

HE KOROWAI ORANGA

MĀORI HEALTH STRATEGY



He Korowai Oranga Māori Health Strategy

HON ANNETTE KING
MINISTER OF HEALTH

HON TARIANA TURIA
ASSOCIATE MINISTER OF HEALTH



NOVEMBER 2002

Our thanks and acknowledgement to Eranora Puketapu-Hetet for permission to use the cover photograph, which shows her creation of a korowai taonga.

He Korowai Oranga literally translated means
“the cloak of wellness”.

For Māori, this Māori Health Strategy symbolises the protective cloak and mana o te tangata – the cloak that embraces, develops and nurtures the people physically and spiritually. In the weaving, or raranga, of a korowai there are strands called whenu or aho. In the strategy these represent all the different people who work together to make Māori healthy – including whānau, hapū and iwi, the health professionals, community workers, providers and hospitals. We need to weave the whenu/aho with all the diverse groups and combine these with our resources to form the different patterns of the korowai.

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Foreword



HON ANNETTE KING

HON TARIANA TURIA

Tēnā koutou

Positive development of whānau, hapū and iwi contributes to a dynamic nation and the advancement of national wellbeing and wealth.

He Korowai Oranga places whānau at the centre of public policy. It challenges us to create environments that are liberating and enable whānau to shape and direct their own lives, to achieve the quality of life Māori are entitled to as tangata whenua in Aotearoa-New Zealand.

At the heart of He Korowai Oranga is the achievement of whānau ora, or healthy families. This requires an approach that recognises and builds on the integral strengths and assets of whānau, encouraging whānau development.

He Korowai Oranga provides a framework for the public sector to take responsibility for the part it plays in supporting the health status of whānau. This includes public policies that actively promote: whānau wellbeing, quality education, employment opportunities, suitable housing, safe working conditions, improvements in income and wealth, and addressing systemic barriers including institutional racism.

The Strategy requires the Crown and Treaty partners to work together in good faith. It also encourages all agencies and organisations involved in health to work together to create a system with defined processes and mechanisms to achieve improved outcomes. Such a system requires ongoing monitoring and evaluation to ensure that the interventions are achieving the desired outcomes for whānau.

The strategy supports tangata whenua-led development resulting in the achievement of tino rangitiratanga and ultimately the promise of a healthy nation.

Handwritten signature of Annette King in black ink.

Hon Annette King
Minister of Health

Handwritten signature of Tariana Turia in black ink.

Hon Tariana Turia
Associate Minister of Health

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He Korowai Oranga: whānau ora

Emphasising whānau health and wellbeing

The overall aim of He Korowai Oranga is whānau ora: Māori families supported to achieve their maximum health and wellbeing.

Whānau (kuia, koroua, pakeke, rangatahi and tamariki) is recognised as the foundation of Māori society. As a principal source of strength, support, security and identity, whānau plays a central role in the wellbeing of Māori individually and collectively.

The use of the term whānau in this document is not limited to traditional definitions but recognises the wide diversity of families represented within Māori communities. It is up to each whānau and each individual to define for themselves who their whānau is.

Outcomes sought for whānau

The outcomes sought for whānau include:

- whānau experience physical, spiritual, mental and emotional health and have control over their own destinies
- whānau members live longer and enjoy a better quality of life
- whānau members (including those with disabilities) participate in te ao Māori and wider New Zealand society.

These outcomes are more likely where:

- whānau are cohesive, nurturing and safe
- whānau are able to give and receive support
- whānau have a secure identity, high self-esteem, confidence and pride
- whānau have the necessary physical, social and economic means to participate fully and to provide for their own needs
- whānau live, work and play in safe and supportive environments.

He Korowai Oranga asks the health and disability sectors to recognise the interdependence of people, that health and wellbeing are influenced and affected by the 'collective' as well as the individual, and the importance of working with people in their social contexts, not just with their physical symptoms.

Whānau ora is a strategic tool for the health and disability sector, as well as for other government sectors, to assist them to work together with iwi, Māori providers and Māori communities and whānau to increase the life span of Māori, improve their health and quality of life, and reduce disparities with other New Zealanders.

He Korowai Oranga: setting a new direction for Māori health

He Korowai Oranga sets a new direction for Māori health development over the next 10 years, building on the gains made over the past decade.

Committed to the Treaty of Waitangi

The Government is committed to fulfilling the special relationship between iwi and the Crown under the Treaty of Waitangi. The principles of Partnership, Participation and Protection (derived from the Royal Commission on Social Policy) will continue to underpin that relationship, and are threaded throughout He Korowai Oranga.

Partnership

Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services

Participation

Involving Māori at all levels of the sector, in decision-making, planning, development and delivery of health and disability services

Protection

Working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices

Improving Māori health and reducing inequalities

As a population group, Māori have on average the poorest health status of any ethnic group in New Zealand. This is not acceptable. The Government and the Ministry of Health have made it a key priority to reduce health inequalities that affect Māori.

If Māori are to live longer, have healthier lives, and fulfil their potential to participate in New Zealand society, then the factors that cause inequalities in health need to be addressed.

The factors that lead to poor health status are complex. Across New Zealand, people with lower incomes suffer more ill health, but Māori whānau at all educational, occupational and income levels have poorer health status than non-Māori. The challenge is for New Zealand to identify and address the factors that cause inequalities.

Addressing these issues requires other sectors as well as the health sector to understand the impact of their activities on health, and for the whole of the government sector to work with Māori to address these issues.

The New Zealand Health Strategy and the New Zealand Disability Strategy

The New Zealand Health Strategy and the New Zealand Disability Strategy are the Government's platform for action on health and disability, including Māori health. The strategies' principles, goals, objectives, action and service priorities for improving the health and disability of New Zealanders are all relevant to improving Māori health.

He Korowai Oranga expands the principles and objectives for Māori in both strategies and takes them to the next stage by providing more detail on how Māori health objectives will be achieved. At the same time, He Korowai Oranga exists in its own right.

He Korowai Oranga also sets the direction for Māori health in other service or population-group strategies, including the Primary Health Care Strategy, the Health of Older People Strategy and the Public Health Strategy.

He Korowai Oranga: kaupapa

The kaupapa (purpose) behind He Korowai Oranga is twofold.

Affirming Māori approaches: The strategy strongly supports Māori holistic models and wellness approaches to health and disability. It will also tautoko, or support, Māori in their desire to improve their own health.

He Korowai Oranga seeks to support Māori-led initiatives to improve the health of whānau, hapū and iwi. The strategy recognises that the desire of Māori to have control over their future direction is a strong motivation for Māori to seek their own solutions and to manage their own services.

Improving Māori outcomes: Achieving this will mean a gradual reorientation of the way that Māori health and disability services are planned, funded and delivered in New Zealand. Government, District Health Boards (DHBs) and the health and disability sector will continue to have a responsibility to deliver improved health services for Māori, which will improve Māori outcomes.

He Korowai Oranga: a living strategy

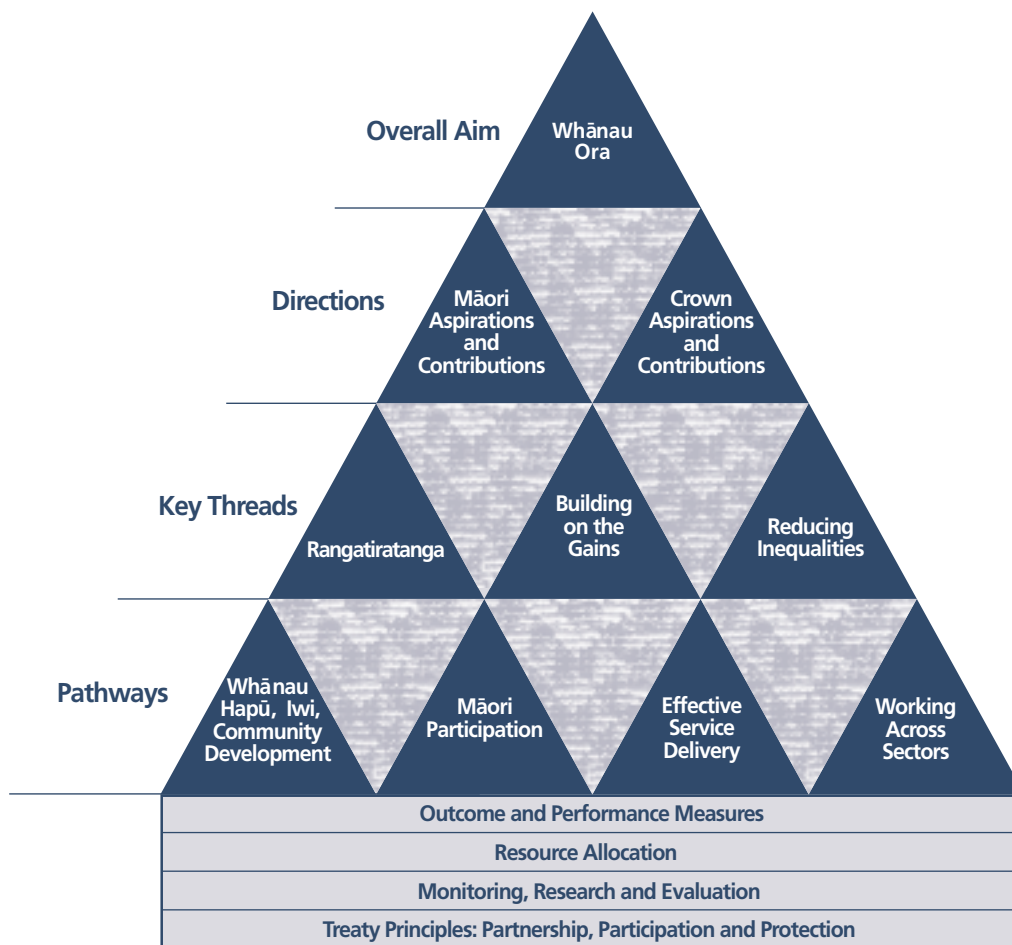
He Korowai Oranga is a living strategy, which will continue to be refined and evaluated over time to address the needs of whānau, hapū, iwi and Māori communities.

A separate Māori Health Action Plan, Whakatātaka, accompanies He Korowai Oranga. The plan outlines the first two to three years of implementation and specifies the roles, responsibilities, performance expectations, measures and initiatives for achieving the strategy. Whakatātaka will be regularly updated to take into account progress towards the strategy.

The structure

In setting out to achieve whānau ora, He Korowai Oranga has two broad directions which acknowledge the partnership between Māori and the Crown. Within the context of these two broad directions, three key themes are woven throughout the strategy. Finally, four pathways set out how whānau ora will be achieved.

He Korowai Oranga works like this.



Each part of He Korowai Oranga is explained in the following sections.

Directions

He Korowai Oranga recognises that both Māori and the Government have aspirations for Māori health and critical roles in achieving the desired whānau outcomes. He Korowai Oranga also recognises that there must be partnership between Māori and health and disability organisations if those aspirations are to be realised. The two broad directions of He Korowai Oranga acknowledge this partnership.

Direction One

Māori Aspirations and Contributions

He Korowai Oranga acknowledges the contributions that Māori have made in leading health sector change, and a major focus of the strategy will be to strengthen opportunities for whānau, hapū, iwi and Māori communities to contribute in the future.

He Korowai Oranga supports whānau, hapū, iwi and Māori community aspirations to have more control over their own health and wellbeing. It upholds the structures based around whānau, hapū and iwi. It also recognises that there are a range of other community groups in Māori society that make valuable contributions to the advancement of whānau ora.

The new health structures encourage Māori to determine their own aspirations and priorities for health and disability, and provide mechanisms for ensuring these are taken into account in the planning and delivery of services. DHBs will involve Māori in their decision-making and service delivery and will support effective Māori involvement.

Direction Two:

Government Aspirations and Contributions

As well as supporting Māori to achieve their aspirations for health and disability support, the Government is also committed to reducing the health inequalities that exist between Māori and other New Zealanders through effective partnerships with Māori and active Māori involvement in the sector. DHBs will be the key agents in achieving these aspirations.

A further Government aspiration is to ensure accessible and appropriate services for Māori. DHBs will address the access barriers that exist for many Māori: cost; availability of quality; culturally appropriate services; travel; referral patterns for major operations; the way outpatient services are organised; and the assumptions health professionals make about the behaviour of Māori.

The Government is also conscious of the impact of its broader social and economic policies on the health and wellbeing of Māori. Increasingly, government agencies are co-ordinating their efforts across sectors to address the social determinants of health more effectively.

Three key threads

Three key threads, or themes, are woven throughout the strategy.

Rangatiratanga

He Korowai Oranga acknowledges whānau, hapū, iwi and Māori aspirations for rangatiratanga to have control over the direction and shape of their own institutions, communities and development as a people.

Involving iwi in decision-making as representatives and as partners ensures that new directions fit with the wider development goals. Continuing Māori provider development and Māori workforce development allows health initiatives to contribute to whānau, hapū, iwi and Māori community initiatives. These aims are in the New Zealand Public Health and Disability Act 2000.

The Government has also supported moves to strengthen the capability of Māori communities to develop initiatives that meet their needs across the social, cultural and economic sectors. These initiatives will begin to drive changes for the health and disability sector.

Building on the gains

He Korowai Oranga builds on the considerable gains already made in Māori health.

Past policies have established a base for gains in Māori and whānau ora outcomes, service uptake and Māori participation throughout the health and disability sector. Major gains in Māori provider and workforce development have strengthened Māori infrastructure and leadership.

Māori Development Organisations (MDOs) have, for example, emerged alongside Māori co-funding organisations (MAPOs) and Māori provider and professional organisations, to play a critical role in the effective delivery of health and disability services for Māori.

The Ministry of Health, DHBs, and other health and disability agencies have a responsibility to maintain these gains and to build on them.

Reducing inequalities

Reducing inequalities in health and disability outcomes and improving access to services is a thread that weaves throughout this strategy. In implementing service changes, it is critical that the changes are assessed to ensure that they will contribute to reducing inequalities and not increase inequalities.

These disparities in health status reflect broader socioeconomic inequalities experienced by Māori and create a challenge for the Government, the health sector and other sectors.

Reducing inequalities in health also requires a focus on identifying priorities where a difference can be made. Population health objectives have been identified. DHBs will need to assess the health needs of their region (recognising that Māori may have different needs), identify service coverage and areas that need to be strengthened or modified over time.

Pathways for action

Within the context of the two broad directions and the three threads outlined, four pathways for action specify how the aim of improved whānau ora is to be achieved. These pathways are not mutually exclusive but are intended to work as an integrated whole. Whakatātaka sets out specific expectations of Crown agencies for each of the pathways over the next two to three years.

Te Ara Tuatahi – Pathway One

Development of whānau, hapū, iwi and Māori communities

The Crown will work collaboratively with whānau, hapū and iwi and Māori communities to identify what is needed to encourage health as well as prevent or treat disease. This includes supporting whānau development and participation in both te ao Māori and wider New Zealand society, to improve health and wellbeing.

Te Ara Tuarua – Pathway Two

Māori participation in the health and disability sector

The goal is active participation by Māori at all levels of the health and disability sector in decision-making, planning, development and delivery of health and disability services. This pathway supports Māori provider and workforce development.

Te Ara Tuatoru – Pathway Three

Effective health and disability services

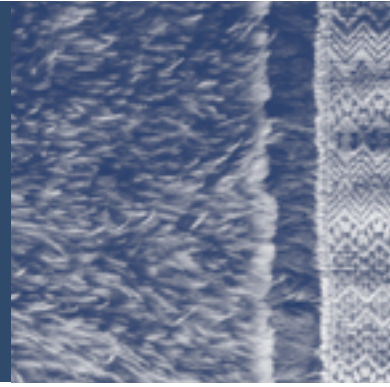
This pathway aims to ensure that whānau receive timely, high-quality, effective and culturally appropriate health and disability services to improve whānau ora and reduce inequalities.

Te Ara Tuawha – Pathway Four

Working across sectors

This pathway directs the health and disability sectors to take a leadership role across the whole of government and its agencies to achieve the aim of whānau ora by addressing the broad determinants of health.

Development of whānau, hapū, iwi and Māori communities



Pathway One acknowledges:

- whānau priorities identified by whānau, hapū, iwi and Māori communities
- that whānau operate within the wider context of a community and that community development models offer another route to wellbeing
- the need to foster conditions that build on the strengths and assets of whānau and encourage their health and wellbeing (as well as preventing or treating disease)
- that fostering the capacity of Māori will lead to whānau development.

A healthy whānau is one that fully realises its potential to participate in and contribute to te ao Māori and the institutions of wider New Zealand society.

These conditions include a strong sense of identity and belonging; the knowledge, skills and resources to participate effectively in te ao Māori and wider New Zealand society; and a safe (nurturing) physical home, work, school and social environment.

Fostering Māori community development

Objective 1.1

To increase whānau health and wellbeing through fostering Māori community development that builds on the strengths and assets of whānau and Māori communities

The ability of whānau to participate in both te ao Māori and New Zealand society as Māori is fundamental to health. Having control over the direction and shape of their own institutions, their communities and their development as a people is essential to the advancement of whānau ora into the future.

An approach that recognises that whānau are supported within a wider network of structures (hapū, iwi and communities) will assist whānau to manage their own health. The whānau is strengthened, as is the ability of whānau to participate in their own communities. This means adopting a community development approach.

Services should be organised around the needs of whānau rather than the needs of providers. This includes removing infrastructural, financial, cultural, geographical, physical and other barriers (including arbitrary divisions between health and other social services).

The Ministry of Health and DHBs will identify ways they can support whānau to identify and address their own needs, and to support Māori community development initiatives.

Building on Māori models of health

Objective 1.2

To recognise and value Māori models of health and traditional healing

Pathway One builds on, and encourages, the use of Māori models of health, which are holistic in approach. These include the well-known ‘whare tapa wha’ approach, which comprises whānau (family and community aspects), tinana (physical aspects), wairua (spiritual aspects), and hinengaro (mental and emotional aspects) (Durie 1998). If each side of the house works in harmony, there will be positive benefits to whānau ora.

Other Māori models recognise the significance of environmental health. Protecting Papatuanuku (mother earth) and Ranginui (sky father) and the realm of Tangaroa (seas) from the effects of toxins and pollution is an important feature of protecting the health and wellbeing of whānau.

The Ministry of Health will continue to encourage the integration and implementation of Māori models of health into the activities of the health sector.

Māori being Māori

Māori want to be able to express themselves as Māori in Aotearoa. This pathway supports whānau (including tohunga, kaumātua, Māori healers, health specialists and researchers) to develop services that reflect Māori cultural values. Therefore, extending opportunities for health services to practise Māori views of health and healing (while recognising the diversity of whānau) will be fostered in order to progress whānau ora outcomes.

Using models that operate within and through te ao Māori can be a very effective means of reaching Māori whānau. For example, health promotion initiatives that use an approach based on the Māori world have achieved effective results.

The Ministry of Health will support the health sector to ensure Māori cultural values are included in the planning, funding and delivery of health services.

Māori traditional healing

In particular, this pathway recognises that Māori traditional healing is based on indigenous knowledge – it encompasses te ao Māori and a Māori view of being. Māori traditional healing practices include mirimiri (massage), rongoa (herbal remedies) and acknowledging te wairua (spiritual care). For Māori the unobservable

(spiritual, mental and emotional) elements are as relevant as the observable or physical elements.

The Ministry of Health, in collaboration with key stakeholders, will continue to support the ongoing development of Māori traditional healing in New Zealand.

Removing barriers

Objective 1.3	To remove barriers to Māori with disabilities and their whānau participating in New Zealand society, including te ao Māori
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The New Zealand Disability Strategy highlights the need to remove the huge barriers facing people with impairments, including discrimination toward Māori with disabilities.

There is a clear need to improve access for Māori with disabilities to te ao Māori, as well as the wider society. This issue was articulated in *He Anga Whakamana* (Ratima et al 1995):

“There is an added onus on providers of services to Māori, that not only shall clients be equipped to participate in mainstream New Zealand society, but they should have the opportunity to participate in Māori society, to belong to Māori institutions, and importantly to remain Māori. The costs of disability are high; they should not include cultural alienation.”

The New Zealand Disability Strategy includes two objectives that are specifically relevant to Māori and to He Korowai Oranga:

- to promote participation of disabled Māori (also see Pathway Two)
- to value family, whānau and people providing ongoing support.

Māori participation in the health and disability sector

Supporting Māori participation at all levels of the health and disability sector is the second pathway to improving whānau ora. Active participation by Māori in planning, development and delivery of health and disability services will ensure services are appropriate and effective for Māori.

Pathway Two seeks to increase:

- Māori participation in health and disability sector decision-making
- Māori provider development
- Māori workforce development.

Increasing Māori participation in decision-making

Objective 2.1

Iwi and Māori communities and government health agencies working together in effective relationships to achieve Māori health objectives

Partnerships with iwi and Māori communities

Partnership with the Crown is one of the principles of the Treaty of Waitangi. DHBs have the primary responsibility for planning and funding health and disability services and improving Māori health. They are expected to work in partnership with iwi and Māori communities to ensure their decision-making effectively leads to whānau ora improvement and supports the achievement of Māori health aspirations.

They are required to involve iwi and other Māori communities in developing strategies to improve Māori health and to enable them to influence the planning, purchasing, delivery and monitoring of services to build Māori health.

No single partnership model will suit every iwi and DHB. Iwi, Māori communities and DHBs need to work together to develop models that meet their needs.

In addition to developing partnerships with iwi and Māori at the governance and operational levels, DHBs are also expected to consult with Māori communities (as they are with the wider community).

Māori membership of DHB boards

The New Zealand Public Health and Disability Act 2000 requires the participation of Māori on DHBs through at least two Māori members on each board. The Act also requires Māori membership on a range of DHB committees.

All board members – not only Māori members – are required to develop the skills and knowledge necessary to achieve Māori health objectives of both the Government and the DHB, as well as their Treaty obligations.

The Ministry of Health recognises that Māori board members will require further support due to the additional expectations placed on them by whānau, hapū, iwi and Māori communities.

Increasing Māori provider capacity and capability

Objective 2.2

To increase the capacity and capability of Māori providers to deliver effective health and disability services for Māori

Māori providers are key players in improving access to, and the effectiveness and appropriateness, of health and disability services for whānau. Māori providers are essential to developing services that practise Māori views of health and healing.

Māori providers have developed within hapū, iwi and Māori communities and are particularly well placed to understand and meet the needs of whānau. Their work also contributes to the capacity and capability of Māori communities, and their economic wellbeing.

Moving forward with provider development requires:

- expanding geographical coverage of Māori providers to ensure all Māori populations have access to a choice of a Māori provider for well child, primary, mental, disability support and other community-based services
- consolidating and co-ordinating providers
- continuing quality improvement
- further developing Māori disability providers, Māori models of disability support, and elimination of barriers that may have been created by providers towards disabled Māori
- supporting Māori providers to develop into or participate in primary health organisations responsible for the health of enrolled populations, under the Primary Health Care Strategy
- improving integration between providers.

DHBs have a statutory obligation to continue to foster Māori capacity to participate in the health and disability sector and to provide for their own needs. This will include

exploring new provider models, particularly if iwi or Māori communities have identified these as appropriate to their needs.

Developing the Māori health and disability workforce

Objective 2.3

To increase the number and improve the skills of the Māori health and disability workforce at all levels

Trained Māori clinicians and other health professionals, managers, community and voluntary workers, and researchers are necessary to strengthen the health and disability sector's capacity to deliver effective and appropriate services to whānau.

Māori are under-represented in the health and disability workforce in almost every area, holding back both Māori provider development and improvements in mainstream delivery to Māori. Extending workforce development initiatives, such as targeted training programmes and scholarships, is therefore vital.

A number of initiatives are already contributing to Māori workforce development in both the education and health sectors, with the support of the Māori Provider Development Scheme, mental health funding and the Clinical Training Agency. New Māori health worker organisations have emerged in the past five years to sit alongside the more established groups.

Māori workforce development needs acceleration and greater co-ordination.

The Health Workforce Development Advisory Committee will play an important role in identifying the need for Māori health workers and ensuring more systematic ways to develop them.

Māori community health and voluntary workers, many of whom are Māori women, have a pivotal role in improving the health of Māori whānau. This needs to be recognised with the development of mechanisms to encourage community workers, public health workers, and voluntary workers into professional training.

Areas identified in the New Zealand Disability Strategy regarding the care and support of disabled Māori, include:

- increasing the number of trained and qualified Māori Disability Support Service (DSS) workers
- recognising and valuing whānau that support disabled Māori.

To achieve Māori health workforce objectives, the health and disability sector will collaborate with the education sector, Te Puni Kōkiri, the Ministry of Women's Affairs, iwi and Māori communities to address wider issues affecting Māori participation in education.

Effective health and disability services

This pathway aims to ensure that whānau receive timely, high-quality, effective and culturally appropriate health and disability services to improve whānau ora and reduce inequalities.

Effective health and disability services for Māori will be co-ordinated around the needs and realities of whānau and will incorporate Māori cultural values, beliefs and practices.

These services will be highly competent and will know how to address inequalities in outcomes and access to services, that many Māori currently experience.

DHBs are expected to put processes in place to make sure that high-quality services are delivered to whānau in a timely manner.

Key aspects in achieving effective services are:

- addressing health inequalities for Māori
- improving the effectiveness of mainstream services
- providing the highest quality service
- improving Māori health information.

Addressing health inequalities for Māori

Objective 3.1

To reduce Māori health inequalities through specific Māori health priorities

Inequalities between the health status of Māori and other New Zealanders are well documented. Across New Zealand, health inequalities are greater for those in more deprived socioeconomic groups. Whānau are not only over-represented in the more deprived groups, but also appear to experience further inequalities over and above those experienced in the same socioeconomic groups.

Other pathways provide direction on addressing the wider determinants of health inequalities (including policy to address the impacts of poor health on whānau, and intersectoral initiatives). Within the health and disability sector specifically, efforts need to be focused on a manageable number of Māori health priorities, which reduce risk, prevent or better manage disease and improve outcomes.

Nationwide population health priorities for Māori are listed in Appendix Three. They include the 13 population health objectives in the New Zealand Health Strategy, the eight Māori health-gain priorities areas and the additional Government Māori health priorities. The latter includes rangatahi health, sexual and reproductive health, and alcohol and drug use. Support for disabled Māori and their whānau is the final priority area.

DHBs are expected to address these nationwide priorities over time, taking into account the health needs assessments of their local population and the views of their Treaty partners, Māori communities and providers. It will be important to identify which services need to be expanded or developed to address the priorities, timeframes and available budgets. Some priorities will require DHBs to collaborate with other sectors.

Toolkits have been developed to provide guidance to DHBs on how to effectively monitor progress and achieve these objectives, including for Māori.

Improving mainstream effectiveness

Objective 3.2

To improve access to, and the effectiveness of, mainstream services for Māori

Since the majority of Māori continue to receive most of their health care from mainstream services, considerable ongoing effort is required to reorient mainstream services, providers and systems to prioritise Māori health needs.

Mainstream services have begun working with Māori providers and communities to take greater responsibility for Māori health in many areas.

For example, publicly funded hospitals and major primary health care organisations have been required (through their contracts) to specify how they will identify and meet the needs of Māori. Many hospitals now have Māori and whānau units, which focus on ensuring the services better meet the needs of Māori patients and that cultural safety issues are addressed. These initiatives need to continue alongside the relationships with the Māori community organisations, providers and communities.

Mainstream services will be expected to work with DHBs to identify and remove barriers experienced by Māori in order to adapt services to meet the needs of Māori. Primary health organisations will be key players in improving services for Māori.

In the provision of disability services, areas identified as needing further work include the need to:

- develop needs assessment processes and criteria appropriate to Māori
- improve service co-ordination between primary care services, disability providers and Māori community health initiatives.

Other mainstream services that are considered important for whānau ora include

palliative care, mental health and public health services.

A combination of factors will impact on mainstream service progress, such as:

- the quality of partnership relationships between DHBs and iwi and Māori communities
- the effectiveness of the working relationships with Māori providers
- improved collection of ethnicity data.

Primary health care

Primary health care plays a crucial part in reducing health inequalities.

There is a particular need to ensure primary health care services meet the needs of Māori whānau more effectively. This is where many conditions can be prevented or managed early. DHBs are working with communities and providers to develop new primary health organisations that address the health needs of Māori populations they serve. This will require a population health approach, and the involvement of iwi and Māori communities to find ways to improve health.

It is expected that some Māori health providers or organisations will move towards primary health organisation development over time. This will involve working with other providers to enhance service delivery. Primary health organisations are expected to improve health outcomes for Māori with high needs.

Providing highest-quality service

Objective 3.3

To deliver services to the highest clinical safety and quality standards within available funding

Growing evidence demonstrates the need to significantly improve the quality of services for Māori patients and whānau. High-quality care is about performance and user satisfaction: the right thing, for the right people, in the right way, at the right time. The outcome of quality services is that:

- the right result is obtained
- care is delivered efficiently
- adverse events are minimised.

The New Zealand Health Strategy, the New Zealand Disability Strategy and He Korowai Oranga are committed to the development of a health and disability support sector that embraces a culture of continual improvement in the delivery of services.

This must:

- be system wide
- use a risk management approach to reduce preventable harm

- foster consistency of practice through shared learning, benchmarking and clinical governance within a standards framework
- take account of whānau, hapū, iwi and Māori community views on quality of care
- take account of the need for cultural as well as clinical safety.

There are mechanisms at all levels in the health and disability sector that are designed to assure safe, quality care. These include:

- regulation to ensure safety of services, by setting and enforcing minimum standards of facilities, medicines and professional practice
- clinical review, as part of regular business planning.

A more recent development is the decision of many providers (including Māori providers) to seek accreditation for establishing quality assurance processes in the management and delivery of services and systems.

In addition, individuals have fundamental rights within a quality health care system. They include rights recognised in the Health and Disability Commissioner Act 1994, and cover the right to:

- be treated with respect
- freedom from discrimination, coercion, harassment and sexual exploitation
- dignity and independence
- services of an appropriate standard
- effective communication
- be fully informed
- make an informed choice and give informed consent
- support
- make complaints
- rights in respect of teaching or research.

Most of the progress in ensuring clinical safety and effectiveness for Māori will come from the teams of health professionals and community workers working and learning together to establish agreed protocols and processes and to share best practice initiatives.

In addition, DHBs, providers and public health agencies will need to look wider than financial performance and legislative requirements. They must establish processes to gather information on Māori patient satisfaction, clinical pathways and decision-making processes, and organisational capacity and capability. This information will assist ongoing monitoring and development of the capacity of mainstream and other providers to address Māori health priorities.

Improving Māori health information

Objective 3.4

To improve Māori health information to support effective service delivery, monitoring and achievement of Māori health objectives

Improvement in whānau ora is a long-term goal, which will take time to achieve.

Comprehensive, high-quality Māori health research and information is necessary to inform the Government and to assist whānau, hapū and iwi to determine and provide for their own health priorities. Whānau will need access to relevant information about their health if they are to better manage their own health.

Measurement of whānau ora includes:

- indicators of mortality, morbidity and disability
- levels of income, housing, education, and access to social support
- environmental measures
- measures of participation in society, including te ao Māori
- a secure identity, a sense of belonging, high self-esteem
- control over one's destiny.

Other ways of measuring whānau wellbeing include comparisons with non-Māori, progress over time, whānau adversity, whānau potential, whānau functioning and whānau capacities (Durie 1999).

Most measures of health status are population or individually based. Many aspects of whānau ora are at a level between these two extremes. Some are intangible, and the health and disability sector does not yet have good indicators for measuring them. The Ministry of Health will be working with Māori, DHBs and other sectors concerned with Māori wellbeing to develop appropriate measures in the second phase of development of He Korowai Oranga.

The health and disability sector must substantially improve the way it gathers information about whānau ora and Māori health status, including ethnicity data collection. *From Strategy to Reality – the WAVE Report* (Ministry of Health 2001) identifies strategic information goals for the health and disability sector and the steps needed to achieve them. The report focuses on the information management infrastructure needed to facilitate integrated care initiatives, increasing knowledge management capabilities and community access to data. One of its 10 key recommendations is to improve the reliability of ethnicity data.

Working across sectors

This pathway directs the health and disability sector to take a leadership role across the whole of government and its agencies to achieve the aim of whānau ora by addressing the broad determinants of health and organising services around the needs of whānau rather than sectors or providers.

Effective development and care of whānau should take economic and social situations, cultural frameworks, values and beliefs into account. It should acknowledge whānau rights to high-quality and safe health services.

Prerequisites to improved whānau ora include:

- affordable, appropriate, available and effective education, income and housing
- affordable, appropriate, available and effective health and disability services
- ability to participate in te ao Māori
- ability to participate in New Zealand society as a whole
- a healthy environment.

Barriers to addressing these prerequisites include:

- unsafe working conditions with little job control
- unemployment
- inadequate housing
- crime
- high disparities in income and wealth
- unfavourable economic conditions
- violence
- discrimination
- institutionalised racism.

The work of other sectors impacts on the health of whānau, and the Ministry of Health is developing practical advice to other sectors on how they can contribute to reducing inequalities.

This advice will include:

- working intersectorally
- collecting ethnicity data

- best practice in relation to population groups
- behavioural risk factors
- social and economic determinants of health (eg, housing and education).

Improvements in whānau ora may also lead to positive outcomes for whānau in other areas, such as education and employment.

Te Ara Tuatahi (whānau development) is about supporting whānau to identify their own strengths and fostering the conditions required to build on those strengths. Te Ara Tuawha (working across sectors) is about government sectors and DHBs working together to address the wider determinants of Māori health and to co-ordinate the delivery of services to whānau to complement whānau, hapū and Māori community development.

Encouraging initiatives with other sectors that positively affect whānau ora

Objective 4.1

To ensure other sector agencies work effectively together to support initiatives that positively contribute to whānau ora

Whānau ora and public health

Health must be pursued in the context of the community in which whānau live. Fostering and protecting the conditions that will encourage health and wellbeing is a primary focus of the public health sector.

Public health – or population health, as it is sometimes called – is about promoting wellbeing and preventing ill health before it happens. It aims to improve the health of populations, not just treat disease, disorders or disabilities at an individual level. The aim is to have many people participating in preventive measures for health gain.

The public health sector plays a part in ensuring the safety of the air we breathe, the water we drink and the food we eat (Ministry of Health 1997). Public health is most evident when public health sector workers take a lead role in disease prevention, health promotion and health protection.

Examples include:

Tamariki ora (Well child) services (including immunisation and oral health)

In 2001, over 250 health providers delivered outreach immunisation services nationally. Most Māori providers and general practices help facilitate access to services, and a range of mobile community-based providers also carry out vaccinations.

Tobacco control programmes

Public health has a variety of tobacco control programmes, including media campaigns and enforcing smokefree legislation. For Māori the Aukati Kai Paipa pilot programmes advocating smoking cessation for Māori women was completed in 2001. Initial results are positive compared to other national and international campaigns, and over 3000 Māori women enrolled to quit smoking. Another 345 Māori community health workers were trained in the use of smoking cessation guidelines.

Non-communicable disease prevention

Public health instigates services such as breast and cervical screening and services to protect against chronic diseases such as heart disease, stroke and diabetes (in all of which Māori experience higher rates of mortality and morbidity than non-Māori).

The public health sector encourages and supports work by the personal health and disability support sectors as well as public health work undertaken by individuals (eg, doctors and pharmacists), and other sectors such as Local Government, Social Policy, Transport, Conservation, Environment and Housing.

Hauora taiao – environmental health

Protecting Papatuanuku (mother earth) and Ranginui (sky father) and the realm of Tangaroa (seas) from the effects of toxins and pollution is an important feature to protecting the health and wellbeing of the whānau.

Māori views on hauora taiao (environmental health) have been recognised in legislation (eg, the Resource Management Act 1991). These views are also reflected in public health initiatives. Public health helps to create healthy physical, social, and cultural environments. Supportive environments and strong, active communities play an important part in the health of individuals and whānau.

It is important for the Ministry of Health and DHBs to ensure that Māori views to protect and restore te taiao (the environment) are included in such initiatives, as well as involving whānau, hapū, iwi and Māori communities in the design and planning of such initiatives.

Implementing intersectoral initiatives

The Ministry of Health and DHBs will work to engage other government agencies to implement specific whānau ora initiatives and community-based strategies.

Working across sectors seeks to improve whānau and Māori health by:

- ensuring that other sector agencies take into account the health impact of their activities, and then develop initiatives which positively affect whānau ora
- improving co-ordination between health and other service agencies where those agencies have a shared interest in whānau wellbeing and improved social outcomes
- fostering service integration based on the needs of whānau.

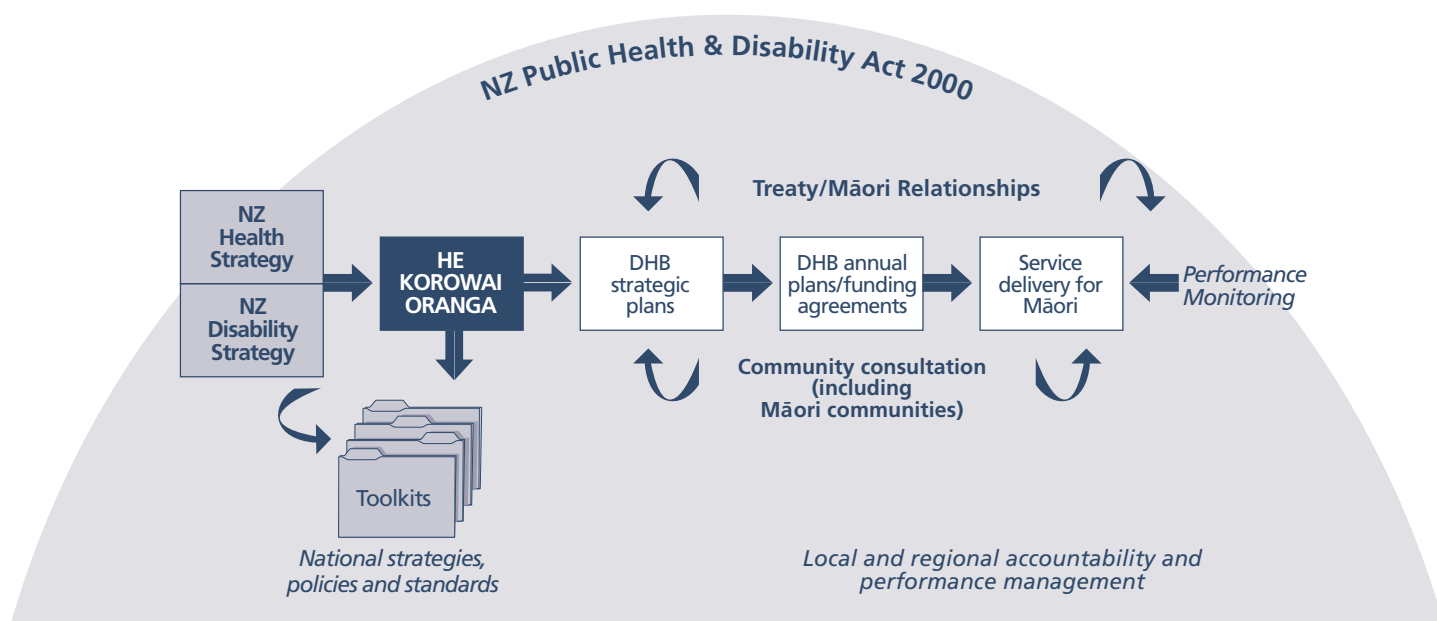
Whole of government approach

Iwi and the Government are working on initiatives to develop a ‘whole-of-government approach’ to services (eg, housing initiatives). Appropriate consultation with Māori, whānau, hapū, iwi and Māori communities is an important part of this development. DHBs need to be informed on such initiatives and consider how they might contribute to such developments.

Implementing He Korowai Oranga

Implementing He Korowai Oranga is the responsibility of the whole of the health and disability sector. It also has implications for other sectors as well. DHBs in particular are required to take He Korowai Oranga into account in their planning and in meeting their statutory objectives and functions for Māori health. The strategy will also assist Māori providers and communities, and other providers when planning for their own strategic development.

The following diagram shows how He Korowai Oranga fits into the overall planning, service delivery and monitoring cycle for the health sector.



Roles and Responsibilities

He Korowai Oranga and the Ministry of Health

The Ministry of Health will continue to develop, in collaboration with the sector and Māori health organisations:

- measures for assessing progress towards improved whānau ora
- specific performance expectations and national standards to ensure a consistent approach across DHBs

- frameworks for monitoring and analysing DHB performance and outcomes at a national and regional level
- ways to improve the collection and accuracy of Māori health data.

In consultation with DHBs and Māori health organisations, the Ministry will select aspects of the strategy implementation and service delivery to formally evaluate how well they are being implemented and their impact on Māori health.

The information from the DHB monitoring and service evaluation, along with international evidence on effective indigenous health strategies, will be made available to Māori communities, and will inform the Ministry's policy advice to the Government on further development of the strategy.

The Ministry will also continue to have a role in facilitating relationships between iwi and Māori and DHBs and providing leadership to the sector.

Finally, the Ministry of Health will continue to fund some services at the national level (for example, some public health services, some disability support services and some high-cost, low-volume surgical and medical services) in the short term until DHBs have the capacity to do so. These services will also be expected to help implement He Korowai Oranga.

The Ministry of Health is developing internal policies for increasing its own organisational capability and capacity for delivering these functions effectively. All Ministry directorates have responsibility for progressing Māori health objectives.

The role of DHBs

DHBs will indicate how they will achieve their Māori health objectives and implement He Korowai Oranga in their strategic and annual plans, and will report on progress annually. Their planning documents will be based on a realistic assessment of how much each DHB can contribute to the Government's goals.

DHBs are expected to direct resources to areas of greatest need. They will be monitored on the processes they adopt and the way they prioritise resources and allocate funding, and the effectiveness of the services they fund or provide for Māori. DHBs will be assessed on how they:

- work with iwi and Māori communities to develop and implement effective strategies for whānau ora improvement and Māori provider and workforce development
- prioritise and allocate resources (their processes should continue to reflect a shift and/or augmentation of resources into the areas that will best achieve the objectives in this strategy, and clearly identify the resources allocated to whānau health gain)
- work with providers – both Māori and mainstream – to improve their capacity and effectiveness with regard to Māori health; this will include specific performance expectations in service agreements and systems to effectively monitor providers' performance against those expectations

- ensure they have the necessary information and ethnicity data to effectively plan for and monitor improved Māori health outcomes
- evaluate service effectiveness for whānau and use that evidence to continually improve services available to whānau and to reduce access barriers.

DHBs will be monitored over time on their investment in Māori health and Māori provider development. This information will be benchmarked for each DHB and against original baseline data.

It is expected that information on Māori and whānau utilisation of services, Māori health gain in the priority areas and the types of services delivered will improve over time.

The role of providers – Māori and mainstream

As the organisations closest to whānau and Māori communities, providers – both Māori and mainstream – have a critical role in implementing He Korowai Oranga. Providers need to:

- develop effective relationships with whānau, hapū, iwi and Māori communities
- work collaboratively with other providers to reduce access barriers and ensure whānau receive the services they need
- increase their own capacity and capability to provide appropriate and effective services for Māori
- improve their collection of ethnicity data
- collect and report information on clinical outcomes for Māori, how well their services are reaching Māori and whānau health status.
- assess the appropriateness and competency of their services.

Monitoring and evaluation procedures must reflect the realities of the providers concerned. For example, most providers have set up in the past 10 years, whereas others are relatively new. The expectations as to what each provider should be expected to achieve must be realistic.

Role of other government sectors

The government expects other government sectors to work with the health and disability sectors to identify common goals and initiatives that reduce Māori inequalities.

Putting the strategy into action

Whakatātaka outlines the actions that will be taken to implement He Korowai Oranga. Whakatātaka includes a detailed set of actions for DHBs and others in the health and disability sector. The plan will be regularly updated as progress is made on particular areas.

The Ministry of Health will evaluate the implementation of He Korowai Oranga and use this evaluative information to improve performance.

As well as Whakatātaka, some service areas have their own specific action plans or frameworks for Māori, including the:

- Māori Mental Health Strategic Framework
- Māori Disability Action Plan (due end of 2002)
- Māori Public Health Action Plan (due end of 2002).

Appendix One

Sector reference and focus group

This strategy was developed with the assistance of a Māori sector reference group and a separate focus group. Public consultation on a discussion document with a draft strategy was undertaken in 2001 through 10 regional hui and written public submissions. The discussion document and summary of the consultation feedback are available on the Ministry of Health's Māori health web page at www.Māorihealth.govt.nz.

The contribution of each participant in this process is acknowledged with thanks.

Sector reference group

Our acknowledgement and aroha also to Becky Fox for her work. We hope that her spirit will continue to guide this strategy. Moe mai i roto i te tapu ō mātou tipuna.

Sue Crengle	Auckland University
Mason Durie	Head of School, Māori Studies, Massey University
Becky Fox	General Manager of Māori Health, Plunket
Les Gilsean	Whanganui Disability Resources Centre
Sharon Lambert	Ngā Ngaru Hauora o Aotearoa Inc. Society
Fiona Pimm	He Oranga Pounamu
Lynette Stewart	Te Tai Tokerau MAPO Trust
Rees Tapsell	Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association)
Hingatu Thompson	Lakeland Health Limited
Linda Thompson	Taumata Hauora

Focus group

Barbara Greer, Māori Women's Welfare League
Cazna Luke, Ko Te Poutokomanawa Oranga – MDO
Caroline Thompson, Ngāti Porou Hauora
Janise Eketone, Health Waikato
Tinamarie Winikerei, Raukawa Health Services
Tuari Potiki, ALAC
Hayden Wano, Tui Ora – MDO
Aroha Morgan, Tainui – MAPO
Liz Mitchelson, National Council of Māori Nurses
Des Martin¹, Mid Central Health
Te Aniwa Tutara, Waitemata Health Care
Kere Cookson-Ua, Tihi Ora – MAPO
Joe Puketapu, Te Roopu Huihuinga Hauora – MDO
Rutu Maxwell-Swinton, Poutiri Trust – MDO
Colleen Wineera, Capital Coast Health

¹ With kaumātua support from Fleur Rogers and Bill Kereona

Appendix Two

Māori Provisions in Act and strategies

NZ Public Health and Disability Act 2000

Under the New Zealand Public Health and Disability Act the DHBs will have a population health focus with an overall objective of improving the health of the population in their areas, including reducing health inequalities for Māori and other population groups.

The overall aims of the Māori provisions within the Act are to:

- recognise and respect the principles of the Treaty of Waitangi
- ensure Māori are represented on DHB boards and committees
- establish relationships between Māori and DHBs to ensure they participate in and contribute to strategies for Māori health improvement
- protect gains already made and move forward to strengthen Māori provider and workforce development, to improve mainstream service responsiveness to Māori, and to reduce inequalities between the health of Māori and other populations.

The New Zealand Health Strategy

The New Zealand Health Strategy released in December 2000 sets priorities, provides a focus for existing strategies, and creates a framework for future strategy development. The need to improve Māori health is reflected throughout the principles, goals and objectives of the New Zealand Health Strategy. There are, however, two specific goals for Māori health development in the New Zealand Health Strategy:

Goal	Objective
Reducing inequalities in health status	Ensure accessible and appropriate services for Māori.
Māori development in health	Build the capacity for Māori participation in the health sector at all levels. Enable iwi/Māori communities to identify and provide for their own health needs.

(continued)

Goal	Objective
	<p>Recognise the importance of relationships between Māori and the Crown in health services, both mainstream and those provided by Māori.</p> <p>Collect high-quality health and information to better inform Māori policy and research, and focus on health outcomes.</p> <p>Foster and support Māori health workforce development.</p>

The New Zealand Disability Strategy

The New Zealand Disability Strategy discussion document released in September 2000 also outlines two critical actions relevant to He Korowai Oranga. They are:

- to promote participation of disabled Māori
- to value family, whānau and people providing ongoing support.

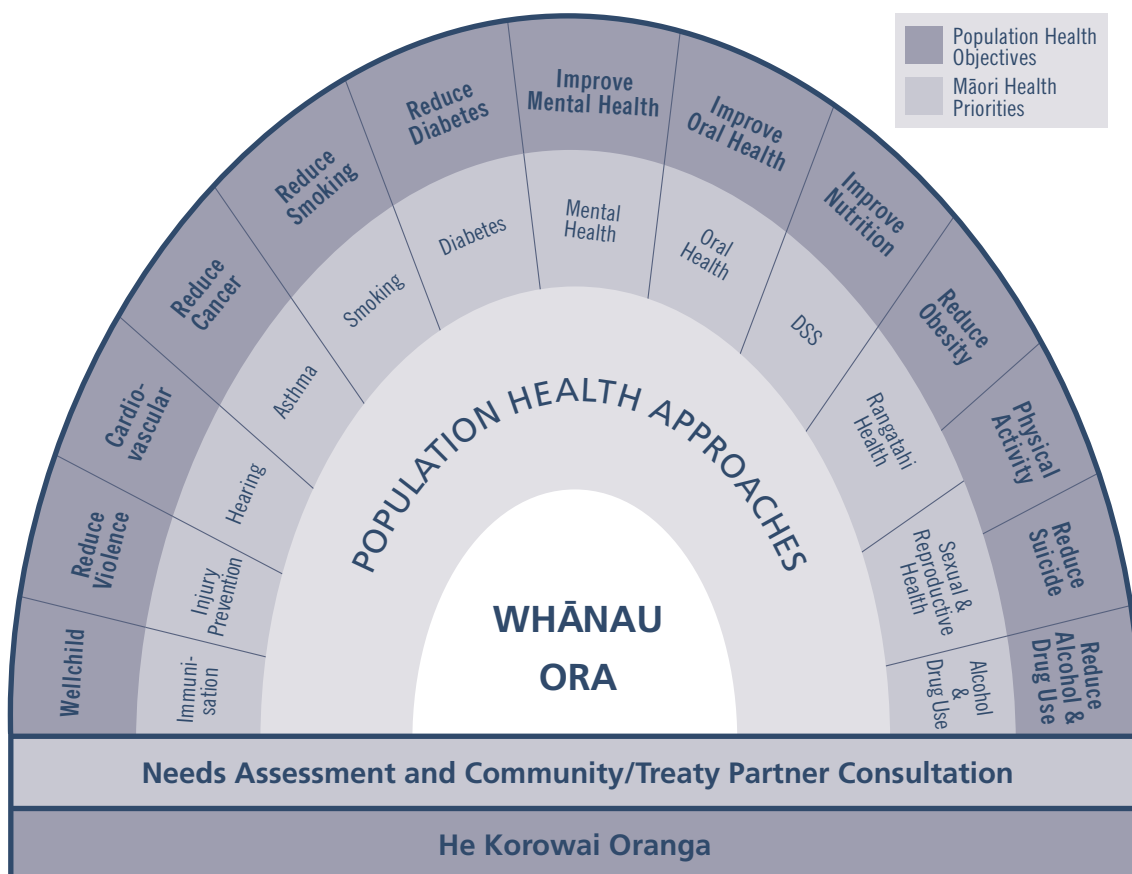
Appendix Three

Māori health and disability priorities

There are a number of Māori health priorities which DHBs and the Ministry of Health will progress. These include:

- the eight Māori health-gain priority areas, which have been incorporated in purchasing for Māori health gain for the past two to three years
- the 13 population health objectives from the New Zealand Health Strategy, which were chosen from areas where there is a significant burden of disease for New Zealanders and real potential to reduce Māori health disparities, among other things
- disability support (from the New Zealand Disability Strategy)
- the Government Māori health priorities (as identified in He Pūtahitanga Hou).

Māori Health and Disability Priorities



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