

## COMMENTARY

# ADDRESSING SYSTEMIC INEQUITIES THROUGH A PUBLIC HEALTH LENS

---

## Indigenous models of health and equitable and inclusive programme design

*Kylee A. McKee\**

### Abstract

This commentary explores how systemic inequities and homelessness, particularly among Māori in New Zealand, can be addressed through a public health approach that integrates Indigenous models of health. It emphasises the importance of considering broader social determinants of health, such as housing, income, education, and access to healthcare, in the design and delivery of public health interventions. Utilising the Te Whare Tapa Whā framework, a Māori model of health, this commentary illustrates how culturally responsive and holistic approaches can enhance the effectiveness of public health programmes. Additionally, it discusses the potential for scaling this approach and its relevance to other marginalised populations and countries facing similar health disparities.

### Keywords

Indigenous health frameworks, health equity, Te Whare Tapa Whā, social determinants of health, homelessness, culturally responsive programme design

### Introduction

Systemic inequities are a persistent issue in New Zealand, with Māori disproportionately affected by poverty, overcrowding, and homelessness. These disparities are deeply rooted in the historical context of colonisation, which has led to significant socio-economic disadvantages for Māori, including limited access to essential services and poor health outcomes. This commentary explores these issues through a public health lens, advocating for the

integration of broader health determinants into the design and implementation of programmes aimed at addressing these inequities.

The focus here is on the use of the Te Whare Tapa Whā framework, a Māori model of health that considers the holistic well-being of individuals by addressing physical, mental, family, and spiritual health. The framework was utilised in a recent initiative by an Indigenous navigation service designed to address housing strain

\* Independent Public Health Researcher, New Zealand. Email: [contact@kyliemckee.com](mailto:contact@kyliemckee.com)

and homelessness among Māori, particularly in the context of the COVID-19 pandemic (McKee, 2023). This commentary presents the findings from this initiative, discusses the importance of culturally responsive programme design, and explores the potential for scaling this approach to benefit other marginalised populations and countries.

### Literature review

The disparities in health outcomes between Māori and non-Māori populations are well documented. Research highlights how colonisation, land confiscation, and rapid societal changes have contributed to the systemic inequities that disproportionately impact Māori (Cram, 2019; Groot et al., 2011). Housing is a critical determinant of health, with inadequate housing conditions exacerbating physical and mental health issues. The COVID-19 pandemic further exposed and deepened these inequities, particularly in access to healthcare and social services (Russell et al., 2022).

Māori are significantly over-represented in the homeless population in New Zealand, and their experiences of homelessness are often compounded by other factors, such as mental health issues, substance abuse, and family violence. The literature emphasises the importance of addressing these intersecting issues through a comprehensive and culturally appropriate approach that considers the broader social determinants of health (Lawson-Te Aho et al., 2019).

### Methodology

This commentary examines the efforts of an Indigenous navigation service designed to address the increasing housing strain faced by Māori, particularly in the wake of the COVID-19 pandemic (McKee, 2023). The service utilised the Te Whare Tapa Whā framework, which considers the holistic well-being of individuals by addressing physical, mental, family, and spiritual health. The research involved secondary analysis of data from 60 Māori participants, with a focus on understanding the barriers to accessing safe and affordable housing and the effectiveness of culturally tailored interventions.

The Te Whare Tapa Whā framework was employed as an assessment tool to evaluate the well-being of individuals experiencing homelessness and to develop tailored interventions that address the specific needs of Māori (McKee, 2023). This model views well-being as a four-sided structure, in which each side—*taha tinana*, *taha hinengaro*, *taha whānau*, and *taha wairua*—must be in balance for

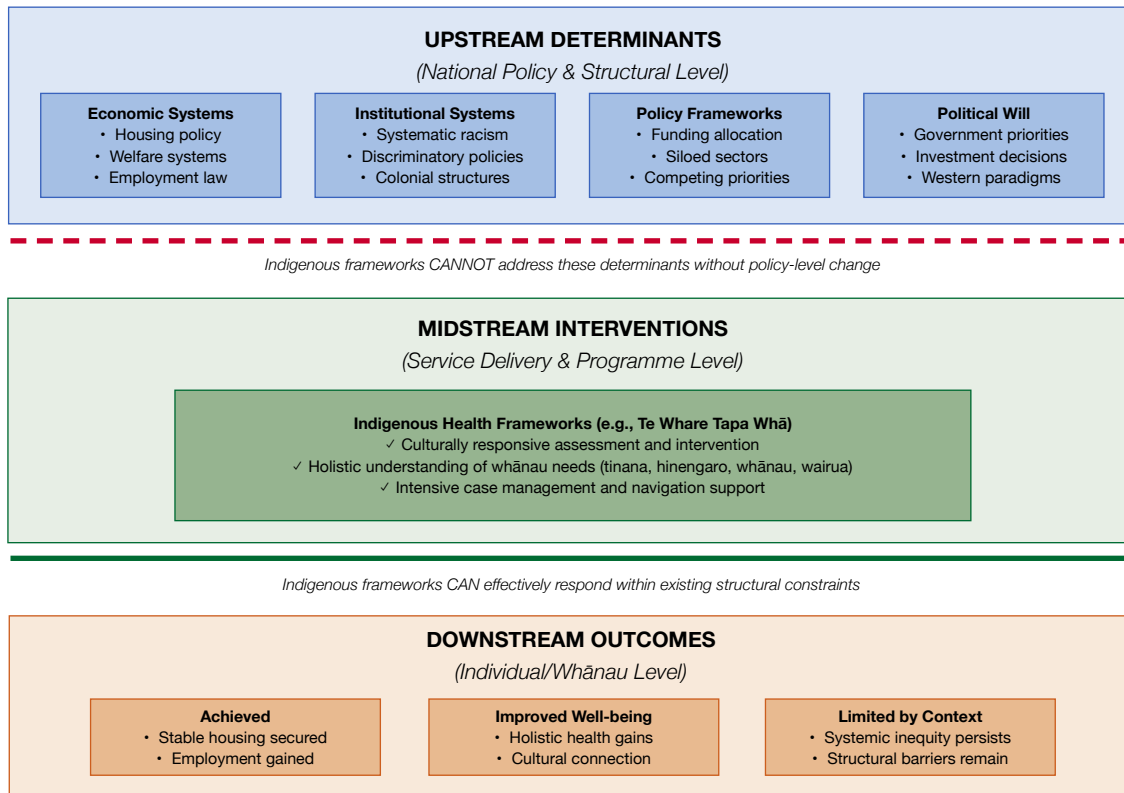
overall health (Durie, 1985). This holistic approach was used to guide the development of individualised care plans and to ensure that interventions were culturally responsive and inclusive.

### Results

The implementation of the Te Whare Tapa Whā framework in the Indigenous navigation service demonstrated significant positive outcomes for the participants. Many individuals who were initially homeless were able to secure stable housing, gain employment, and improve their overall well-being. The framework's emphasis on holistic well-being allowed for a more comprehensive understanding of the participants' needs and facilitated the development of tailored interventions that addressed the root causes of their challenges.

It is important to acknowledge that these outcomes were achieved within an extremely challenging wider social and political context. The post-pandemic period saw a significant housing crisis in New Zealand, with rising housing costs, limited rental availability, and increasing homelessness rates. Additionally, rising unemployment and economic instability created further barriers to securing stable housing and employment. The ability of this programme to achieve positive outcomes for participants despite these adverse conditions speaks to both the strength of the Te Whare Tapa Whā framework and the commitment of the navigation service providers.

However, it is also important to recognise the inherent limitations of the Te Whare Tapa Whā model in addressing the upstream determinants of health that contribute to homelessness and systemic inequity. While Indigenous models of health provide essential culturally responsive frameworks for working with Indigenous communities, they cannot by themselves combat the impact of upstream political policymaking and national economic factors (see Figure 1). Structural barriers such as discriminatory housing policies, inadequate social welfare systems, systemic racism within institutions, and broader economic inequalities require intervention at the national policy level. The Te Whare Tapa Whā framework provides an invaluable approach for understanding and responding to the holistic needs of whānau, but its effectiveness is constrained by the political and economic context within which it operates. True equity in housing and health outcomes for Māori requires not only culturally responsive service delivery but also fundamental changes to the systems and policies that maintain and entrench discrimination and inequity.



**FIGURE 1** Scope and limitations of Indigenous health frameworks in addressing systemic health inequities

*Note.* While Indigenous health frameworks such as Te Whare Tapa Whā provide essential culturally responsive approaches at the service delivery level (midstream), their effectiveness in achieving equitable health outcomes is fundamentally constrained by upstream structural determinants that require policy-level intervention. The dashed line represents the barrier beyond which service-level interventions alone cannot create systemic change.

Nonetheless, the findings suggest that intensive case management, combined with culturally responsive support services, can lead to lasting improvements in the well-being of marginalised populations. The success of this approach underscores the importance of integrating Indigenous knowledge and frameworks into public health interventions to achieve equitable and inclusive outcomes.

**Discussion**

The use of the Te Whare Tapa Whā framework in this initiative highlights the potential for Indigenous models of health to enhance the effectiveness of public health programmes. The approach ensures that interventions are comprehensive and culturally appropriate, through addressing the broader social determinants of health, such as housing, income, and access to services. This is particularly important in the context of systemic inequities, where marginalised populations may face multiple and intersecting challenges that require a holistic response.

Further, the success of this approach in New Zealand suggests that it could be adapted and scaled to benefit other marginalised populations and countries facing similar health disparities. The principles of cultural responsiveness, holistic well-being, and community empowerment that underpin the Te Whare Tapa Whā framework are relevant to a wide range of contexts and could inform global efforts to reduce health disparities and promote equity.

**Scalability and relevance to wider population groups and other countries**

The Te Whare Tapa Whā framework’s success in addressing homelessness and systemic inequities among Māori in New Zealand suggests that it holds potential for broader applicability in other contexts. The principles of cultural responsiveness, holistic well-being, and community empowerment that underpin this model are relevant not only to local Indigenous populations but also to other marginalised groups facing similar challenges. For instance, in Canada, Indigenous peoples are

over-represented in the homeless population, with rates as high as eight times that of non-Indigenous people in some urban areas (Patrick, 2014). Similarly, in Australia, Indigenous Australians make up 20% of the homeless population despite being only 3% of the total population (Australian Bureau of Statistics, 2016). These statistics highlight the systemic nature of homelessness among Indigenous populations, which often stems from historical injustices, socio-economic disadvantages, and cultural disconnection.

The Te Whare Tapa Whā framework, by addressing the broader social determinants of health such as housing, income, and access to services, provides a comprehensive approach that can be adapted to these contexts. Evidence from the Whānau Ora programme in New Zealand, which also employs Indigenous frameworks, shows improved health outcomes and increased well-being among participants, further supporting the scalability of such models (Smith et al., 2019). Moreover, a comparative study on Indigenous health models in Australia and New Zealand found that culturally tailored approaches led to higher engagement and better health outcomes than mainstream services (Parker & Milroy, 2014). These findings suggest that the integration of Indigenous knowledge and frameworks into public health policies can not only address immediate needs but also contribute to long-term systemic change, reducing health disparities and promoting equity on a broader scale.

#### ***Challenges of implementing Indigenous frameworks in other countries***

While the success of the Te Whare Tapa Whā as a framework for addressing housing strain and homelessness in New Zealand is promising, implementing Indigenous frameworks in other countries poses several challenges, particularly regarding cultural adaptation and contextual differences. Indigenous frameworks are deeply rooted in specific cultural contexts, making it challenging to adapt them to different countries with distinct Indigenous populations. For example, the cultural values and health practices of the Māori in New Zealand differ from those of the First Nations in Canada or the Aboriginal peoples in Australia. Successful adaptation requires collaboration with local Indigenous communities to ensure that the model is culturally appropriate and reflects their unique needs and values (Parker & Milroy, 2014). This process involves not only translating the framework but also modifying it to align with local traditions,

languages, and governance structures. Additional challenges include overcoming racial bias and discrimination within health systems, securing political will and investment in Indigenous models, and addressing the reluctance of some governments and funding bodies to invest in approaches that differ from Western-centric healthcare paradigms.

#### ***Addressing critiques: The example of Whānau Ora***

While Whānau Ora has been celebrated for its culturally grounded, holistic approach to improving the well-being of Māori families, it has also faced criticism and challenges in its implementation and evaluation. Understanding these critiques and how they have been addressed provides important lessons for scaling Indigenous health frameworks.

*Lack of clear outcome measurement:* One of the primary critiques of Whānau Ora has been the difficulty in measuring its outcomes using conventional metrics. Because Whānau Ora is designed around the concept of holistic well-being, traditional health and social service metrics do not always capture the full scope of its impact. Critics argue that the lack of clear, quantifiable outcomes makes it challenging to assess the programme's effectiveness and justify continued funding (Boulton & Gifford, 2014).

To address this, there has been a push towards developing new evaluative frameworks that align with the holistic nature of Whānau Ora. These frameworks incorporate both qualitative and quantitative measures, including narratives of family well-being, community engagement, and cultural revitalisation. By using mixed-methods approaches that respect Māori values and perspectives, the programme's impact can be more accurately assessed (Te Puni Kōkiri, 2015).

*Inconsistent implementation:* Another critique has been the inconsistent implementation of Whānau Ora across different regions. Some communities have reported varying levels of success, which has been attributed to differences in local leadership, resources, and understanding of the Whānau Ora principles. This inconsistency can undermine the overall effectiveness of the programme and lead to unequal outcomes for Māori families (Gifford et al., 2018).

Addressing this inconsistency requires a more robust support system for Whānau Ora providers, including ongoing training, clear guidelines, and stronger partnerships between government agencies and Māori organisations. Strengthening

the governance structure and ensuring that all providers have access to the necessary resources and support can help standardise the implementation of the programme while still allowing for local adaptation to meet specific community needs (Gifford et al., 2018).

*Funding and sustainability concerns:* Whānau Ora has also been critiqued for its funding model, with some arguing that the programme has been underfunded relative to its ambitions. The competitive nature of funding allocation has led to concerns about the sustainability of services, especially in areas where resources are already stretched thin. Some critics worry that the programme's reliance on short-term funding cycles could hinder its long-term impact (Te Puni Kōkiri, 2015).

To address these concerns, advocates have called for more stable and long-term funding commitments from the government. By securing consistent funding, Whānau Ora providers can focus on building sustainable programmes that have a lasting impact on Māori communities. Additionally, there is a growing recognition of the need for co-funding models that involve both government and community investment, ensuring that the programme remains responsive to the needs of whānau while maintaining financial stability (Gifford et al., 2018).

*Challenges in intersectoral collaboration:* Whānau Ora's holistic approach requires collaboration across multiple sectors, including health, education, housing, and social services. Some critics have pointed out that intersectoral collaboration has been challenging, particularly when different sectors have conflicting priorities or operate in silos. This lack of coordination can result in fragmented services and limit the programme's ability to address complex, interrelated issues faced by Māori families (Boulton & Gifford, 2014).

Enhancing intersectoral collaboration requires a concerted effort to break down silos and create a culture of partnership between different sectors. This can be achieved by establishing clear communication channels, shared goals, and joint accountability frameworks. Further, involving Māori leadership at all levels of decision-making can help ensure that the programme remains focused on the holistic needs of whānau and that all sectors are aligned in their efforts to support Māori well-being (Te Puni Kōkiri, 2015).

However, it is critical to acknowledge that the success of these strategies is fundamentally limited in the absence of change at a national policy level. Many of the challenges to intersectoral working stem from existing political and policy

frameworks that maintain siloed ways of working and competing priorities across government agencies. Achieving true intersectoral collaboration is extremely difficult without higher-level policy reform that incentivises and mandates cross-sectoral cooperation, aligns funding mechanisms across sectors, and removes structural barriers to integrated service delivery. While local-level collaborative efforts are valuable and can produce meaningful improvements for individual whānau and communities, their impact will remain constrained without supportive national policy frameworks. This is not to diminish the importance of local collaboration, but rather to emphasise that sustained, large-scale impact requires the development of trusting relationships and genuine mutual commitment between key stakeholders at both local and national levels, supported by policy structures that enable rather than hinder integrated approaches to health and social well-being.

#### ***Overcoming the challenges: Evidence-based strategies***

To address these challenges, several evidence-based strategies can be employed:

- *Community engagement and co-design:* Engaging Indigenous communities in the design, implementation, and evaluation of health programmes ensures that the interventions are culturally appropriate and effective. Co-design processes, in which Indigenous voices are central to decision-making, have been shown to increase the relevance and success of health interventions (Nelson & Wilson, 2017).
- *Policy advocacy and education:* Advocacy efforts should focus on educating policymakers and healthcare providers about the value of Indigenous health frameworks. Advocates can build support for the adoption of these models in other countries by presenting evidence of their effectiveness and highlighting successful case studies. Further, integrating Indigenous health concepts into public health curricula could help healthcare professionals understand and respect these approaches (Severinsen et al., 2021).
- *Building a strong evidence base:* To gain broader acceptance and investment, it is essential to conduct rigorous research that demonstrates the efficacy of Indigenous health frameworks. This includes longitudinal studies, cost-benefit analyses, and comparative studies that highlight the benefits of these models over traditional Western approaches. Publishing this research in reputable journals and presenting it at international conferences can help build credibility and support for Indigenous models of health (Smith et al., 2019).
- *Anti-racism initiatives:* Addressing racial bias in

healthcare requires comprehensive anti-racism initiatives, including mandatory training for healthcare workers, reforms to healthcare policies that perpetuate inequities, and the promotion of Indigenous leadership within healthcare systems. These initiatives can help create an environment where Indigenous health frameworks are respected and valued (Curtis et al., 2019).

## Conclusion

This commentary demonstrates the importance of a public health approach that considers the broader determinants of health in addressing systemic inequity and homelessness among Māori. The use of the Te Whare Tapa Whā framework provides a culturally responsive and holistic approach to health, ensuring that programmes are equitable and inclusive. While challenges exist in implementing Indigenous frameworks in other countries, these can be greatly mitigated through community engagement, policy advocacy, robust research, and anti-racism initiatives. The scalability of this model and its relevance to other populations and countries underscore the potential for Indigenous knowledge to contribute to global public health efforts.

## Glossary

Māori	Indigenous peoples of New Zealand
taha hinengaro	mental well-being side
taha tinana	physical well-being side
taha wairua	spiritual well-being side
taha whānau	family well-being side

## References

- Australian Bureau of Statistics. (2016). *Census of Population and Housing: Estimating homelessness*. <https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/2016>
- Boulton, A. F., & Cvitanovic, L. (2017). Whānau Ora and the promise of health equity in New Zealand. In A. F. Boulton, H. H. Gifford, & G. M. Potaka-Osborne (Eds.), *He puna iti i te ao mārama: Reflections from Whānau Ora practitioners* (pp. 59–72). Te Pou Matakana.
- Boulton, A., & Gifford, H. (2014). Whānau ora; he whakaaro ā whānau: Māori family views of family wellbeing. *The International Indigenous Policy Journal*, 5(1), Article 1. <https://doi.org/cv5z>
- Cram, F. (2019). Kaupapa Māori health research. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 1507–1524). Springer Singapore. <https://doi.org/dkw5>
- Curtis, 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), Article 174. <https://doi.org/ghrzwg>
- Durie, M. H. (1985). A Maori perspective of health. *Social Science & Medicine*, 20(5), 483–486. <https://doi.org/bmnd48>
- Gifford, H., Batten, L., Boulton, A., Cragg, M., & Cvitanovic, L. (2018). Delivering on outcomes: The experience of Māori health service providers. *Policy Quarterly*, 14(2), 58–64. <https://doi.org/qrcw>
- Groot, S., Hodgetts, D., Nikora, L. W., & Leggat-Cook, C. (2011). A Māori homeless woman. *Ethnography*, 12(3), 375–397. <https://doi.org/bfsjvq>
- Lawson-Te Aho, K., Fariu-Ariki, P., Ombler, J., Aspinall, C., Howden-Chapman, P., & Pierse, N. (2019). A principles framework for taking action on Māori/Indigenous homelessness in Aotearoa/New Zealand. *SSM—Population Health*, 8, Article 100450. <https://doi.org/kjh7>
- McKee, K. A. (2023). Ensuring equity for Indigenous peoples using a Māori model of health. *MAI Journal*, 12(2), 235–243. <https://doi.org/qq48>
- Nelson, S. E., & Wilson, K. (2017). Understanding barriers to health care access through cultural safety and ethical space: Indigenous people's experiences in Prince George, Canada. *Social Science & Medicine*, 218, 21–27. <https://doi.org/gfqfbg>
- Parker, R., & Milroy, H. (2014). Aboriginal and Torres Strait Islander mental health: An overview. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 25–38). Commonwealth of Australia.
- Patrick, C. (2014). *Aboriginal homelessness in Canada: A literature review*. Canadian Homelessness Research Network Press. <https://www.homelessnesshub.ca/sites/default/files/AboriginalLiteratureReview.pdf>
- Russell, L., Jeffreys, M., Cumming, J., Churchward, M., & Ashby, W., Asiasiga, L., Barnao, E., Bell, R., Cormack, D., Crossan, J., Evans, H., Glossop, D., Hickey, H., Hutubessy, R., Ingham, T., Irurzun Lopez, M., Jones, B., Kamau, L., Kokaua, J. . . . Ellison-Loschmann, L. (2022). *Ngā kawekawe o mate korona | Impacts of COVID-19 in Aotearoa*. Te Hikuwai Rangahau Hauora | Health Services Research Centre, Victoria University of Wellington. <https://covidotea.com/wp-content/uploads/2023/01/Nga-Kawekawe-o-Mate-Korona-Full-Report-2023-01-24.pdf>
- Severinsen, C., Ware, F., Came, H., & Murray, L. (2021). COVID-19 and Indigenous knowledge and leadership: (Re)centring public health curricula to address inequities. *Australian and New Zealand Journal of Public Health*, 45(1), 6–8. <https://doi.org/gk72km>
- Smith, V., Moore, C., Cumming, J., & Boulton, A. (2019). Whānau Ora: An Indigenous policy success story. In J. Luetjens, M. Mintrom, & P. t Hart, (Eds.), *Successful public policy: Lessons from Australia and New Zealand* (pp. 505–529). Australian National University Press. <https://doi.org/fd9s>
- Te Puni Kōkiri. (2015). *Understanding whānau-centred approaches: Analysis of Phase One Whānau Ora research and monitoring results*. <https://www.tpk.govt.nz/en/o-matou-mohiotanga/whanau-ora/understanding-whanaucentred-approaches-analysis-of>