

MĀORI HEALTH RESEARCH:
PRINCIPLES, PRACTICE, AND POTENTIAL

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INTRODUCTION AND BACKGROUND

It wasn't too long ago that a somewhat uneasy relationship existed between Māori health researchers and those concerned with Māori health development. In fact, and less than 25 years ago, the term Māori health researcher could easily describe the activities of non-Māori academics, medical school staff, or those with a particular interest in ethnic disparities, cultural curiosities, or possible genetic flaws. With the exception of a few notable studies, Māori health research was typically illness orientated, initiated and conducted by non-Māori, and almost always reflected non-Māori priorities and interests. As far as Māori involvement was concerned, participation was largely confined to the role of consumer or respondent with little expectation that information would be shared or used to inform Māori health development.¹

As a consequence, both the accuracy and utility of these studies came into question. On the one hand many raised concerns that non-Māori were unlikely to fully understand or comprehend the information they were gathering, particularly when it involved interviews or when obtaining Māori perspectives on certain health behaviours. There was a real risk that data could be mis-interpreted (though a lack of cultural understanding) and therefore result in conclusions which were ill informed or incomplete. Likewise, the benefits of the research to Māori, and Māori health development, was often unclear and while research results typically appeared within academic journals the data did not necessarily inform strategies for Māori health development.

MĀORI HEALTH RESEARCH DEVELOPMENT

A change occurred however, and with a seminal research report prepared by the Māori Women's Welfare League in 1984. The report *Rapuora* was designed to consider the specific health issues and perspectives of Māori women, but more broadly illustrated that Māori initiated and designed research could in fact generate useful and reliable data – moreover, that cultural factors were important

¹ M.H.Durie, (1996), *Characteristics of Māori Health Research*, A Paper Presented at the Hui Whakapiripiri: Hongoeka, 1 February 1996, Department of Māori Studies, Massey University, Palmerston North.

methodological consideration. In 1993, further developments took place and when the Health Research Council funded the establishment of two Māori health research units - Te Pūmanawa Hauora ki Manawatu (at Massey University in Palmerston North) and Te Pūmanawa Hauora ki Te Whanganui-a-Tara (situated within the Wellington School of Medicine).² Since 1993 other units and centres have emerged and have likewise created opportunities for Māori health researchers.³ In addition, these units (collectively) have been successful in creating partnerships with the Māori community, introducing iwi to health research, and providing opportunities for training and joint venture research. Likewise, individual researchers in Māori health have also emerged and have further bolstered Māori health research capacity.

HEALTH RESEARCH FRAMEWORKS

These developments have done much to change the way in which Māori health research is perceived as well as providing critical debate on the fundamental characteristics under which research is conducted. In this regard a number of useful frameworks have been constructed and in order to further guide Māori health research activity. These frameworks or models often differ in their detail but reflect similar overall objectives and concerns. And, while there is no single approach to Māori health research, these models tend to focus on three prime areas interest – the principles, the practice, and the potential of Māori health research. 4

Principles

The principles of Māori health research reflect high-level concerns and requisites that are often characterised by a “by Māori for Māori” approach. This of course does not mean that non-Māori should not contribute to the research process and indeed workforce deficits will often require that non-Māori play a particular role and where related expertise is not available. However, this principle implies that research on Māori should at least have active and sincere Māori involvement, Māori participation,

2 This unit is now known as “Te Roopu Rangahau Hauora a Eru Pomare”.

3 For example: The Ngai Tahu Māori Health Research Unit, Tōmaiora Māori Health Research Unit, and Whariki. The Centre for Public Health Research (located within Massey University) has also provided mentoring and training to many Māori health researchers.

4 L. T. Smith, (1999), *Decolonizing Methodologies: Research and Indigenous Peoples*, University of Otago Press, Dunedin.

and overall Māori guidance. While this principle is often viewed as a Treaty or even politically motivated requirement - from a research perspective the objectives are far more pragmatic. And, that in order generate accurate, robust, and useful research, the population under investigation should at least have some role in how the research takes place. The risk being, that the information is misread or misinterpreted, reflects non-Māori priorities, or used in ways which negatively impact on Māori development.

Practice

The practice of Māori health research has likewise been considered and has similarly led to a number of interesting frameworks and models. To a large extent these have focused on methodological issues directly related to the research process. “Face-to-face” interviewing techniques are often preferred and are similarly linked to notions of “koha” and requirement to at least recognise the value of the information being gathered. Creating an appropriate environment for open dialogue is likewise considered to be a key process as is allowing sufficient time for this to occur. Providing feedback, iwi involvement and authorisation, mihimihi, karakia, powhiri, hui, te reo, and tikanga all feature and are broadly considered under the heading of Kaupapa Māori research. 5

RESEARCH POTENTIAL

The idea of “potential” has perhaps received less attention, though is a fundamental consideration which should ultimately guide Māori health research activity. In this regard, there is universal agreement that Māori health research should contribute to Māori health gains. And, that while individual studies are unlikely to provide the ultimate panacea, they should at the very least inform Māori health development – either directly or in more subtle and less obvious ways. The idea of potential has obvious implications for the design of research and in particular for how research objectives or outcomes identified. As well, it places additional emphasis on the distribution of research results – so that new information is provided to right people,

5 J. Bevan-Brown, (1998), ‘By Māori, for Māori, about Māori – Is that Enough?’, in Te Pūmanawa Hauora (ed.), *Te Oru Rangahau Māori Research and Development Conference, 7-9 July 1998 Proceedings*, School of Māori Studies, Massey University, Palmerston North.

at the right time, in the right way, and in a manner which ultimately informs the work that they do.⁶

Research Alignment

In this regard there should at least be some alignment between research priorities and the needs of service providers, managers, workers, policy makers, and strategists. As well, research information must be presented in ways which inform development, rather than confuse issues or conceal the main points of interest. Of course, and for many studies, such concerns are less of an issue, and especially where the research is focused and has clear and unambiguous outcomes. However, larger and more complexed studies may be more difficult to interpret – and even if relevant calculations are been made, tables drawn up, and final reports written. Indeed, there are many examples of how research reports have been wrongly interpreted, considered out of context, or applied in ways not originally intended.⁷ The media is often guilty of this and by extracting selected results or applying their own interpretations. The end result is that useful research is considered in un-useful or inaccurate ways – again, negatively impacting on its potential to inform health gains.

By way of illustration, there are numerous examples of where research data has been misinterpreted or used to arrive at conclusions which are inaccurate or misleading. An example of this was an overseas study which revealed that certain ethnic groups were far more likely to be admitted to psychiatric facilities and for issues associated with violent behaviour. Many reasonably concluded that this ethnic group had a particular issue with violence or anti-social behaviour. Indeed the elevated and disproportionate rates of admissions (for violent behaviour) appeared to confirm this.

6 M.H.Durie, (1996), *Characteristics of Māori Health Research*, A Paper Presented at the Hui Whakapiripiri: Hongoeka, 1 February 1996, Department of Māori Studies, Massey University, Palmerston North.

7 Kingi, T. (2005). *Māori Mental Health and Māori Mental Health Research: Issues and Opportunities*. Wellington : Mental Health Research and Development Strategy.

However, a deeper analysis of the data revealed that within this community, the mentally ill were often cared for by their families and it was thus unlikely for formal treatment to be sought. The exception being, however, when the individual was particularly anti-social – at which point the option for outside care was explored. To this end the results actually showed that the community had low tolerance for violence, and that the high admissions were a consequence of behaviours that were well out of the norm. While on the face of it the data implied a connection between violence and ethnicity – in fact the opposite was true.

The challenge for researchers, therefore, is to mitigate the risk of information being wrongly interpreted or considered out of context. Additionally, to provide results in a timely, comprehensive, and comprehensible way. In fact research potential relies on the premise that research results will be made widely available and accordingly used to inform development. The difficulty, however, is that these criteria are often inconsistent with each other. That is, an accurate and comprehensive study, for example, may be un-useful due to its added detail and length. On the other hand, findings which are comprehensible and simple to understand may be less reliable when detail or other conditions are removed – the example given previously is an illustration of this.

Dissemination of Results

To address these issues a number of innovative approaches have been developed by the research community and which are designed to ensure that accurate research information is provided to the right people and in useful ways. Technical reports and lay summaries are an example of this and where researchers have attempted to satisfy the various needs of multiple interest groups. Research publications are another and more conventional approach to the distribution of research findings – by publishing in a number of different forums there is also opportunity to tailor these publications to the more specific needs and interests of particular groups. The internet, press releases, and other forms of media can likewise be used to good effect.

Despite this, these methods have similar limitations and which accordingly impact on their potential to contribute to Māori health gains. That is, and for the most part, the communication is unidirectional (one way) and therefore often prevents the reader

from engaging the researchers and in a manner which connects the research to their work. A written research finding may be of broad interest to a service, a policy maker, a manager, or a clinician – however, it becomes more relevant when dialogue occurs, when the specific implications can be discussed, and within a particular context.

As a consequence, many researchers (though not all) actively present their research findings, in a variety of forums, and in order to more fully consider what the implications might be. An open dialogue is established and to enhance the utility of the research and the key findings. Building on this idea, Māori researchers involved in a large epidemiological study have actively sought to engage potential users of the information and by developing a series of research presentations. These presentations are designed to complement the written research reports, but will discuss in greater detail the studies limitations, design, opportunities, and possibilities. More specifically, these presentations will consider how the research can impact in specific areas – to directly guide policy, service delivery, and health outcomes. Again, and in this way, the potential of the research is enhanced.

CONCLUSIONS

While this presentation has briefly considered the principles and practice of Māori health research it has focused on the notion of potential and the desire to ensure that health research leads to health gains. The manner in which this is achieved reflects a mixture of interrelated strategies, from the identification of research priorities to the accurate interpretation of research results. Examples were also given of how research information can be distributed and how these processes are critical to ensuring that the potential of any study is enhanced.

For this occur, the relationships between Māori health researchers and the users of Māori health research need to be strengthened. A synergy or sorts must be cultivated and so that research outputs have the best opportunity to contribute to Māori health gains. Surprisingly, developing and nurturing these relationships is not difficult in that all researchers have a fundamental interest (if not obligation) in seeing the fruits of their work applied in practical ways. Most, also, are more than willing to discuss

the implications of their work, to consider opportunities, limitations, and more specific impacts.

The challenge therefore is to encourage potential users of information to engage the research community (at all levels) and to take an active rather than passive approach to this. This implies that questions are asked when priorities are set, when research methods are developed, and when analyses take place. As well, and perhaps more critically, it implies that questions are asked once results have been produced, as in many cases it is only at this point that most are aware that the study has in fact taken place. The benefits of this are that the more specific implications of the study can be considered as well as what further analysis may be possible. By creating and nurturing these connections a common objective is achieved – and a pathway created where health research can in fact lead to positive health outcomes.