



RESEARCH SUMMARY

The role of the Community Health Worker in a Māori person's health journey

'Revitalising Health for All' global research project, Indigenous Node

T. Forrest, P Neuwelt, R Gotty, S Crengle

Health Care Aotearoa and the University of Auckland, Aotearoa / New Zealand

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AIM: To explore the role of the community health worker (CHW) in a Maori person's health journey.

METHODS: A case study was undertaken of a Māori comprehensive primary health care provider from within the HCA membership. Kokiri Marae Health and Social Services (KMHSS) is a long established urban health provider based at a marae (Māori meeting place) located in an industrial area in the Hutt Valley in the Wellington (capital city) region, with a strong reputation for effectively engaging with Māori whānau (extended families). The service includes a main site, which offers activities for Māori community leadership, collective health and well-being programmes and services within a te ao Māori (Māori knowledge, resources and worldview) environment. It has an affiliate general practice service provider, Whaioranga o te Iwi, and serve a population of approximately 12000. KMHSS health service users experience a high level of health and social needs.

Primary health care team members (verbally, at a staff meeting), and health service users (direct invitation by a CHW) were invited to participate in the study. Two managers, two receptionists, two nurses, four CHWs and five health service users (patients) participated. All, except for one CHW, were Māori and all were women.

TF carried out two focus groups, one with CHWs and one with other staff members, and four interviews (one joint) with health service users. Interviews were audio taped and transcribed in full. Data were analysed using a 'constant comparative method', to seek major themes. The researcher, service user, and academic mentors all contributed to the analysis.

FINDINGS

Four key thematic findings arose out of our data analysis. First, Māori CHWs provide culturally distinctive care that is person and whanau-centred rather than centred on the health system. Second, CHWs play a vital role in improving people's access not only to health care but to social services in general, and to the social determinants of health. Third, CHWs add significant value as team members of a Māori comprehensive primary health care service, improving both service delivery and links with other agencies. Finally, there are significant challenges facing both CHWs and KMHSS, which employs them, with regard to the under-resourcing of the CHW role. Although derived from the experience of staff and health service users of KMHSS, these themes are likely to tell a more general story of the community health worker's role in a person's health journey within a Māori CPHC service provider.

DISCUSSION

Māori in this study, as is likely the case for others who experience poverty and high health need, are unable to manoeuvre in the complex systems of 'care'. As found in previous research, CHWs are important 'bridge' between agencies, services, communities and people with health need.

Indigenous CHWs engage in therapeutic relationships with people with whom they share community linkages, cultural knowledge and similar life circumstances. CHWs are in the strongest position of anyone in the CPHC team to hold that therapeutic relationship, if they are carefully chosen for the role.

Maori and other non-profit CPHC providers in New Zealand committed to reducing health inequities employ CHWs to ensure their services are accessible, appropriate and comprehensive for populations with the worst health outcomes and lowest rates of health service utilisation relative to their need. The CHW role remains vulnerable to policy changes and funding cuts. There is a clear need to adequately resource CHWs in order to maximise their potential improve health equity for Māori through the delivery of comprehensive primary health care.

CONCLUSIONS

The following are three key points for policy and practice:

- Greater attention to the value of CHWs, by primary care practitioners and policymakers alike, would go a long way to enhance the delivery of CPHC in Aotearoa New Zealand, particularly for the most vulnerable populations such as Maori.
- There are more Maori CHWs needed, and as part of Maori health workforce development, the role could be an 'entry point' into the health workforce.
- Maori providers are in a strong position to advocate for both the CHW role and to continue to promote CPHC by focusing on the political unacceptability of health inequities in Aotearoa New Zealand, particularly for the *tangata whenua* (indigenous people / people of the land).

Tihei mauri ora!