

Symposium Description (250 words max.)

Symposium Lead: Dr Nina Scott, Waikato District Health Board.

Rationale for Symposium:

To highlight how Kaupapa Māori oriented research can inform decision makers to affect positive Māori health outcomes at the DHB level.

Topic description

A large proportion of Māori children are admitted to hospital every year with diseases of poverty. An audit in 2015 found that essential preventative care was not being provided for these children and their whānau and over 1/3 of tamariki (children) were readmitted within 6 months. In response, Harti Hauora Tamariki was co-designed and implemented.

The Harti study aims to evaluate the impact of the Harti Programme - a whānau screening and navigation approach that identifies and addresses wellbeing needs for tamariki and their whanau, and at the systems level, takes a continuous and deliberative approach to the identification and addressing of service gaps from the perspectives of whanau and staff. This 3 year pragmatic Randomised Control Trial is funded by the Health Research Council of New Zealand. The intervention (a Harti review, using the Harti tool by a trained Research Assistant during inpatient care) is randomly assigned, with the control group receiving usual hospital-based care.

This symposium describes the development and delivery of the Harti Programme, presents initial study findings, highlights opportunities to achieve sustainable health equity, and comments on the challenges and opportunities for health professionals and researchers to work collaboratively in order to affect change. In doing so, we provide opportunity for feedback and invite discussion on ways to facilitate communication between researchers and policymakers and to ensure sustainable capacity in equity focussed health services research.

Presentation one: Harti Hauora Tamariki : Background to the study

Speaker(s): Dr Nina Scott (Waikato District Health Board)

Overview: The Harti Hauora Tamariki Programme is a holistic approach to improving outcomes for children and their families. The Harti approach centralises Maori health gain and development, privileges Maori models of care and supports Māori language and culture. It also applies principals of Systems Science and Integrated Knowledge Translation. After over 5,000 tamariki going through the Programme we designed a study to measure impact. Harti was recently recognised as an outstanding innovation by the Health Round Table and plans are afoot to expand Harti into primary care and maternity, cardiac and cancer care. This presentation will tell the Harti development story.

Presentation two: Meeting unmet health and non-health needs within the secondary health care sector

Speaker(s): Dr Polly Atatoa-Carr (Waikato District Health Board, University of Waikato) & Dr Amy Jones (Waikato District Health Board)

Overview: The Harti Hauora Tamariki Study has an anticipated participation of approximately 1000 Māori and non-Māori children aged 0-4 years admitted to paediatric medical services at Waikato hospital. The primary endpoint is readmission risk. Early socio-demographic data from the whole

research cohort, and quantitative assessment of health and non-health need, describe the importance of a standardised and whānau-centred approach to service navigation and delivery. Furthermore, whānau and community contexts for the delivery of services (secondary, primary and preventative) highlight important opportunities, particularly within the early lifecourse, to achieve sustained health system performance improvements and achieve health equity.

Presentation three: Whānau realities on the ward – hunger, isolation and low expectations

Speaker(s): Dr Rebekah Graham (University of Waikato)

Overview: This presentation draws on the qualitative interviews (n=24) with whānau members of tamariki Māori admitted to the paediatric ward of Waikato Hospital. Whānau members identify financial stressors and strain, experiences of hunger and isolation, and deep concern for their child's well-being as common causes for concern. Whānau also discuss their experiences of the Harti tool; particularly how experiences of being treated with dignity, respect and value had a positive impact, which led to further positive engagement with culturally responsive social services.

Presentation four: Kaupapa Māori research informing policy development

Speaker(s): Dr Bridgette Masters-Awatere (University of Waikato)

Overview: New Zealand's health service design and delivery has been established in ways that privilege individualistic, clinical discourses and acute need. From the outset, this type of public health service delivery has disadvantaged Māori. The challenge of maintaining Kaupapa Māori orientation in the face of a system set up for, by and with Pākehā in mind has been ongoing. Rather than maintain a deficient lens, I highlight ways in which this team of Māori and non-Māori (academics, researchers and health staff) have worked collaboratively to affect change at different levels of health care.