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Ngā Ara Whaiora: He Whakaaro Noa.

A study of Māori Health Care Use: An Evaluation of
the Andersen Model.

A thesis presented in partial fulfilment of the requirements for the degree of
Doctor of Philosophy in Psychology at Massey University.

Turitea Campus, Palmerston North, New Zealand.

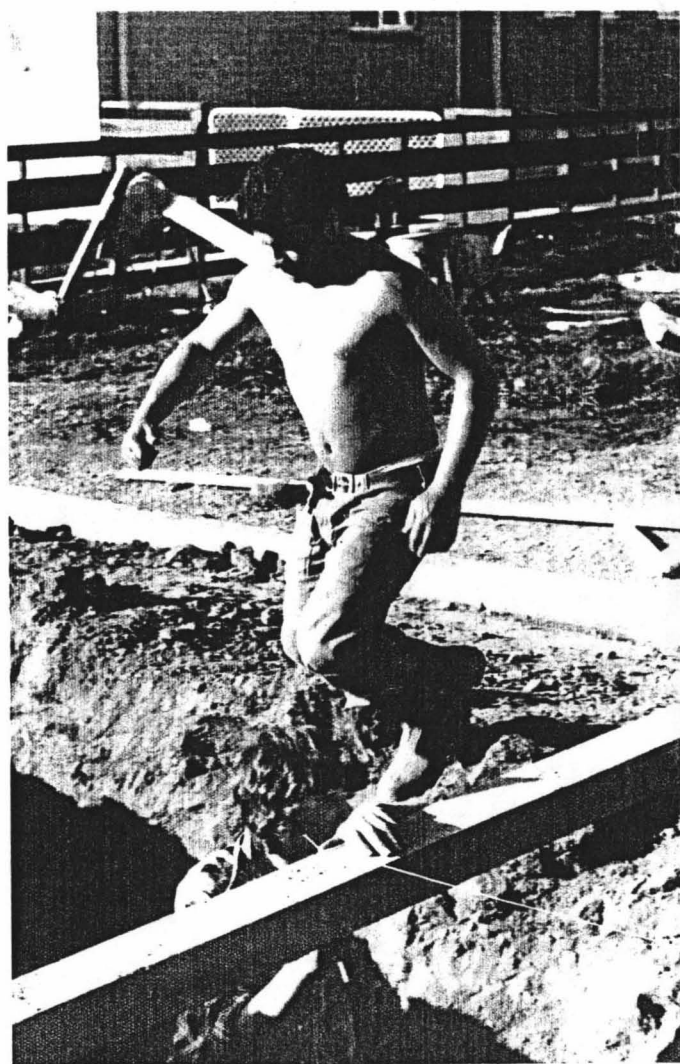
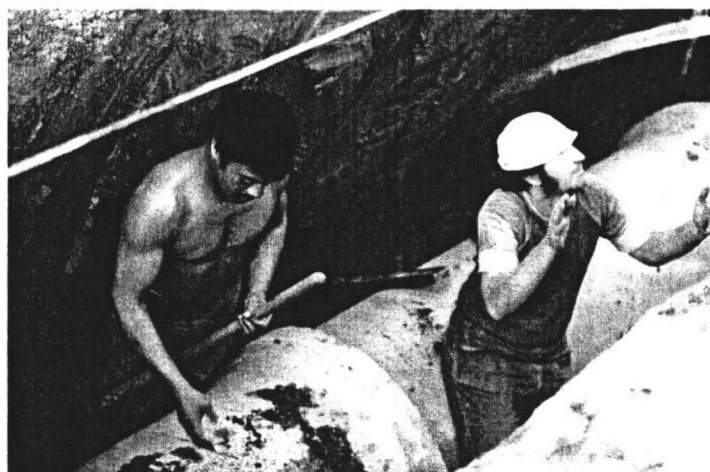
Paul Ryan Hirini

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ABSTRACT

Using interview data the present study applied a leading health care use explanatory model (*the Anderson model*) to a sample of 502 community-dwelling New Zealand Māori adults. To date the Andersen model has been applied extensively in overseas (principally U.S.) research, yet not specifically to an indigenous population such as the New Zealand Māori. The Andersen model proposes that health service use is a function of three components: predisposing, enabling and need characteristics. Using hierarchical multiple regression analyses three overarching research goals concerning the model were investigated:

(1) To test the efficacy of the Andersen model in the prediction of Māori health care utilisation; (2) to extend the model by considering the role of life events as a predictor of Māori health service utilisation; and (3) to extend the model by considering the role of psychological distress as a predictor of Māori health service utilisation. As a further extension on previous work, the present study also sought to: (4) Extend the model by considering the role of traumatic experience in the prediction of Māori health service utilisation. The Andersen model was found to explain between 8.5% and 26% of variability in the sample's use of six types of health care, finding need characteristics to be the major determinants of health care use. Life events was not a significant contributor to explaining use, and psychological distress was effective only in predicting mental health service use. Findings suggest that using aggregate measures of traumatic experience is not a particularly helpful strategy for predicting subsequent health care use by Māori. On reflection of findings and implications the present study concludes with discussion concerning: (1) A need to advance conceptualisations of what constitutes health services for Māori; (2) suggestions for future examination of trauma and Māori health care use; (3) the role of culture in influencing health beliefs and behaviour; and (4) potential barriers to health care access by Māori.



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"Kāore nei au i te toa takitahi, engari i te toa takitini".

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