

FACT SHEET 2 – Takatāpui and Māori LGBTQI+: Our experience of healthcare services

The Honour Project Aotearoa study explored the ways that Takatāpui and Māori LGBTQI+ people keep healthy and well in the face of many challenges. There were 368 survey participants, and 51 people contributed in-depth interviews for the study.

At consultation hui in Auckland, Wellington, and Christchurch, Takatāpui and Māori LGBTQI+ people asked for information from the interviews and survey for their specific population group.

Fact Sheet 2 gives a general overview of Takatāpui and Māori LGBTQI+ people's experience in healthcare services, by describing access and barriers to services and the quality of care they have received from healthcare professionals.

In the last 12 months, have you used any services for your health needs?

Nearly two-thirds (64%) of all participants reported they had used services for their health needs in the last 12 months. However, 36% of participants reported they had not used such services.

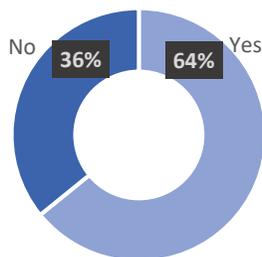


Figure 1. Proportion of participants who had used services for their health needs in the last 12 months.

"I remember going to the doctor a couple of times and [he was] just ... saying inappropriate things to me ... that didn't have anything to do with why I was there ... it's just made me not want to go back."

"I only go back to my same one [GP]. She's been amazing ... she did all the background work ... researched it ... what were the better options for me financially to take with my meds and stuff."

In the last 12 months, were you always able to afford the healthcare services you needed?

Most participants (68%) reported that they were always able to afford healthcare services in the last 12 months. Of concern, 33% reported that at some point in the last 12 months they had been unable to access healthcare services due to cost. About a fifth (21%) reported that they were never able to afford such services.

Available comparative data indicate that 23% of the general Māori adult population had at some point in the last 12 months been unable to access a general practitioner (GP) due to cost.¹ The comparison suggests that Takatāpui and Māori LGBTQI+ people may be more likely than the general Māori adult population to report cost as a barrier to accessing healthcare services. Therefore, we suggest further research is required to explore how the cost of healthcare impacts access to services for Takatāpui and Māori LGBTQI+ people.

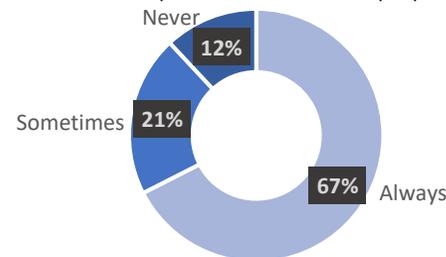


Figure 2. Participants' ability to access healthcare services in the last 12 months as influenced by cost.

Who is your main healthcare professional?

The majority of participants (80%) reported having a main healthcare professional. Most of these participants (91%) identified their GP as their main healthcare professional. Other participants identified their nurse, health specialist, pharmacist, or another type of professional as their main healthcare professional.

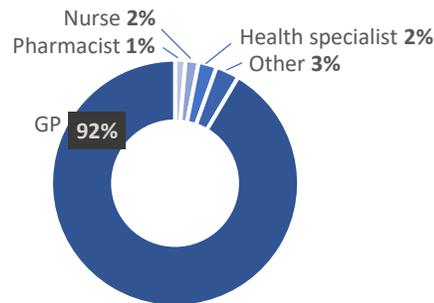


Figure 3. Participants' main healthcare professionals.

Do you have access to subsidised healthcare?

Over half (58%) of all participants reported they did not qualify for subsidised healthcare. Other participants reported having access to a subsidy card, with about a third (32%) having a Community Services Card.²

While a subsidy card may reduce the cost of healthcare services, this type of subsidy may not wholly remove cost. Some Takatāpui and Māori LGBTQI+ people who have access to a subsidy card may still be unable to afford to access healthcare services. Therefore, attention may be required to further address cost barriers for Takatāpui and Māori LGBTQI+ people within the healthcare system.

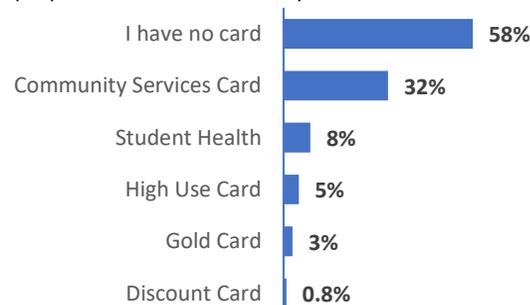


Figure 4. Participants' access to subsidised healthcare.

"We just can't afford to go to the doctors. ... [I'm] on a benefit at the moment cause there are just no jobs."

In the last 12 months, were you always able to afford to see your main healthcare professional?

Nearly a third (30%) of all participants reported they needed to postpone visits to their main healthcare professional in the last 12 months to keep costs down. Research suggests that Māori with lower incomes are more likely to forgo healthcare services than those with moderate to high income.³ Further research is required that explores the relationship between income, healthcare subsidies, and access to healthcare services for Takatāpui and Māori LGBTQI+ people.

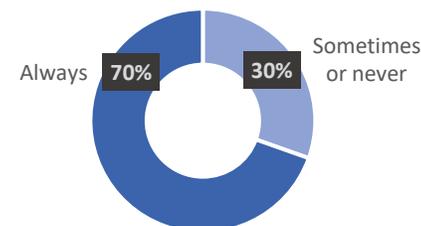


Figure 5. Participants' ability to afford to see their main healthcare professional in the last 12 months.

In the last 12 months, were you always able to afford all the items of a prescription?

Over a quarter (26%) of all participants reported that at some point in the last 12 months they were unable to afford to collect all items on their prescription. Comparatively, other research reports that 11.8% of Māori participants had at some point in the last 12 months been unable to collect all prescription items because of cost.¹ Our findings suggest that Takatāpui and Māori LGBTQI+ people may be more likely to experience cost barriers to collecting all prescription items from a pharmacy or chemist.

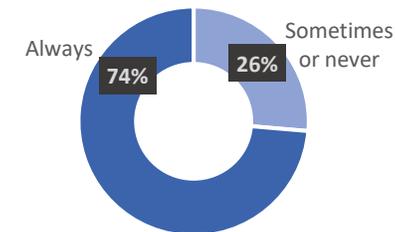


Figure 6. How often could participants afford to collect all of their prescription items from the pharmacy or chemist in the last 12 months.

Did you have confidence and trust in the last healthcare professional you saw?

A third of all participants reported that they definitely had confidence and trust in the last health professional they saw. Comparative data show that 80.4% of the general Māori adult population definitely had confidence and trust in the last GP they saw.¹ Our findings suggest that Takatāpui and Māori LGBTQI+ people are much less likely to have confidence and trust in healthcare professionals than the general Māori adult population.

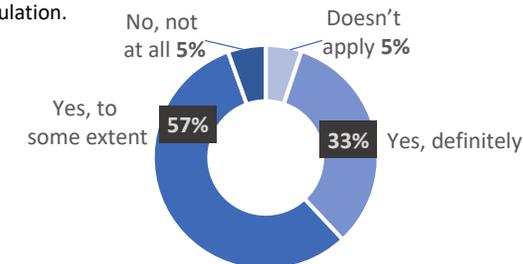


Figure 7. Participants who reported they had confidence and trust in the last healthcare professional they saw.

"How do you break the ice [with a patient]? ... Take the time ... who is going to respond well if they don't feel comfortable or confident? ... How can you trust [a health professional] if you don't know them and they don't know you?"

How good was the last healthcare professional you saw at explaining your health conditions and treatments in a way that you could understand?

Forty-eight percent of all participants reported the last healthcare professional they saw was good or very good at explaining their health conditions and treatments in a way that they could understand. By comparison, the general Māori adult population (89.3%) is more likely to report the last GP they saw was good or very good at explaining their conditions and treatments.¹

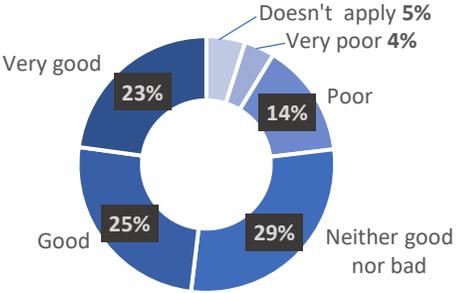


Figure 8. How good the healthcare professional they last saw was at explaining participants' health conditions and treatments in a way that they could understand.

How good was that healthcare professional at involving you in decisions about your healthcare?

Forty-seven percent of all participants reported that the healthcare professional they saw was good or very good at involving them in decisions about their healthcare. The general Māori adult population (87.7%) is more likely to report the last GP they saw was good or very good at involving participants in decisions about their healthcare.¹

Research indicates that effective shared decision making between clinicians and patients can improve the overall health of patients.⁴ To enable shared decision making, changes will need to occur in healthcare training and service delivery settings to ensure services are culturally safe and inclusive of all gender and sexual identities.^{4,5} Further, our research suggests healthcare professionals require training to ensure their health literacy skills match the requirements of their Takatāpui and Māori LGBTQI+ patient populations. This is an issue that requires further investigation.

"If they [professionals] use a medical term ... [and] I don't know what it means ... I want it explained to me because sometimes they are so used to those [terms] and acronyms that they use so often that it becomes their language."

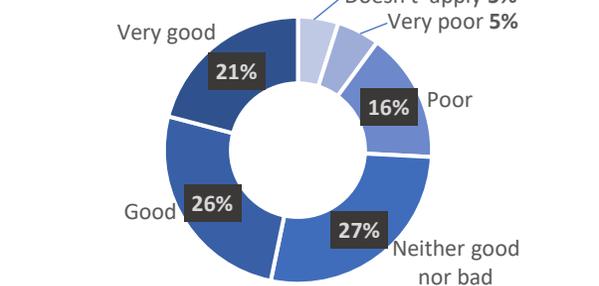


Figure 9. How good the healthcare they last saw was at involving participants in decisions about their healthcare.

"I don't go to the doctor very often ... if you just don't see them much you have less chance of having [a] bad experience."

How would you rate the knowledge of your main healthcare professional with regard to your needs as Māori?

Just over three-quarters (77%) of all participants reported their main healthcare professional was knowledgeable or very knowledgeable in providing for their needs as Māori. In contrast, 23% of all participants reported that their main healthcare professional had some or no knowledge about providing for their needs as Māori.

Our data suggest that some healthcare professionals may have significant knowledge gaps when it comes to providing culturally-safe healthcare for Takatāpui and Māori LGBTQI+ people.

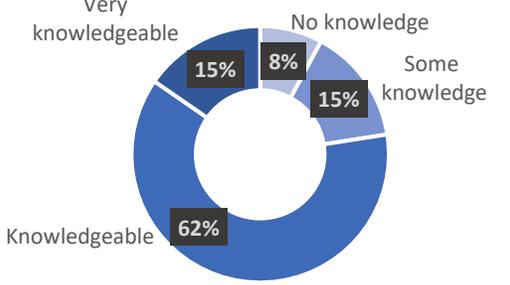


Figure 10. How participants rated the knowledge of their main healthcare professional in regard to providing for their needs as Māori.

"I'm scared of expressing that I am queer and I'm scared of expressing that I am Māori and I couldn't even begin to try and tell your standard middle-aged white therapist [about being] takatāpui ... they'll be like ... oh well I don't know how to handle that."

How would you rate the knowledge of your main healthcare professional in regard to providing for your needs as Takatāpui or Māori LGBTQI+?

About two-thirds (66%) of all participants reported that their main healthcare professional was knowledgeable or very knowledgeable in providing for their needs as a Takatāpui or Māori LGBTQI+ person. About a third (34%) of participants reported that their main healthcare professional had some or no knowledge about providing for their needs as a Takatāpui or Māori LGBTQI+ person.

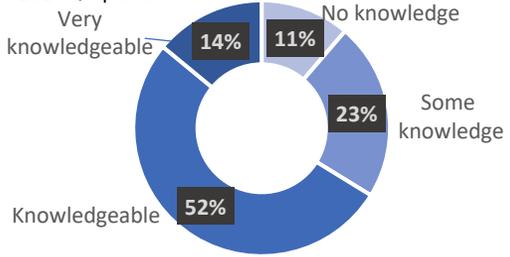


Figure 11. How participants rated the knowledge of their main healthcare professional with regard to providing for their needs as Takatāpui or Māori LGBTQI+.

"I have a woman doctor ... and only just found out recently that she is [in a] same sex relationship too."

Do healthcare professionals use terms to describe your sexual identity that make you feel uncomfortable?

While nearly half (47%) of all participants reported healthcare professionals did not use sexual identity terms that made them feel uncomfortable, 53% said that healthcare professionals sometimes used sexual identity terms that made them feel uncomfortable.

Our findings indicate that some healthcare professionals may require information and training on the appropriate use of identity terms for Takatāpui and Māori LGBTQI+ people. We suggest that future research explores how to enhance healthcare professionals' use of appropriate identity terminology.

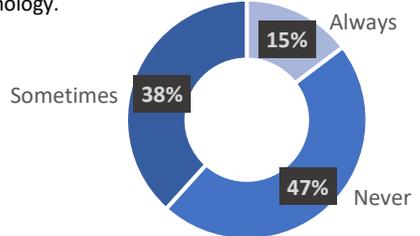


Figure 12. How often healthcare professionals use terms to describe participants' sexual identity that make them feel uncomfortable.

How much do you trust healthcare services to treat you fairly as a Takatāpui or Māori LGBTQI+ person?

Just over half (55%) of all participants reported they had trust or complete trust that healthcare services would treat them fairly. However, 45% of participants reported they had weak or no trust that healthcare services would treat them fairly as a Takatāpui or Māori LGBTQI+ person.

Our findings indicate that attention is urgently required to provide for Takatāpui and Māori LGBTQI+ people within the healthcare system. We suggest that future research should identify why the system performs so poorly with regard to Takatāpui and Māori LGBTQI+ people's trust of healthcare services, and propose solutions.

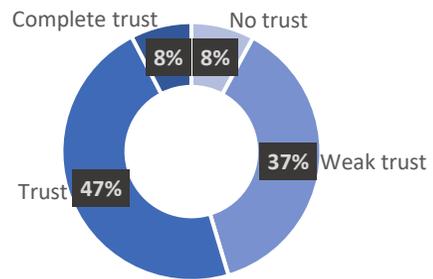


Figure 13. How much participants trust healthcare services to treat them fairly as a Māori or LGBTQI+ person.

"I can't trust people sitting on the other side of that chair to understand."

Te Whāriki Takapou provides Kaupapa Māori, Māori sexual and reproductive health promotion and research services.

Te Whāriki Takapou thank all of the participants who contributed so generously to Honour Project Aotearoa. Further, we acknowledge the Honour Project Aotearoa research team and Te Kotahi Research Institute, University of Waikato, who hosted the study. You can find out more about us and Honour Project Aotearoa at <https://tewhariki.org.nz/>

¹Ministry of Health. (2019, November). Annual Data Explorer 2018/19: New Zealand Health Survey [Data File]. <https://minhealthnz.shinyapps.io/nz-health-survey-2018-19-annual-data-explorer/>

²Work and Income. (n.d.). Community Services Card. <https://www.workandincome.govt.nz/products/a-z-benefits/community-services-card.html>

³Raymont, A. (2004, June). Cost barriers to health care: Provisional analysis from the New Zealand Health Survey 2002/03. Ministry of Health. <https://www.health.govt.nz/system/files/documents/publications/costbarrierstohealth.pdf>

⁴DeMeester, R. H., Lopez, F. Y., Moore, J. E., Cook, S. C., & Chin, M. H. (2016, 2016/06/01). A model of organizational context and shared decision making: Application to LGBT racial and ethnic minority patients. *Journal of General Internal Medicine*, 31(6), 651-662. <https://doi.org/10.1007/s11606-016-3608-3>

⁵Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*, 18(1), 174. <https://doi.org/10.1186/s12939-019-1082-3>