Strategies to address disparities in access to care must be multidimensional

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In the September edition of the *Journal for Primary Health Care*, barriers to effective care for Maori were reviewed.[1] There is overlap between these; for example, structural barriers can increase costs and communication barriers will be compounded when there are cultural differences between the Maori patient and the provider. As a result, success in achieving equitable primary care has been elusive when interventions have addressed only one or two barriers. In particular reducing cost barriers alone is unlikely to be effective.

Strategies to address disparities in access to care must be multidimensional, comprising all of the following:

- Programmes developed and delivered in accord with Maori preferences;
- Training for practitioners in communication and cultural competency;
- Monitoring of outcomes with reporting to stakeholders;
- Feedback to providers within peer review processes;
- Addressing the costs of care and structural or organisational barriers.

BreastScreen South Limited used a multidimensional approach and has achieved equitable screening coverage for Maori women as a result of a multi-year programme that included community consultation, personal invitations and reminders to Maori women, as well as marae-based mobile screening.

Similarly, in a rural Eastern Bay of Plenty practice with a high Maori population, Te Whanau a Apanui Community Health Service improved breast screening rates from less than 45% of eligible women in 2003 to over 90% in 2005 and maintained that in 2007. Despite Maori comprising over 80% of the eligible population, Maori participation in screening exceeded 98% for both 2005 and 2007. Thomson et al. reported that this was achieved without new services or resources, but using a multidimensional approach as noted above.[2] This was based on local input into service modifications and promotions, with improved collaboration between the existing services.

For those who are concerned that prioritising Maori health inequalities is unhelpful, there is evidence from New Zealand[3-5] and overseas[6,7] that a focus on priority populations results in improved care for all patients, while interventions aimed at the general population maintain disparity.

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For more information on research into Maori experiences and perceptions of health care see: www.mauriora.co.nz