Rātā Foundation

Hauora Project

ihi Research
Social Change
& Innovation

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& Innovation

Acknowledgements

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"Te Whare Tapa Whā - the whare concept, the house, the home. It's not a house, ... It's your home. It's where all the love and all the innovations come from. If it's not sustained and if the community doesn't support it, there lies the beginning of our social problems and that just flows on to everything. It's quite simple really."

(Iwi health representative)

Executive summary

The Rātā Foundation Board recently adopted a new purpose statement which expresses the Board's desire to make positive change through funding for more equitable outcomes and to ensure care for the environment for future generations.

Rātā Foundation has five Funding Areas: Learn, Support, Connect, Participate and Sustain. Priorities under these funding areas are focussed on supporting communities of need. The findings confirm Rātā should continue its responsive and proactive funding through its Funding Areas, as this positively impacts on the 'social determinants' of the health of whānau including environment, education, housing, participation in arts and sports and supporting social inclusion and cultural connectedness.

The Board is seeking to understand in more depth the four areas in which Rātā may strategically impact key levers of inequality. These Four Pou are Housing, Health, Education, and Environment. Rātā Foundation has commissioned this piece of work to help determine the focus for strategic funding under the Health Pou. Research has consistently shown that race and socioeconomic status are important causes of health disparities (Mitchell, 2021). Simply put, disadvantaged social groups systematically experience worse health or greater health risks than more advantaged social groups.

This research was driven by three research questions.

- What does the evidence tell us about need and inequalities in hauora?

- Where is Rātā best placed to make a difference?

- Where are the opportunities to amplify impact in the sector?

An exploratory sequential mixed method approach was used, and 19 interviews were conducted with key community health stakeholders. A survey was developed from the interview data to understand the generalisability of the main themes. Sixty-five individuals undertook the survey.

A desk-based review of health data identified that data and evidence is an issue in the system, it is often patchy, unreliable or unable to be accessed. Much of the data available on health outcomes is aggregate data which masks characteristics of inequity including, race, ethnicity, gender, age, sexual orientation, income levels and geography.

Despite these limitations, evidence suggests there are key areas of need in the Rātā Foundation rohe including:

- Mental health (including addiction), particularly young Māori women and young Māori mothers and youth.

- Dental health.

- Health promotion and prevention – reduction in harmful health behaviours and increase in health literacy and pro-social health behaviours such as exercise.

- Reducing the impact of social determinants of health.

Analysis of interviews and survey data identified other areas in which Rātā is best placed to make a difference including:

- Addiction treatment and transition.

- Services for children/youth, including mental health.

- Increasing access to rongoā.

- Workforce development.

- Removing barriers to access such as transport.

- Research and evaluation.

Stakeholders indicated that strategically supporting the health reforms is not just about funding, but also about the approach and perspective taken by Rātā Foundation.

Rātā Foundation was recognised for its commitment to its local community and the relationships it develops in the community. Stakeholders acknowledged that philanthropic funders have an opportunity to fund differently and are not bound by restrictions placed on other funders. Rātā's contribution to the sector by being responsive and funding innovation was noted.

Opportunities to amplify impact in the sector were identified, including:

- Collaborating with new structures in the system re-design.

- Supporting community-driven localised solutions.

- Supporting grassroots community innovation.

- Creating funding opportunities for whānau self-determination.

- Supporting data sovereignty and,

- Strategically supporting underserved communities.

A number of key learnings were identified.

- Rātā Foundation should not fund what is the responsibility of Te Whatu Ora (Health NZ).

- Stakeholders identified a critical challenge in the current system was data capability. One important systemic change could be to improve the precision of data collection and analysis to support more targeted equity solutions. The lack of exacting disaggregated data disguises challenges for underserved populations and can result in ineffective programmes and policies.

- A key learning of this research is the value of philanthropy working alongside communities, ensuring that underserved communities are part of designing health solutions.

- There is an opportunity for Rātā Foundation to fund health innovation in a way that supports underserved communities to be self-determining and develop their capacity for leadership and advocacy.

- Rātā Foundation should also consider the contribution made to the social determinants of health of whānau under its responsive and proactive programmes as part of its investment through its Health Pou.

- As Rātā Foundation shifts its focus on equity and systems change, it will be working with increased diversity and complexity, and will need to be adaptable and responsive to the changing context.

Introduction

Rātā Foundation is a community trust that serves Canterbury (from Selwyn District north), Nelson, Marlborough and the Chatham Islands. Established in 1988, the Foundation funds for charitable, cultural, philanthropic and recreational benefits.

The Foundation's assets are managed by the board of trustees. The Foundation supports a broad range of not-for-profit community organisations by allocating grants of around $18 to $20 million annually. This research builds on previous work between Ihi Research and Rātā Foundation. In 2017, Ihi Research worked on a two-stage project to develop a strategy to guide Rātā Foundation in how it should work with and support, Māori communities, their whānau, hapū and iwi. In 2019, Ihi Research undertook an exploratory knowledge building research, investigating the early years, not-for-profit sector across Canterbury, and the provision of support for diverse whānau/families in the early years of a child's life.

The Rātā Foundation Board has recently agreed on a new purpose statement for Rātā Foundation, which sets out a clear direction for its funding approaches:

'We strive for an equitable and sustainable society under the Korowai of Te Tiriti o Waitangi'

The new purpose statement expresses the Board's desire to make positive change through Rātā Foundation funding for more equitable outcomes and ensures care for the environment for future generations. It also talks to the Korowai, wrapping around the communities they serve and empowering them to thrive. It speaks of the desire to act with respectful relationships, and in partnership with all people who Rātā Foundation work with.

Rātā Foundation has five current funding areas: Learn, Support, Connect, Participate and Sustain. These all broadly contribute to wellbeing. Priorities under these funding areas have been refined to ensure they are supporting communities of need. The Board is seeking to understand in more depth the four areas in which Rātā may strategically impact key levers of inequality. These four pou are Housing, Health, Education, and Environment. Rātā Foundation has commissioned this piece of work to help determine the focus for strategic funding under the Health Pou.

This research is driven by three research questions:

01   What does the evidence tell us about need and inequalities in hauora?

02   Where is Rātā best placed to make a difference?

03   Where are the opportunities to amplify impact in the sector?

A full description of the methodology is provided in Appendix 1 of this report.

A shift to equity for philanthropy

Rātā Foundation has recently adopted an equity focus for funding. Like other progressive philanthropic organisations around the world, Rātā Foundation recognises the importance of shaping its investment and funding practice around equity. A recent review into the role of philanthropy in addressing longstanding equity issues identifies that an equity approach includes:

- Ensuring that investments are addressing – and not worsening – key indicators of disparity.

- Prioritising populations or groups on the basis of addressing inequalities.

- Seeking to increase economic participation and improve income equity as key drivers of wellbeing.

- Empowering marginalised communities to lead change.

- Ensuring their own organisations are diverse and inclusive.

(JR McKenzie Trust & Centre for Social Impact, 2022, p. 4)

Specific to Aotearoa New Zealand, philanthropic organisations are becoming increasingly aware of the importance of addressing colonial practices and their impact on the intergenerational wellbeing of Māori (ibid). Philanthropy is now prioritising investment in outcomes for Māori in issue areas, where there is evidence of Māori overrepresentation in indicators of inequality. Importantly, philanthropy is also beginning to more deeply understand opportunities to decolonise its own institutions and practices (ibid).

These practices include,

- Building relationships and mandate to work with Indigenous communities.

- Growing the cultural competency of boards and staff.

- Redesigning funding policies and processes so they work more effectively for Indigenous communities.

- Practicing more adaptative grant making that better responds to Indigenous ways of working.

- Valuing Indigenous knowledge, practices and ways of knowing (evaluation).

- Sharing decision-making power with Indigenous communities in ways that enable sovereignty and self-determination.

(JR McKenzie Trust & Centre for Social Impact, 2022, p. 5)

For the purpose of this report, a definition of equity is provided that has been adopted by other philanthropic organisations internationally (Kania et al. 2021).

> **'Equity is fairness and justice achieved through systematically assessing disparities in opportunities, outcomes, and representation and redressing [those] disparities through targeted actions.'**
> (Urban Strategies Council, 2022)

This definition speaks to the needs of many different groups and populations that function daily under structural constraints that have for generations curtailed their ability to thrive, resulting in severe and compounding marginalisation and oppression (Kania et al. 2021).

Positioning this report

In order to identify opportunities for Rātā Foundation to make a difference in the sector, it's important to understand the current context concerning hauora within Aotearoa New Zealand, particularly as there are significant changes underway to the Health and Disability system (Ahuriri-Driscoll et al, 2022; Ministry of Health, 2022).

This year has seen the introduction of the new Māori Health Authority - Te Aka Whai Ora, as part of the government's health and disability reforms by the Ministry of Health (Ministry of Health, 2022). Several major investigations and reports have fuelled the push for reforms (Waitangi Tribunal Report, 2019; New Zealand Health and Disability System Review, 2020; New Zealand Health and Disability Review, 2021). Research has consistently shown that race and socioeconomic status are important causes of health disparities (Mitchell, 2021). Simply put, disadvantaged social groups systematically experience worse health or greater health risks than more advantaged social groups.

The major reviews emphasised the current health and disability system does not ensure effective and/ or equitable access for all New Zealanders. Particular concern about racism within the health and disaibility system that results in unequitable outcomes for Māori, whether it be individual racism by professionals, institutional or structural racism (Waitangi Tribunal Report, 2019). Colonisation, assimilation and systemic structural racism has resulted in whānau Māori deprivation, marginalisation and psychosocial harms (Savage et al., 2021; Waitangi Tribunal Report, 2019; Pihama et al., 2019; Reid et al., 2017). Whānau are the primary social unit and cornerstone of Māori society contributing to the expansion, health and wellbeing of hapū and iwi (Reid et al., 2017); a social unit that has been destabilised and disenfranchised as a direct result of successive governments' policies.

Overall structural changes are now necessary by the Crown to adhere to Te Tiriti o Waitangi responsbilities and obligations to ensure the hauora of whānau, hapū and iwi. This means working from a best evidence basis. For example, despite widespread investment, there is no evidence that unconscious bias training improves individual or institutional behaviour and effectively addresses inequitable outcomes for marginalised groups (UK Parliament, 2020).

In contrast, within Aotearoa there is a considerable body of evidence that highlights the impact of whānau-centred approaches (Durie, 2020; Te Puni Kōkiri, 2018; OAG, 2015; Boulton & Gifford, 2014). Boulton and Gifford (2014) undertook research into whānau hauora and resilience and whether it can be enhanced through whānau-centred approaches. They applied a case study approach that included a comprehensive literature review, organisational document review, conceptual framework development, in-depth key informant interviews and sequential focus groups with whānau who accessed whānau-centred health services. These researchers found where Māori-led health providers can deliver health care through whānau-centred approaches, relevant to their own unique communities, then the approach does support individual and whānau resilience and wellbeing. This is achieved through improved whānau access to resources "that sustain their wellbeing in culturally meaningful ways" (Boulton & Gifford, 2014, p. 117).

According to Te Puni Kōkiri, the whānau-centred approach:

- Starts by asking whānau and families what they want to achieve for themselves, and then responding to those aspirations to realise whānau potential.

- Provides flexible support for whānau and families to move beyond crisis into identifying and achieving medium and long-term goals for sustained change.

- Focusses on relationships, self-direction and building skills for whānau to achieve positive long-term outcomes.

- Uses a joined-up approach of all factors relevant to whānau wellness - economic, cultural, environmental, and social.

- Recognises each whānau has different needs, and what works well for one whānau does not work well for others.

- Recognises whānau and families have skills, knowledge and experiences contributing to their becoming more self-managing and independent (website accessed 2022).

Whānau-centred, localised approaches are needed as health inequities can also be exacerbated by location. The New Zealand health and disability system has been described as a 'postcode lottery' as location typically determines the quality of care and support people can access (New Zealand Health and Disability Review, 2021, p. 5). The strengthening of Iwi-Māori Partnership Boards as part of the Health and Disability system reforms presents an opportunity to ensure more localised, culturally sustaining and effective hauora support for whānau.

However, there was also expressed concern about the protection of mātauranga Māori. There was widespread agreement that a 'by Māori, for Māori' approach to commissioning and service delivery was needed, along with the requirement to protect kaupapa Māori models of practice and the Māori organisations that deliver them. There is a real danger that non-Māori organisations adopt mātauranga Māori programmes, commodifying practices that do not work as they "have no culturally authentic service design and delivery" (Ministry of Health, 2022, p. 24).

For Māori, hauora is holistic, intergenerational, and best evidence emphasises that strong cultural connections are a prerequisite to good health (Ministry of Health, 2022; New Zealand Health and Disability System Review, 2020; Durie, 2020; Te Puni Kōkiri, 2018). 'Whāia te pae ora mō ngā mokopuna – Securing wellbeing for the next generation' was the central theme of the 2022 - Hui Whakaoranga (Ministry of Health, 2022). Attendees called for an inter-generational approach to whānau Māori health and wellbeing. In particular, there is a need to develop "a shared vision for the wellbeing of the next generation of mokopuna Māori over the next 25 years" (Ministry of Health, 2022, p. 8).

The next section of this report presents the findings of research conducted between September 2022 and November 2022.

Findings

This section presents the data gathered from stakeholder interviews (n=18) and surveys (n=65) from NGOs and community. A full explanation of the methodology is available in Appendix 1. The section begins by setting the scene in which this data was collected, followed by data presented in response to the research questions.

Setting the scene

The stakeholders interviewed for this report described that they were both excited but cautious about the health system reforms. There appears to be a feeling of optimism in the sector as stakeholders expressed the failings of the current system, and the optimism about a more equitable future.

"I'm excited by the health reforms. It's clear that the system as it stood was not doing the job appropriately. It'd take a blind man to see that the stats weren't really working. So, I'm hoping that the new system will enable Māori to take their own lead and take their own direction on what they want to do with their own health responses[1]."

"It's early days of the health reforms but we are hopeful."

Inequity for Māori, and other underserved[2] communities, has been persistent and intergenerational. Stakeholders are relieved that it is finally being acknowledged by the system and this has triggered change.

"Being Pākehā in a bicultural whānau, I've lived watching the Māori side of my whānau have a different experience to the Pākehā side of my whānau. I have a foot in both of those camps, I've seen it with my own eyes, and it's time for it to be different. So, I hope the health reforms lead to more appropriate responses for Māori."

"I think that one of the heartbreaking things that we know is the gaps are persistent and sometimes generational. And that's not because there aren't amazing people responding to communities, but often what we find is they're invisible to the systems that should be responding."

Interview data indicates strong support for Rātā Foundation and the strategic shift to equity funding. In all of the interviews, Rātā Foundation was recognised for its commitment to its local community and the relationships it develops in the community.

"I love this new direction of Rātā Foundation … I just wrote down equity. This is really, really important and I love that Rātā is thinking about where its funds are best directed. Because, while the health of the wider community is important, the most important thing is the communities with the greatest health inequities and poorest health outcomes."

Inequity in philanthropic funding is a long-standing critical issue that many of the organisations are aware of. Several stakeholders commented on Rātā Foundation's equity strategy and commended them for acting.

"The Lottery Report that's been issued today, which I really encourage you to have a look at, which shows the national lottery funding … it says that Māori and Pacific organisations and emerging organisations are consistently overlooked in that funding. I'm assuming those themes run nationally through a lot of funding organisations, and the great thing is that Rātā's asking the questions and wanting to presumably do something about it."

Interviewees noted that an equity strategy is not just about money, but also the approach. Taken for granted assumptions about health and wellbeing need to change in the sector. Māori and other communities described how they see hauora differently from mainstream health providers. Several stakeholders discussed how they struggled to be recognised as a health and wellbeing intervention as they did not take the traditional medical health service or prevention approach. Rather they saw cultural connection, creativity, or social connection as a way to positive wellbeing and mental health. These organisations often struggled to get funding through traditional health funding mechanisms. What Rātā Foundation chooses to fund under the Health Pou, will deliver a strong message to communities about what counts as health and wellbeing from a more equitable, inclusive approach.

[1] Unless otherwise stated quotes are from stakeholder interviews

[2] We use 'underserved' to represent groups that experience inequitable outcomes from the health system including, the rainbow community, ethnic communities including Muslim, refugee and migrant communities and Māori.

"I would strongly say that it's not just funding, it's approach."

"What works with Pacific rainbow people and their whānau, and that's Whānau Ora. I think they even have Whānau Ora funding, but it's through that kind of paradigm."

"The health sector (needs) to recognise art, culture and creativity as a powerful and proven tool for wellbeing ... cultural identity and our sense of our self, where we come from, our whakapapa, is integrally linked with our wellbeing."

As part of this approach, stakeholders believe the new system must learn to listen to underserved communities. These communities experience disparity and inequity in their daily lives, and they know best what the solutions are.

"The bottom line is you will never get equitable outcomes unless you involve those communities in the design of solutions. And that's a repeating lesson, but we are in a moment, I think, where the system might actually listen, because it's being forced to, through the changes that are occurring."

"I think there's a huge amount of learning. I think that's two-way learning to some extent, but I also think there needs to be so much more respect for Māori learning, Māori ways of doing things and a huge understanding about the differences in equity."

Finally, stakeholders identified the importance of identity and acknowledging that many whānau intersect other underserved communities, such as Māori disabled or Pacifica rainbow communities. Intersectionality and the lived experience of those who occupy more than once space has to be acknowledged in an equity approach.

"We don't just focus on Māori, because we know there was shared inequity across many communities, for Māori, Pacifica, for our rainbow community, for LGBTQIA+, for the refugee migrant community."

"Thirty-three percent of Māori people are impacted by some sort of impairment every day, we might not call it a disability, but I think at 33% a lot of people are impacted, (that's why) we are pushing this quite hard, it's that intersection between disability and Māori."

Evidence of need and inequality

One of the challenges of understanding health equity in Aotearoa is the reliability and usefulness of the available data. Stakeholders who were interviewed, noted that data and evidence is an issue in the system, it is often patchy, unreliable or inaccessable.

Much of the data available on health outcomes is aggregate data which masks characteristics of inequity including, race, ethnicity, gender, age, sexual orientation, income levels and geography. Unless the data is disaggregated, we cannot truly understand problems, develop appropriate solutions, or document progress (Kania et al, 2021).

In Aotearoa, health planning is often based on census data, the last reliable census was in 2013 nearly a decade ago. In the 2018 Census, the response rate was lower than expected, one in six New Zealand residents did not complete a questionnaire (Stats NZ, 2019). This was largely due to operational failures that made it difficult for a significant number of individuals and households to access census questionnaires. Hence, much of the data available for health reporting and planning is derived from the 2013 Census. The next census is planned for March 2023.

In 2013, Māori comprised 16 percent of the New Zealand population. Females made up 51 percent of the Māori population, and males 49 percent. In comparison with non-Māori, Māori constituted a very youthful population: 34 percent of Māori were aged less than 15 years, compared with only 18 percent of non-Māori. The median age for Māori in 2013 was 23.9 years, in comparison the median age for the total population was 38.0 years.

Between 2015 and 2030, the Māori population is projected to grow by 16 percent, whereas the non-Māori population is projected to grow by 14 percent. Māori population has a younger age structure, with a relatively large proportion in the main reproductive ages (15-44 years). This provides built-in momentum for future population growth (Stats NZ, 2015).

The 2013 Census indicated the Māori population in Nelson Marlborough was 9% of the total population. In the Christchurch DHB region, Māori were 7.9% of the total population. Proportionally the Māori population is younger reflecting national trends.

Despite the data challenges, there are reports and health studies that provide evidence of need for equity funding and levels of need in the Rātā Foundation rohe. The following section draws on a variety of published statistics and reports to provide a picture of the data-based evidence available. It is important to note that this data cannot provide a picture of iwi health data for mana whenua in the Rātā Foundation rohe, nor speak to communities which are underserved such as rainbow, Muslim, refugee, and Pacific Peoples.

Wai 2575 Māori Health Trends Report (2019)

The Wai 2575 Māori Trends Health Report (2019) was created specifically for the Wai 2575 Health Services and Outcomes Inquiry (Wai 2575), which triggered the health system reorganisation. This report presents statistical trends in Māori health over the years 1990-2015, which demonstrates that Māori experience inequitable health outcomes from the system. For example:

Data indicates that between 1996-98 and 2012-14, for adults aged 15+ years, the largest differences between Māori and non-Māori rates were for chronic rheumatic heart disease, where rates for both Māori males and females were more than four times as high as those for non-Māori males and females (p.51).

Māori adults aged 25 years and over have higher total-cancer registration and total-cancer mortality rates than non-Māori adults in the same age group over time. While total-cancer mortality has declined steadily for Māori and non-Māori, the difference between Māori and non-Māori cancer mortality has remained similar during this period (p. 72).

Between 2003 and 2017, Māori women had lower rates of breast screening than non-Māori women. Between 2002 and 2017 Māori women had lower cervical screening rates than non-Māori (on average about 10 percent lower) (p.104).

Māori adults ages 15-44 were more likely than non-Maori adults aged 15-44 years, to report being diagnosed with asthma. Over time, this rate has changed little, while the hospitalisation rates have decreased for both Māori and non-Maori, there is increased disaparity in hospitalisation rates (p.109).

Māori remain around two and a half times as likely as non-Māori to be hospitalised for pneumonia. Māori are more likely to die from pneumonia than non-Maori (p.110).

In 2012-2014 the child mortality rate for Māori was one and a half times the non-Māori rate. The Māori Sudden Infant Death Syndrome rates are twice as high as non-Māori rates (p.189).

Māori has a higher incidence of suicide mortality than non-Māori (except for older Māori aged 45-64 years) (p.147). Five hundred and thirty-eight people died by suspected suicide in the 2021-22 year (from July

2021 to June 2022), less than the 607 reported for 2020-21 and 628 reported in 2019-20. Males are more than twice as likely to die by suicide than females. Suicide rates for Māori have fluctuated but were significantly higher than for non-Māori between 1996 and 2016. For much of this period, suicide rates for Māori tended to be highest for males, those aged 15-44 years, and those living in more deprived areas. New Zealand's youth suicide rate for adolescents aged 15-19 years was reported to be the highest of 41 OECD/EU countries (based on data from 2010)[3].

Māori report higher levels of psychological distress than non-Māori. Māori males and females were more likely to have a higher psychological distress score than non-Māori males and females. However, there are no significant differences between Māori and non-Māori in the percentage of people diagnosed with a common mental disorder regardless of gender (p.197).

Māori experience higher rates of DMFT[4]. In Māori children it is as much as one and a half times higher than non-Māori children, and they are one and a third times more likely to have teeth extracted. Similar rates for Māori adults indicate that Māori are less likely to visit a dentist, and when they do, are more than one and a half times more likely to have teeth extracted (p. 154). Poor oral health disproportionately affects Māori, Pacific Island, and socioeconomically deprived New Zealanders of all ages (Broadbent, et al 2016). Poor oral health impacts directly on many aspects of life, including nutrition, education, mental and physical wellbeing, and it has been directly linked to poor general health and heart disease (Beckett et al, 2019; Kotronia, 2021).

Inequity in health system response

The indicators included in this section are used to measure the equity performance of the health system and include amenable mortality and Ambulatory Sensitive Hospitalisation (ASH) (p.223).

Overall, the data demonstrates that:

- Māori adults were more likely than non-Māori to have used a medical centre.

- Māori adults were less likely than non-Māori to see a GP or to visit after-hours.

- Māori adults were more likely than non-Māori to see a practice nurse without seeing a GP.

- Māori adults were more likely than non-Māori to have unmet needs and unfilled prescriptions

- Māori adult males were less likely than Māori females to visit primary health care services and less likely to report unmet need or unfilled prescriptions.

These patterns have not changed much over the last 10 years.

Māori children were:

- As likely as non-Māori children to attend a usual medical centre.

- As likely as non-Māori children to see a GP.

- Less likely than non-Māori children to have visited after hours.

- More likely than non-Māori children to have unmet needs and unfilled prescriptions.

Patterns for children have fluctuated over time (p. 226.)

Perinatal mental health

Research has highlighted the importance of perinatal mental wellbeing (Walker, 2022). The perinatal period is from conception to the pēpi's first birthday. Responsive, emotionally secure relationships between the major caregiver and pēpi are essential for healthy brain development (Fisher, 2018; Moore et al, 2017; Morton et al, 2015).

It is argued that prolonged parental stress through intergenerational trauma (experienced as poverty, unemployment, domestic violence, lack of secure housing, mental illness/anxiety etc), takes away a parent's/caregiver's ability to respond positively to babies' needs (Moore et al, 2017).

Parental distress during the perinatal period can result in

severe negative health and wellbeing impacts, "for the pēpi, the parents and whānau and the next generation" (Walker, 2022, p. 2). Evidence demonstrates that wāhine Māori are three times more likely than Pākehā to die by suicide during pregnancy or within six weeks of birth (Walker, 2022).

The absence of culturally responsive early intervention services for vulnerable wāhine Māori who are hapū and/or have pēpi, and who are experiencing social isolation and mental and physical distress has been noted (Walker, 2022; Office of the Children's Commissioner, 2020; New Zealand Family Violence, 2019). Effective whānau-centred early intervention programmes are essential, particularly for vulnerable māmā who are hapū, and who are experiencing high deprivation and mental distress

³ Most recent data taken from https://mentalhealth.org.nz/suicide-prevention/statistics-on-suicide-in-new-zealand#:~:text=538%20people%20died%20by%20suspected,die%20by%20suicide%20than%20females.

⁴ Decayed, Missing, and Filled Teeth (DMFT)

Ambulatory Sensitive Hospitalisation (ASH)

ASH refers to mostly acute hospital admissions of people aged less than 75 years of age for conditions that are preventable, or that could have been treated earlier in a primary health care setting. Māori children aged 0-4 years have an approximately 20 percent higher ASH rate than non-Māori children at the same age group (p.223).

In 2021, there were more than 5,900 ASH cases for Māori children, an increase from 4,300 in 2020 due to COVID-19. After a decrease from 2019 to 2020, inequities between Māori and non-Māori children persist. The distribution of ASH rates differs considerably across district health boards

(Whakamaua, Māori health monitoring plan). According to a retrospective review of urban tertiary emergency department visits, Māori are less likely to be admitted than non-Māori, for similar complaints. A total of 5,788 visits (Māori n = 594, non-Māori n = 5,194) were analysed at a single centre in February 2021.

Māori were triaged similarly to non-Māori but were less likely to be admitted (relative risk 0.87, 95% CI 0.78-0.97; p = 0.008). Further research is required to determine the reasons for this apparent inequity (Ho et al., 2022).

New Zealand Health Survey regional results

The New Zealand Health Survey (NZHS) has been in continuous operation since July 2011. Key health indicators have been compiled using annual NZHS data, and the results of the latest NZHS 2019/20 are available at Annual Data Explorer 2019/20 (Ministry of Health, 2020).

The survey is based on self-reporting of health and is desegregated by age, ethnicity, geography and gender. Data demonstrates that those living in Canterbury reported slightly higher rates of general health than the rest of New Zealand. However, they report higher rates of mental distress than the rest of New Zealand, particularly mood and anxiety disorders. This was particularly evident in those ages 15-24 years, and predominately more Māori and women. In general,

Cantabrians report lower rates of experiencing barriers to accessing health care. However, the barrier rates are significantly higher than the norm for Māori women living in low socioeconomic areas.

People who live in Nelson Marlborough who were surveyed, reported very similar rates of health to the rest of New Zealand. Similar to Canterbury, they reported high levels of mental distress, mood and anxiety disorders. This was particularly marked for Māori women aged between 15-24 years living in lower socioeconomic areas. In general, those in Nelson Marlborough reported fewer barriers to accessing health care than the national average. Māori women aged 15-24 across all socioeconomic areas were most likely to report barriers to accessing health care.

The Canterbury Wellbeing Index – He Tohu Ora

The Canterbury Wellbeing Index is produced by the Community and Public Health division of the Canterbury District Health Board with the support of contributing agencies. It was initially developed by the Canterbury Earthquake Recovery Authority (CERA) to track social recovery from the Canterbury earthquake sequence of 2010-2011 in greater Christchurch. Administrative and survey data from multiple agencies are used as source data for the indicators in the Canterbury Wellbeing Index. Some data are accessed via publicly available websites, and others are requested as a custom data request directly from the agency. In addition, an annual representative survey of approximately 2,500 Christchurch City, Selwyn District and Waimakariri District residents, is used as a source of local data.

He Tohu Ora was developed with Ngāi Tahu and Te Pūtahitanga o Te Waipounamu (the Whānau Ora commissioning agency for the South Island). Indicators were selected on the basis of a te ao Māori worldview and the availability of suitable quantitative data. Three different data sources are used in He Tohu Ora: Te Kupenga (2013 and 2018), a survey of Māori wellbeing across New Zealand conducted by Statistics New Zealand; the Census of Population and Dwellings (2018); and the Canterbury Wellbeing Survey (2012-2020).

The data that supports the Canterbury Wellbeing Index is subject to similar challenges facing general health data. While desegregated by ethnicity, the data is often not desegregated for other equity impact groups. Small sample sizes for Māori, and other underserved communities, means they can be invisible in some data sets. With this in mind, there are some findings in the data that are relevant for this report, drawing attention to health challenges for minority groups which may require further investigation.

The proportion of Canterbury DHB region Year 10 students who smoke every day, suggests a possible upswing in youth smoking in Canterbury (up from 1.2% in 2018 to 1.8% in 2019). The proportion of Year 10 students in the Canterbury DHB region who vape every day has significantly increased statistically from 1.1 percent in 2015 to 2.2 percent in 2019. In the Canterbury DHB region, the smoking prevalence for both Māori and Pacific respondents across the New Zealand Health Surveys from 2014 to 2017 is substantially higher than for all respondents (39.4% and 36.5%, respectively, compared with 15.2%).

Adult obesity in the Canterbury DHB region is steadily increasing. In 2017-18, approximately three-out-of-ten Canterbury respondents were obese. Across the 2014 to 2017 New Zealand Health Surveys, the prevalence of adult obesity was highest for Pacific respondents (63.4%); higher for Māori respondents (45.6%) and lowest for Asian respondents (11.2%); compared with all respondents in the Canterbury DHB region (26.6%).

The proportion of the overall population accessing mental health services (combined Non-Government Organisations, primary mental health, and specialist mental health services) in the Canterbury DHB region has increased substantially over the last nine years. Proportions differ between Māori, Pacific, and the overall (total) Canterbury DHB population. Among those aged 0 to 19 years, service utilisation by Māori is above the total population level, and by Pacific is below. Among those aged 20 to 64 years, the most notable difference is the higher access rates for Māori compared with the total Canterbury DHB population, with Pacific being similar to the total Canterbury DHB population. The higher proportion of Māori in Canterbury accessing services suggests that Māori have a greater burden of mental health disorder, compared to the total Canterbury DHB population. National data also show that Pacific people have both a greater burden of mental illness than the general population and low access to services relative to need.

Approximately two-in-five Māori respondents (36.3%) and a similar proportion of Pacific respondents (39.4%) in the Canterbury DHB region indicated an unmet need for primary health care during the period 2014 to 2017 (compared with 24.6% for all Canterbury respondents and 15.6% for Asian respondents). Adult respondents living in the most socioeconomically deprived neighbourhoods had statistically significantly higher rates of unmet need for primary health care, compared with those living in the least deprived neighbourhoods.

Summary of health data

There are trends that are evident in national and local data, however due to challenges with health data, noted earlier in the report, these trends do not provide a full picture of need.

- Mental health (including addiction), particularly young Māori women and young Māori mothers and youth.

- Dental health.

- Health promotion and prevention – reduction in harmful health behaviours and increase in health literacy and pro-social health behaviours such as exercise.

- Reducing the impact of social determinants of health.

What this section tells us is that health data is currently insufficient to make good judgements about equitable funding. The very groups that are currently experiencing inequity are not always apparent in aggregate data, making it difficult to assert equity data driven funding decisions. For this reason, interviews with stakeholders from underserved health communities in the Rātā Foundation rohe, explored views on health priorities. The following section presents this data.

Where is Rātā best placed to make a difference?

This section reports on both interview and survey data from participants, identifying the most important needs in their area as they see them. These themes are presented in order of recurrence in the data.

Support for mental health

The data indicates the need for mental health support, including perinatal mental health is considerable. The system appears to be failing many communities. NGO services report they are often 'back stopping' inadequate mental health services with outreach and programmes. Stakeholders report the current mental health provisions, particularly in Canterbury, are inadequate to meet need, and mental health issues spill over into housing and addiction, creating complex challenges for whānau to navigate.

Stakeholders report the importance of intersectionality, that is, many underserved communities are overrepresented in mental health statistics. In particular young people, the rainbow community, young mothers, and whānau who have experienced significant trauma were mentioned. In addition, stakeholders described how events, such as the pandemic, and recent flooding in Te Tau Ihu, compound the concern they have for whānau suffering with mental health difficulties.

> *"Mental health is a key one and that really impacts on a lot of other aspects of health. When we talk about homelessness, mental health, those both kind of interact with each other. So, having really challenging mental health can mean it's harder to find housing, but then not having housing, can really impact on mental health, and that feels like a key issue, particularly for rainbow populations."*

Stakeholders encouraged Rātā Foundation to support alternative views of mental wellbeing other than traditional Western bio-medical approaches that situate mental health as an illness that requires stabilising and medicating, rather than a focus on what whānau need to be well.

> *"Young people, biggest need that … We think that the mental health of young people is in absolute crisis. We are seeing the tip of the iceberg here. I'm thinking of young people who are at risk of suicide, who have been in the mental health system, sometimes since they were quite young, and, basically, antidepressants or other antipsychotic medicines and counselling, long waiting lists and just that the kind of help that's available is not what's needed."*

> *"More funding for support to people who are in the mental health system at high risk and who deserve really good lives. People have such talent, and they have such amazing things to give."*

> *"Mental health has become about primary health care as a gateway to secondary health care, and that is all about stabilising whānau through medication, not actually supporting whānau to be well in the long-term … it privileges a bio-medical model."*

Addiction treatment and transition

Very closely aligned with mental health is access to treatment and addiction services. Stakeholders report there are insufficient services to meet the need. Again, stakeholders report that underserved communities do not have access to treatment, due to barriers including funding, lack of local service, and support. Transition between residential treatment and community support appears to be problematic, as there is a gap in continuity in service for those seeking treatment.

"Addictions and mental health issues. One of the things that it was so difficult for people to manage was to access help to support them through housing, food, care for children, care for pets, even when they are undergoing interventions, when they're trying to sort their lives out. So, one of the things we discovered that happens, is sometimes when people go for residential treatment, for example, for addictions, they lose their supplementary benefit for housing. That's happened to people. That astonished me."

Services for children/youth

Stakeholders noted that services for children were either non-existent or so stretched that waiting times were prohibitive. Again, these services were aligned to insufficient mental health delivery in areas where the need is not being met. Counselling for youth was identified as one of the top priorities in the survey data, followed closely by health services for youth. Interviews noted this was particularly important for Māori, Pacific youth and the Rainbow community. The lack of service for children/youth is even more acutely felt by underserved youth communities.

"Other inequalities include insufficient service for children, specialist service for children is really gappy."

"We've run programmes specifically for parents who have children waiting to see CAMHS (Child Adolescent Mental Health Services) – the wait list is so long, it can be eight months or more before they get an appointment, what are they supposed to do in the meantime."

Stakeholders indicated that support services needed to be appropriate for youth, and also ensure cultural safety and reflect the needs of diverse groups of youth, including the rainbow community.

"There's probably, at most, I don't think there's even 10 kaupapa Māori services for sexual violence in New Zealand. I feel like I know about eight, whereas there would be in the 40s of tauiwi services, which gives you an idea of the lack of balance, like everything."

Dental health

While dental care was only mentioned occasionally in stakeholders' interviews, nearly 50% of those who responded to the survey (N=31) indicated they had put off going to the dentist due to the expense, indicating that this is a need. Recent research into dental health for Māori indicates that Māori are greatly affected by their oral health in all domains. Overall, one or more oral health impacts were reported by one in five Māori in their survey, reflecting an almost 50% higher prevalence of impact (Lacy et al. 2021). The

researchers concluded that the oral health system in Aotearoa has caused negative oral health experiences and outcomes for Māori adults and breached Māori rights under te Tiriti o Waitangi. The recommended new oral health policies are urgently required to redress this breach. More information is needed with underserved communities to understand the need for dental health.

Access to rongoā

Māori stakeholders noted the importance of access to rongoā Māori, traditional healing practices, to the wellbeing of Māori communities. Whānau are increasingly demanding alternative therapies and modalities, but they have not traditionally been supported by the health system. Mātauranga Māori and traditional forms of healing are recognised and supported by Government (MoH, 2020; MoH, 2022). Since June 2020, rongoā Māori has been offered as a service by the Accident Compensation Corporation (ACC). ACC funds rongoā Māori services as a social rehabilitation entitlement, aiming to help people return to independence. The demand for rongoā far

exceeds the current capacity in Ōtautahi and across Te Waipounamu. There are 63 fully registered ACC rongoā Māori practitioners from Kaitaia to Invercargill. As of May 22, 2022, there were five in Te Waipounamu.

"There's a list of rongoā services that are available to access for ACC, and I know a lot of whānau are starting to look at alternatives ... there's a lot of work being done in this space now and we have to consider it. I think there's a place for both conventional and traditional approaches to health and wellbeing."

Addressing social determinants of health

Stakeholder interviews described how social determinants of health impact on wellbeing, particularly for communities that are experiencing inequity. Social determinants of health are the circumstances in people's environments that can affect their health, wellbeing, and quality of life, particularly housing, income, access to nutritious foods and physical activity opportunities. Interview and survey data spoke to the complexity of health and wellbeing and the intersection with other parts of the system, such as housing.

"Housing. Housing is a significant issue and will be and we know that. That is one of the pieces that makes a significant difference for whānau. If you want continuity of education and community and support and all of those things, then actually having a warm safe whare, where you don't have to worry about security, is a thing."

"That's really related to discrimination and social exclusion, and those same things also lead to higher rates of poverty and homelessness as well. Housing insecurity and a lot of those sorts of issues. So, those are things that contribute to hauora overall as well."

Health literacy and prevention

For stakeholders who worked in the health sector, particularly through the pandemic, health literacy had a significant impact on access to health information. They reported first-hand how health literacy impacted on the health decisions whānau made. For those whānau who do not have internet, or do not have devices, accessing information and care that is increasingly online can be problematic. Māori stakeholders saw health literacy as essential to whānau self-determination. Whānau need to be able to access information to be able to make informed decisions about their health.

"Health literacy is about prevention. It's about educating ourselves, but it's also having the technology to actually react to a situation. For many of our whānau, they didn't have the technology to upload their COVID status. It was all mismanaged, and I think that's where, going into the future, health is moving down telehealth services. GP Zooms."

"Health literacy is going to be my biggest, though. That's probably the biggest one is how we deliver that self-empowerment."

Workforce development

The capacity of the health workforce appears to be a significant constraint on the ability of the system to change and meet the needs of underserved communities. In all aspects of the health workforce Māori are under-represented (MoH, 2021). This has a significant impact on the way in which health services are delivered, and the opportunity for Māori to access a Māori health professional if they choose. Other underserved communities, such as the rainbow community, noted the importance of representation in the health workforce. In addition, representation of these groups on advisory boards and iwi health partnership boards was noted.

"It really needs some long-term thinking about workforce development and challenging our tertiary partners to do something about some of these gaps, and to start offering courses, and to adjust to think about that. Rātā has relationships with University of Canterbury and other places, there are magnificent tertiary providers out there, but they're not in this space. So, they could be thinking about sponsoring courses, helping people get trained. There are so many ways in which they could help, but it needs to be a sector that's able to stop just merely surviving. To be fair it is hardly surviving."

Transport

A recurring theme in interviews and the survey data was the impact of the cost of living on health service access for underserved communities. Recent rises in the cost of living, particularly fuel, has made it more challenging for many communities. In addition, changes in transport provision due to COVID-19 and recent flood events in Te Tau Ihu, have prohibited some communities from accessing health services completely. For rural communities it may mean taking the services to the people, or considering other ways to deliver health services to these communities.

"Transport's a huge one. Transport is to get to places, to have money to get to places and taxis and all the things. But it's also, I mean, this sounds like a really niche thing, but especially after COVID, taxis aren't running so much anymore. We used to take taxis, so people have been held up for two hours at the end of something. So, people won't go out now. So, it's harder to do things."

Research and evaluation

Interview data indicated that research and evaluation were often an afterthought in the health sector and was needed if services are to understand the needs of underserved communities. The challenges associated with health data, and the lack of voice from underserved communities in this data, indicates that continued research is needed to understand and advocate for those in the communities who are often silenced through majority data. In addition, several stakeholders noted the importance of evidence in ensuring funding was well spent, and that they could also attract future funding.

"I think one thing that is missing in our space is also support around evaluation and research around effectiveness of services. And that can be a gap because people are so focussed on day-to-day supporting individuals, that it can be hard to take that step back and evaluate how effective things are. And sometimes that can be really important for funders as well, if you can show a report saying this service helped 50 whānau, and they all said it was wonderful, that can help to secure more ongoing funding."

Opportunities to amplify impact in the sector

Interview and survey data identified a number of opportunities to amplify impact in the sector. Most importantly, stakeholders acknowledged that philanthropic funders have an opportunity to fund differently and are not bound by restrictions placed on Government funders. The contribution Rātā Foundation has made to the sector by being responsive and funding innovation was noted by several stakeholders.

"Philanthropic funders can be a bit more responsive and innovative in terms of how they do their own mahi, and it's been really cool to see that kind of approach grow over the last little while. We appreciate Rātā Foundation's contribution to that work."

Collaborate with the new structures in the system re-design

There is an opportunity for Rātā to create relationships with the new iwi partnership boards[5]. One of the core functions of the boards is locality commissioning, assessing the health needs of whānau, identifying priorities and monitoring the services provided (Te Whatu Ora, 2022). Iwi partnership board members interviewed for this work indicated they would welcome approaches from philanthropic organisations like Rātā Foundation.

"One of our roles is to gather and analyse data to determine what the needs of our whānau are in our locality. That will be significant, the health system has not been designed to learn from its own data." (Iwi partnership board member)

"I feel like there are some exciting possibilities for communities being more engaged and involved in decisions that affect them. For the power to shift, so that whānau can have more choice about what's going to make a difference for them." (Iwi partnership board member)

Support community driven localised solutions

The communities within the Rātā Foundation rohe have very different needs. Recent events in both Waitaha and Te Tau Ihu have impacted on whānau health in these areas. This reinforces the need for localised solutions in partnership with communities. To support equity, it is important to work alongside underserved communities right from the design.

"Ōtautahi is a place that has experienced a lot of trauma, and we have a unique opportunity to name that, and see it as a strength, and draw on different approaches to help build wellbeing. I'd love to see us as a city of wellbeing as opposed to a city of gardens or whatever we are. I think we've become a city of exploration. To actually really think about a unique contribution that we can make, maybe around Aotearoa about health and wellbeing and how we put that first. It's about systemic change. And with that has to come resources and recognition and leadership." (Waitaha stakeholder)

[5] Te Kāhui Hauora o Te Tauihu, the Iwi-Māori Partnership Board for the Nelson Marlborough District and Te Tauraki, the Ngāi Tahu Iwi-Māori Partnership Board.

"We've got to empower the rural again. We took away services from the rural communities. In the old days when you had your borough councils, and you had your little hospitals and that ... now everything's centralised. I think we need to decentralise now and put the services back into the rural community ... the floods have shown us how important services to our rural communities are." (Te Tau Ihu Stakeholder)

"From the very beginning, the co-design stage, the birth needs to be with Māori at the table. Innovation is feeling like you belong at the table and feeling like you have your space, and you can chip in and merge your ideas. It can look like different things in different places because it's a matter of what do the people there need. It needs to be responsive to the people and place."

Support grassroots community innovation

There is an opportunity to support innovation in the health sector. Health initiatives and interventions must be Māori-led and involve communities from design rather than dictate what solutions are. Many of these initiatives are voluntary and may be health promotion or prevention activities such as men's groups, running groups, and local maara kai community gardens.

"Just seeing the beauty of those things that are at a community level and being aware of how to support that without disrupting them. So, you don't want to professionalise that. I think a really clear piece around community development is it doesn't mean creating another a hundred providers or services. It means just acknowledging those things that nannies and aunties and uncles and sports coaches and kaiako within communities do. And hopefully facilitating some sort of funding, so they're actually able to do that without it coming from their own pockets."

Support data sovereignty

With the health system reforms there has been increased expectation in the sector for data driven decision-making. Interviews for this research indicate that organisations do not currently have the data capabilities to meet these expectations. There is an opportunity and need for more work in the area of data capability, sovereignty and governance[6].

"So, we need to be smarter across the board, all the agencies that are holding this data. If Māori have inequities through everything, then you need to share that information so others can support achieving the outcomes that are required ... We've got to get smarter with our whakapapa data and what that means to us."

"I think that is a significant missing piece, access to some sort of integrated data, that's something that we are really interested in, being able to tell our own stories with whānau across our regions."

"Funding in health is not the issue – the data is the issue. We lack the intelligence in the health system to make good decisions about what to fund, when and where - so our services are either leaking money or insufficient to meet the needs of our whānau."

Strategically support underserved communities

There is an opportunity for Rātā Foundation to support strategic advocacy for underserved communities. These organisations and community groups described the difficulty of being heard at a national level and having the influence to make change in the sector.

"One thing we've been trying to advocate for is a national rainbow health strategy. If that was a requirement that government had to have one, and there was accountability for that ...I feel like that would have lots of impacts. You'd then be bringing communities together to come up with what the strategy has to say, so there'd be a whole process around articulating needs. And then people employed in government whose job was to do rainbow health, and that would flow through into supporting services from government to do that work."

"One thing to consider might be how they could support the sector to do some of the strategic thinking."

"Rather than Rātā funding a lot of day-to-day services, maybe a good role to think about is how can they help to put some of those strategic building blocks in place."

"Rātā should focus its attention on the people who can easily be overlooked and who miss out."

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[6] Māori Data Sovereignty refers to the inherent rights and interests that Māori have in relation to the collection, ownership, and application of Māori data. Māori Data Governance refers to the principles, structures, accountability, mechanisms, legal instruments and policies through which Māori exercise control over Māori data (Te Mana Raraunga, 2018).

Key learnings from the data

The purpose of this research was to provide information that will help Rātā Foundation determine the focus for strategic funding under the Health Pou. A number of key ideas have emerged from the interviews with key stakeholders and follow up survey.

Rātā Foundation should not fund what is the responsibility of Te Whatu Ora (Health NZ), rather philanthropic funding would be better used to assist underserved communities to benefit from the reforms. There is an opportunity for Rātā Foundation to develop new relationships with the iwi partnership board in their localities.

"Exploring partnerships and looking at where the government has responsibility or where the health system has responsibility. I guess the role of philanthropy is often kind of coming in around the edges of that. If something isn't as proven, that it's more innovative, or it's not a health need that is recognised by government, or it's a smaller community that isn't very well served, then maybe those sorts of places."

Rātā Foundation currently funds 'social determinants' which positively impact the health of whānau including investment in housing, education, environment, arts, sports and activity, social and cultural connectedness. There is an opportunity to consider how funding in these areas might influence health outcomes for whānau, and how this can be communicated by Rātā Foundation to its community.

Stakeholders indicate that strategically supporting the health reforms is not just about funding, but also about the approach and perspective taken by Rātā Foundation. Kania et al (2021) describe five strategies emerging as critical to centring equity which could provide a structure for considering how Rātā Foundation might shift its approach and perspective to the equity to complement funding changes.

01 Ground the work in data and context, and target solutions.

02 Focus on systems change, in addition to programmes and services.

03 Shift power within the collaborative.

04 Listen to and act with community.

05 Build equity leadership and accountability. (Kania et al, 2021)

Kania et al. (2021) go further to explain that awareness must include an appreciation of the difference between structural racism and personal blame, as well as the development of empathy beyond individual feelings of guilt among the privileged, or shame among marginalised people. Effective anti-racist equity work almost always starts with a deeper understanding of history (Kania et a 2021).

Stakeholders identified critical challenges in the current system including data capability. The lack of exacting disaggregated data disguises challenges for underserved populations and can result in ineffective programmes and policies. One important systemic change could be to improve the precision of data collection and reporting practices to support more equitable analysis and more targeted solutions (Kania et al 2021, p. 42).

In this research, stakeholders encouraged Rātā Foundation to be bold and support local grassroots innovation. Health philanthropy internationally has shown consistent leadership in support of innovative work in equity (Mitchell, 2021). There is an opportunity for Rātā Foundation to fund health innovation in a way that supports underserved communities to be self-determining and develop their capacity for leadership and advocacy.

A key learning of this research is the importance of working alongside communities, ensuring that underserved communities are part of the design of health solutions. This is consistent with international funding that philanthropy in health equity focusses on community involvement, which is very different from the perspective of the traditional health-care system (Mitchell, 2021). This was particularly evident in areas such as mental health where stakeholders saw the current system as failing and urged Rātā Foundation to consider other approaches to mental wellbeing rather than privileging Western bio-medical approaches.

Finally, as Rātā Foundation shifts its focus on equity and systems change, it will be working in environments of increasing diversity and complexity. A recent New Zealand report into philanthropic contemporary practices recommends if funders are to respond effectively within complexity, they need to be able to adapt as the environment changes or opportunities arise. 'Adaptive philanthropy' requires funders to:

- Be responsive and make rapid decisions when needed.

- Invest in ways that are fit-for-purpose to the issue, opportunity or community need – whether that be seed funding or multi-year investments.

- Work relationally with ngā kaikōkiri (grantees), trust that they know what they need to deliver on their mission and be willing to provide unrestricted funding – including investment in core costs.

- Prioritise learning at every opportunity, to support adaptation and increased long-term impact.

(JR McKenzie Trust & Centre for Social Impact, 2022, p. 5)

> *"I feel like Rātā has to make some hard choices and maybe fund … This is getting into perhaps not the right detail, but fund fewer organisations, or really run a lens over who's approaching Rātā for funding, or proactively fund, in fact, so the communities that just miss out get the help."*

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Appendix 1:
Methodology

Ihi Research was contracted by the Rātā Foundation to undertake knowledge-building research to understand how a new strategic direction in health could be implemented in the Rātā Foundation rohe. The research was enacted through kaupapa Māori principles and utilised both qualitative and quantitative methods through a two-phased approach that involved semi-structured interviews and surveys.

Key research objectives

This research focussed on three research questions that were decided on by Rātā Foundation. These questions were used to design the methodological approach, data collection and analysis.

1 What does the evidence tell us about need and inequalities in this area

2 Where is Rātā best placed to make a difference

3 Where are the opportunities to amplify impact in the sector

The Rātā Foundation Board recently agreed on a new purpose statement for Rātā which sets out a clear direction for funding approaches.

'We strive for an equitable and sustainable society under the Korowai of Te Tiriti o Waitangi'

This speaks to the desire to make positive change through funding to see more equitable outcomes and ensure the foundation looks after the environment for future generations. For this reason, the research adopted an equity focus through a Māori-centred research approach.

Māori-centred

The evaluation was Māori-centred (Cunningham, 2000; Moyle, 2014) and mixed method (involving both qualitative and quantitative data collection and analyses) underpinned by co-design principles.

Cunningham (2000) states that Māori-centred research engages Māori at all levels of the research, operating Māori data collection and analysis processes and ensuring Māori knowledge. As an approach, it draws strongly from Kaupapa Māori theory and principles and refers to a framework for thinking about and undertaking research by Māori, with Māori, for the benefit of Māori. It is a way of understanding and explaining how we know what we know, and it

affirms the right of Māori to be Māori (Pihama, Cram, & Walker, 2002; Moyle, 2014). Such approaches and methodologies can be responsive to cultural paradigms and values important to Pacific families, communities, researchers and at the same time uphold the rights of tangata whenua (Vaioleti, 2006). In this regard the research kaupapa is underpinned by a strong ethical commitment to social justice (Penetito, 2010, p. 42).

Methods

As identified earlier, this research was exploratory. It aimed to better understand health needs across the sector and to identify future opportunities for investment. A mixed methods approach was undertaken that utilised qualitative and quantitative data collection and analysis through a two-phased approach involving semi-structured interviews and surveys. The following figure explains the overall research process.

Phase 1

Qualitative processes

- Interview questions developed in consultation with Rātā

- Purposeful sample of participants from health and not-for-profit organisations within Rātā rohe.

- Semi-structured interviews with 18 participants

- Coding & thematic analysis

Phase 2

Quantitative processes

- Survey development based on key qualitative themes arising from interview analysis.

- Data screening and analysis

- Interpretation & explanation of the quantitative & qualitative results

Figure 1. Explanation of the research process.

Participants and process

The research process involved different participants over time. Eighteen participants from the health sector and not-for-profit organisations within Canterbury were interviewed. These participants were selected from a list generated by Ihi Research and Rātā Foundation of approximately 35 possible key informants in the health sector. Care was taken to ensure distribution of role, including health leadership, iwi health leaders, NGO sector representatives, health kaimahi, representatives from margnialised communities and gender/ethincity spread. Participants were invited to be interviewed, they were given an information sheet and made aware of their right to

withdraw at anytime. Interviews were held either face-to-face or via Zoom depending on the wishes of the interviewee.

All interviews were electronically recorded, and notes were taken at the interviews so that main issues could be fed back to participants as part of an overall member check process. The main themes from the qualitative data were identified inductively (Silverman, 1998). This meant that categories were not imposed on the data, but arrived out of data analysis to inform the overall evaluation. Results from the interview analysis were then used to design a short survey.

The purpose of the survey was to understand if the major themes arising from interview analysis were shared by a wider range of health based organisations. Another purpose was to ascertain the challenges and barriers to heatlthcare by those who responded.

The survey aimed to increase understanding of the health needs of underserved groups, to understand the issues facing health equity in Rātā Foundation rohe and to look for opportunities to make an impact.

Data collection and ANALYSIS

- The online survey was distributed, and data collected from 31 October to 14 November 2021.

- The percentages are presented for the total sample (N=65). Due to the small sample size, the percentages are only indicative of proportions and need to be interpreted with caution.

- The averages were calculated for questions with 4-point or 5-point Likert scale (e.g., 1-Strongly disagree,2- disagree, 3- agree 4- Strongly Agree). "Unsure" or "N/A" answers were not included in the calculation of the averages.

- No statistical significance tests were conducted. Therefore, the results are descriptive.

Participants' background

- In total, 65 surveys were analysed.

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64 Participants

Nationality

- **13** Māori
- **37** NZ/European
- **6** Pacific Island
- **7** Other

Age

- **2** 18-24
- **18** 25-54
- **21** 55-64
- **9** 65+ years

Location

- **37** Waitaha
- **13** Te Tau Ihu
- **5** Kaikoura
- **10** Other