

Wairarapa DHB Māori Health Strategy: Submission data analysis profile

This profile presents the overall findings from the Wairarapa District Health Board Māori health questionnaire, which was conducted in late 2020.

The questionnaire could be completed either online (via SurveyMonkey) or through a paper-based form. The questionnaire sought views on mauri ora, wai ora, and whānau ora, and the results will contribute to the development of a Māori Health Strategy for the Wairarapa rohe.

In total, 461 people self-identifying as Māori completed the questionnaire.

Demographic profile¹

Most of the respondents (70%) were aged between 25 and 64 years (see Table 1). Table 2 shows that most of the respondents (68%) self-identified as female and more than half (52%) had one or more dependents in their households (see Table 3).

Table 1: Ō tau (age)

	Number	Percent (%)
15–24	47	13.1
25–44	114	31.8
45–64	135	37.7
65+	62	17.3
Total	358	

Table note: No data = 103

Table 2: Taukiri ā ira (gender)

	Number	Percent (%)
Female	245	67.5
Male	117	32.2
Other	1	0.3
Total	363	

Table note: No data = 98

¹ Analysis presented in Tables 1–9 excludes missing data.

Table 3: Pararau (dependents)

	Number	Percent (%)
0	170	47.6
1	60	16.8
2	46	12.9
3+	81	22.7
Total	357	

Table note: No data = 104

Table 4 shows that most of the respondents (82%) earned \$60,000 or less, with a third (32%) earning \$20,000 or less. When asked about their employment status, about two-thirds of the respondents (62%) said they were working (see Table 5).

Table 4: Income

Income band	Number	Percent (%)
Under \$20,000	106	32.0
\$20,000–\$40,000	87	26.3
\$40,000–\$60,000	77	23.3
\$60,000–\$80,000	32	9.7
Over \$80,000	29	8.8
Total	331	

Table note: No data = 130

Table 5: Employment status

	Number	Percent (%)
Not working	58	17.5
Working	205	61.7
Student	26	7.8
Retired	37	11.1
Student/working	6	1.8
Total	332	

Table note: No data = 129

Table 6 shows that close to half of the respondents (47%) lived in a home that they owned; 45% lived in a rental home; and 6% lived in precarious housing situations (with either no housing or temporary housing). More than half of the respondents (56%) lived in Masterton at the time of the survey (see Table 7).

Table 6: Wāhi noho (housing)

	Number	Percent (%)
None	10	3.1
Temporary	10	3.1
Renting	144	44.6
Owens own home	151	46.7
Boarding	3	0.9
Supported living	5	1.5
Total	323	

Table note: No data = 138

Table 7: Rohe (location)

	Number	Percent (%)
Masterton	199	55.7
Outside Wairarapa	25	7.0
South Wairarapa	70	19.6
Wairarapa	57	16.0
Carterton	6	1.7
Total	357	

Table note: No data = 104

Half of the respondents (50%) said they had ‘some’ proficiency in te reo Māori, and a further 8% were fluent or competent (see Table 8). Table 9 shows that the Iwi most commonly identified were Ngāti Kahungunu (51%) and Rangitāne (27%).

Table 8: Te reo Māori

	Number	Percent (%)
Not at all	146	41.7
Some	176	50.3
Fluent/competent	28	8.0
Total	350	

Table note: No data = 111

Table 9: Top five Iwi

	Number	Percent (%)
Ngāti Kahungunu	169	50.6
Rangitāne	90	27.3
Ngāti Porou	30	9.1
Kai Tahu	25	7.6
Tūhoe	18	5.5

Table note: Respondents could select affiliation to multiple Iwi. Data for up to three Iwi per respondent is presented for the 461 people who completed the survey.

No data: 131

Exploring views of health and wellbeing: Aspirations

This section presents some overall findings regarding the respondents' aspirations regarding good health and wellbeing. The responses are drawn from the mauri ora, whānau ora, and wai ora sections of the questionnaires, where participants were asked what good health and wellbeing meant to them, both as individuals and for their whānau.

Mauri ora

The survey asked respondents what good health and wellbeing meant to them as an individual. Many responses centred on a desire to obtain or have good health, live a long life, and be there for their whānau.

"A longer life that does not have lots of ailments. Feeling good about myself and not feeling forgotten or overlooked because I am older."

"Feeling good physically and mentally, for myself and my family."

"The ability to function day to day without pain or a heavy weight of stress and mental strain."

"Pain free, able to ... be more mobile."

Others highlighted the importance of access to quality healthcare.

"Being able to access an understanding doctor."

A common thread in responses was a view of health and wellbeing that was holistic, incorporating all elements of physical, mental, and spiritual health and connected to whānau and culture.

"My whare tapa whā being kept in balance."

“It means that I am physically and mentally able, and spiritually balanced. It also means that my whānau are well and/or have the means to be well. It’s not really possible to have individual wellness without whānau having the same ... we need food and we need our home.”

Being able to have healthy kai and be more physically active was also an aspiration expressed throughout the responses.

“Being physically active, which takes care of my mental wellbeing.”

“Nutritional food. Emotionally happy. Physically well.”

Whānau ora

The questionnaire also asked what good health and wellbeing meant for the respondents’ whānau. Many respondents said that what they expressed for them as an individual flowed over to what they desired for their whānau (in relation to good health and wellbeing).

“If I am sad, [some]one will make me happy, and vice versa. Talking to each other. We understand life has ups and downs but we get through.”

It was common for respondents to equate whānau ora with happiness, as well as having their basic needs met.

“An absence of ill health. That we are all able to care for ourselves and each other without too much intervention. Perhaps some guidance, advocacy, and knowing where to go for any health and wellbeing needs.”

“Happiness, laughing, eating well, a healthy home, being active, family time, time with friends and extended whānau, access to medical facilities, resting.”

Some approaches to whānau ora considered that a holistic approach to health and wellbeing was essential.

“Holistically well, including mental, physical, wairua, and mana being respected and intact, and our way of life being respected.”

Some identified a need for improved health and disability service options, as well as access to appropriately resourced Kaupapa Māori services.

“Kaupapa Māori nursing homes and Kaupapa Māori health facilities that are not overworked and hard to access. Affordable living.”

“Being financially able to access appropriate healthcare when needed. Also having the services needed in the communities where our families live.”

The ability to access healthy kai and be physically active was an aspiration expressed throughout the responses about whānau ora.

“Staying fit and strong. Eating well and keeping a healthy relationship with each other.”

Wai ora

When asked about their aspirations for wai ora, respondents consistently expressed concern regarding the physical environment and its management through genuine partnerships between the central or local government agencies and Māori.

“More open green spaces, easier access to public transport, and lower-cost transport e.g. electric bikes.”

“The beaches full again and accessible.”

“Making sure everything is going good around the environment moana ... Our town needs to accept Māori – we are partners, not tenants, in this town.”

The concept of wai ora extended to the built environment and places where people lived, with access to quality housing seen as a key determinant of health and wellbeing.

“Warm, dry, clean home. Home that is not overcrowded.”

“Affordable house, papakāinga. Affordable, accessible kaupapa Māori facilities.”

Respondents talked about a future health and disability service design that took a holistic approach that encompassed wai ora.

“More healthy kai, mara kai. Collective impact so more agencies/services [are] working smoothly together.”

Stated priorities around the determinants of health

This section presents the common themes that emerged from an analysis of the responses across all questionnaires, including sections where respondents provided further feedback (the ‘other’ and ‘more to tell us’ sections of the survey).

Affordability of daily living

When asked about health and wellbeing for themselves and their wider whānau, 20% of the respondents raised concerns about the affordability of daily living.

“We have to worry about rent rises, food costs, power, etc. on limited incomes.”

“Make it cheaper for our families to access the things we need to be healthy, mentally and physically.”

Housing

Housing was a concern for 19% of the respondents, who expressed worries around the lack of housing stock and housing that was safe, warm, and dry.

“We need a better home that is warmer in winter. The house is cold, which makes us sick; the high ceiling of a big house is not good.”

Respondents referred to their own challenges around housing, with many expressing concern about housing quality and affordability.

“Housing, rents, bills, [and] stress consume most whānau.”

Racism

The experience of racism impacting on health and wellbeing was mentioned by several respondents.

“I get stressed due to racism, fighting against this, and seeing my family struggle.”

“Stop racism so that we can be given a chance.”

“The critical mass of people who are standing up against racism, which I feel is a factor of our mental health and the reason so many of our people are incarcerated, is growing. There are more people making a stand for equality and equity for Māori and those who are differently abled. It’s [becoming] more accessible, both physically and mentally. But it needs to improve even more and we must continue to push.”

Covid-19

A small number of respondents (3%) specifically mentioned the ongoing impacts of the Covid-19 pandemic on their health and wellbeing.

“COVID-19 is still out there with new variant. [We] must continue to do all we have being doing to prevent [it, to] keep alert.”

“Covid is scary – the thought of what may be makes us all very anxious.”

Concerns around Individual risk and protective factors

Wellbeing (nutrition and exercise)

Many respondents (38%) expressed either a need to improve, or their concerns around, fitness and nutrition.

“Have meal plans, maybe talk to a nutritionist, start swimming, ... bike to work.”

“Eat proper food and fruit, [drink] water. Have programmes to learn how to eat healthy on a budget.”

“Lose weight, get fit, flexible, help me plan my goals, health coaching.”

Respondents talked about wellbeing for the wider whānau, particularly in relation to the affordability and accessibility of resources to support their whānau to be healthy and well.

“I need to motivate them and Masterton needs to offer more for the kids, without expensive price tags.”

Addictions

Eight percent of the respondents raised concerns about addressing addictions, such as smoking, often in the context of making changes for the benefit of their wider whānau.

“My life has been a struggle against respiratory disease, as I had pneumonia when I was 11 months and my father was a heavy smoker. For me, the damage smoking does cannot be emphasised enough.”

“Quitline workshops to help me get a job [by helping] me to quit my addictions – drugs, alcohol, smoking.”

“Stop smoking, cut down the drinking. I think I need to make the changes.”

“Help with drug addictions is better one on one; consistency at Te Rangimarie Clinic.”

Health status – what respondents were concerned about regarding their health and wellbeing

Perception of good health

Individual health and wellbeing

Of those respondents who rated their own health (categorised as ‘poor’, ‘fair’, ‘good’ or ‘very good’), 82% indicated that they felt they had ‘fair’, ‘good’, or ‘very good’ health, although what that meant varied.

“Fair. General health is good but chronic joint pain affects daily living and activities.”

“I'd rate my health as fair [to] good. I'm in no pain and take no medication.”

Nineteen percent of the respondents who rated their own health indicated they felt that their health was ‘poor’, often in relation to specific health conditions.

“Poor. I have gastrointestinal issues I have known about for some time, but I have not rectified due to costs, due to fear.”

“Not great. Just a lot of heart and blood pressure problems, lack of diet choices as healthy food is too expensive, being on a benefit.”

Whānau health and wellbeing

When rating the health of their whānau, most respondents (73%) indicated that the health of their whānau was ‘fair’, ‘good’, or ‘very good’. There was noticeable variation in the way people thought about and answered this question.

“Above average. We are working together as a whānau to eat better and be more active [but] this comes at a cost. We have a two-income whānau – it would not be possible without both incomes.”

“Average. Everything could be better. Working too long and hard work, less time for each other. Depression, anxiety is a common subject ..., and suicide is common.”

“I rate my whānau health right now as ok. I think there is definitely more we can do to be ... healthier, but we have a roof over our heads and my whānau are fed.”

Fifteen percent of the respondents rated their whānau health as ‘poor’.

“It’s sad to say the health in my extended family is not good due to many deaths from cancer and heart problems.”

Twelve percent of the respondents said the health of whānau was variable.

“A few whānau are doing well, others are not. Some have had regular well-paid jobs and now own homes. Some have not. Some have been incarcerated and that disadvantaged their employment prospects hugely. They now struggle income-wise and are government dependent, and [their] health is very poor.”

Health conditions

Several specific areas of health and wellbeing concern or health conditions were raised by 32% of the respondents.

Mental health was directly raised by 10% of respondents (however, the need for a focus on mental health, including the impacts of stress, was raised throughout the responses). Many respondents made the connection between mental health and the overall health and wellbeing of both themselves and their wider whānau. Respondents specifically raised concerns about the stigmatisation of mental health, as well as the lack of appropriate mental health services in the district.

“It’s hard at the moment, due to a whānau member needing support with his mental health, but due to mahi, we can’t find any after-hours [services] to support his needs.”

Respondents discussed the impacts of specific health conditions (for either themselves or their whānau) such as diabetes (4%), respiratory conditions (4%), cancer (2%), and other health conditions (10%) such as dementia, stroke, Parkinson's, gout, cardiovascular issues, and chronic pain. Some respondents mentioned multiple health conditions.

"I have been suffering with diabetic symptoms and thyroid issues. I am still suffering with back pain. However, this is being managed with medication."

"[My] husband has heart failure, diabetes 2, COPD."

"One waiting for knee surgery. One daughter with high health needs, one with scoliosis, and me waiting for help."

Concerns around health and disability services

Half of the respondents (52%) identified concerns around health and disability services, primarily the availability of services, along with the quality of care. The cost of services was of great concern to respondents.

Physical access

A small number of respondents talked about issues with physical access to services.

"Look at the amount of services we are having to access out of our area, and perhaps set up better access. Look into the disability parking accessibility."

Location of services and transport

Some respondents (7%) also pointed to issues with accessing services because of their own location and/or lack of transport.

"The only after-hours service is in Masterton. What if you live in South Wairarapa? What if you have no access to a car? Difficult to get an appointment at after-hours service, costs a lot to attend. Often a long wait to be seen. High cost to see a GP during 'normal' hours."

"Living in Featherston and being so far from Masterton can be a financial burden. For a teeth specialist, I have to travel outside of Featherston. This is difficult while being a single parent."

"I think more services need to be provided for Māori kaumātua. Especially those of us living in South Wairarapa. Transport is a huge issue for us – shuttle not always available."

Some respondents noted additional barriers for those with lived experience of disability.

“Financial assistance to get me to Paraparaumu, as there is no specialised stroke physiotherapy.”

Availability of services

When thinking about health and wellbeing, both as an individual and for the wider whānau, 22% of the respondents raised issues with accessing health services. They mentioned concerns about the waiting time for appointments and specialist services, and the need for flexible after-hours services.

“Shorter wait times, access to doctors when needed (usually have to wait days), check-ups to become the norm (especially for males) – ask them to come in and have an appointment already booked in.”

“Access to healthcare locally, access to more after-hours services instead of waiting in ED, access to healthcare when you need it.”

“Better access to healthcare. Phone consultation does not give true understanding of what the patient is going through.”

Access to mental health services was a common thread, with respondents commenting on how difficult it was to access them.

“More availability around Māori mental health and letting the Iwi KNOW how to access it.”

“Check in on people’s mental health regularly at health appointments.”

“More mental health services that can actually help. Like maybe focus on how to help people heal themselves, instead of advice or pills to suppress the problem.”

Quality of health and disability services

Eighteen percent of the respondents raised concerns about the quality of the health and disability care they received.

“Better care for Māori. Racism and discrimination [are] issue[s]. Promote/inform patients about operations, appointments, waiting times. Kōrero more – listen to us [for] our perspective or suggestions.”

The need for more Māori staff, as well as for more Kaupapa Māori health and disability services, were also highlighted.

“Māori healthcare and services need to be available for the Wairarapa. Also end-of-life care and funeral services for Māori whānau.”

“Having a Māori doctor would be good. They get a bit whakamā going the medical centre. Feel they are judged.”

“Having more Māori health practitioners or a culturally appropriate option for whānau to feel safe, heard, not judged, not a minority, culturally respected, and not looked down on. Cultural competency in tauwi health practitioners needs to be ongoing.”

Cost of health and disability services

Fifteen percent of the respondents raised concerns about the high cost of accessing health and disability services. This was especially apparent when the respondents talked about oral health and wellbeing.

“Specialist services are out of town and the cost to get there and to pay for the service decides whether you go or not.”

“[Need] cheaper rates to see doctors.”

“Everything we need is accessible except dental health. It is so expensive. Oh, also the fact we live away from Masterton and Wellington and Palmerston hospitals – that’s stressful.”

“Cheaper and easier dental care. Fair access to health providers. We live in Featherston and having to go to [a] specialist outside of Featherston is hard financially.”

“The world is expensive for everyone. Dental [care] is too much. Only go for emergencies.”

“Dental [care] is very expensive – my kids just don’t go. Hearing aids for [my] husband [were] \$3,000. Teach health professionals to consider that health for us is unaffordable.”

While some respondents raised concerns regarding prescription costs, others wanted more options around the use of mātauranga Māori in health.

“I can’t go without medication and it costs a lot for pensioners to pay.”

“A healthy environment would be one where everyone is able to access and understand their health[care] and to allow rongoā Māori and Kaupapa Māori healers.”

“Provide other services, such as rongoā Māori services. Provide [a] holistic health programme embedded in te ao Māori.”