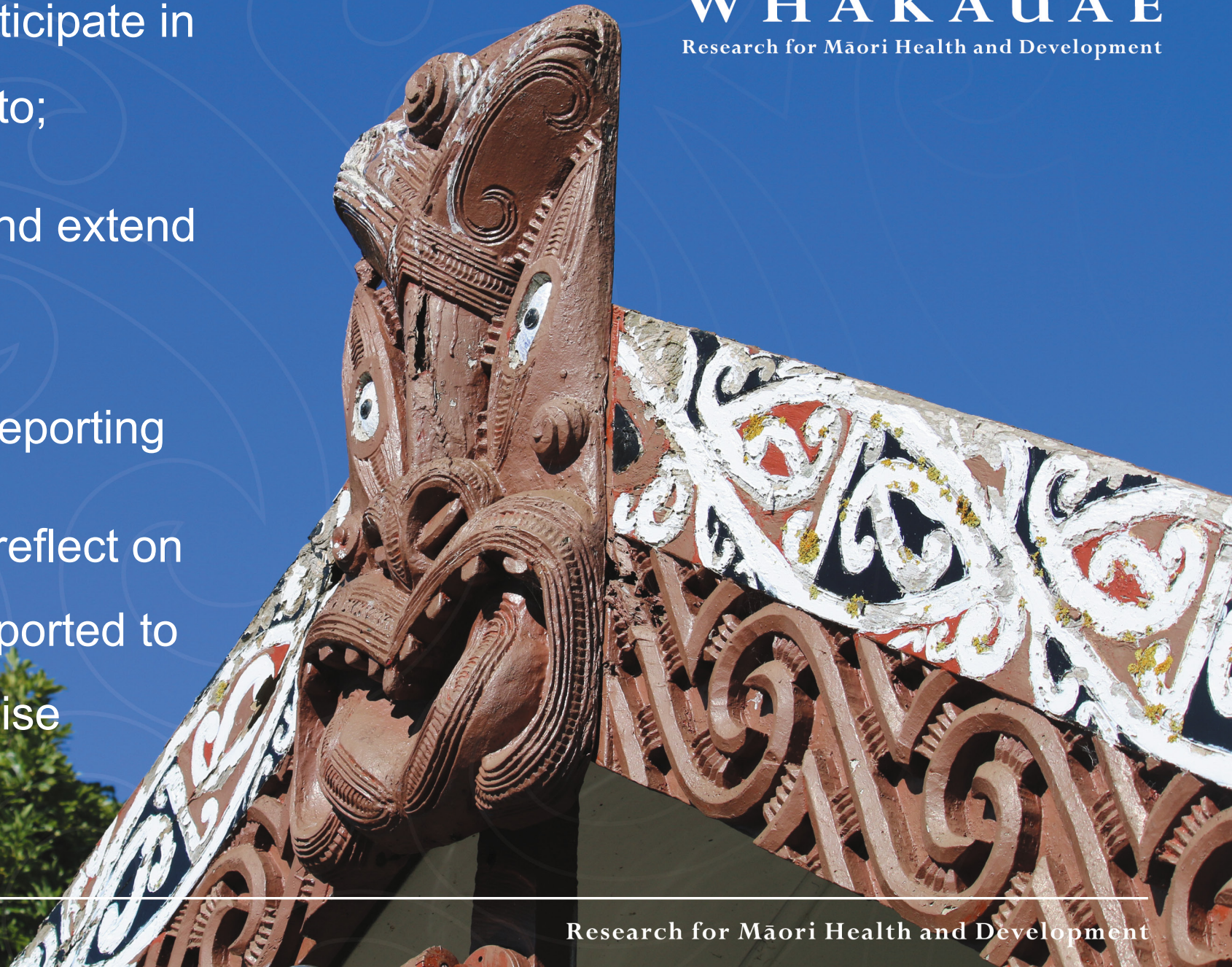
Capacity

- Variable capacity to develop, measure and utilise outcome data for analysis
- Four components influence capacity at provider level; financial resources, training opportunities, workforce and information technology capacity



If MHSPs are to actively participate in the outcomes space critical to;

- Enhance Māori control and extend influence beyond WO
- Simplify contracting and reporting
- Adequately resourced to reflect on results; appropriately supported to access and effectively utilise measurement tools



Thankyou for the opportunity to present this work.

We wish to acknowledge the funder; Health Research Council of NZ, the participants in the research and the Māori Health Providers who were partners in the research.

We have disseminated across a number of audiences; whānau, providers, academics and policy makers.

We have also published from the research for further information see www.whakauae.co.nz