

Regional Public Health

# Māori Strategic Plan

2014 to 2017



**Nā tō rourou, nā tāku rourou - ka ora ai te Iwi**

**With your food basket and my food basket - the people will thrive**

## He mihimihi

Ka tangi te manu tuia ki runga, tuia ki raro.

Ka pō, ka ao, ka awatea. Tihei mauriora!

Ngā mihi whānui ki ngā waka, ki ngā Iwi, ki ngā Hapū e tautoko nei i te kaupapa o hauora Māori.

Koia nei te mihi aroha ki te huhua tāngata i whai whakaaro, i tautoko i tenei mahere.

Nā reira, tenā ano tātou katoa.



## Te Tiriti o Waitangi

This Māori Strategic Plan is underpinned by *Te Tiriti o Waitangi* principles of partnership, participation and protection. We acknowledge the special relationship between the Crown and *Tāngata Whenua* and will actively work with Māori to affirm *Te Tiriti o Waitangi* principles.

## Foreword

The Māori Strategic Plan was developed in response to Regional Public Health (RPH) service obligations as well as a strong desire of RPH staff to improve our practice for Māori. This is the start of a journey for us to be the very best we can be for Māori, to help achieve better health and well being outcomes.

This journey will challenge RPH as individuals, and as an organisation, and will challenge our approach to working with Māori.

This document states what we deem important in order to become lifelong partners with Māori by being confident, connected and comfortable as a workforce. It includes pathways on which to base our journey to be the best we can be for Māori to achieve Whānau Ora - Pae Ora. This plan provides direction; taking action that creates change requires leadership and commitment at all levels of RPH.

Many thanks go to all who have contributed to the development of this strategic plan: RPH staff past and present, the 3DHB Executive Director Māori Health, the Hutt Valley District Health Board Māori Health Manager and Whakapuawai Consulting Ltd. You can be proud of what you contributed to create this plan and the actions already taken and those to come that will work towards achieving a state of Whānau Ora - Pae Ora.

Peter Gush  
Regional Public Health Service Manager  
on behalf of the RPH Leadership team





## Glossary of terms

Te Reo Māori	Explanation
Iwi	Extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor.
Kaupapa	Topic, policy, matter for discussion, plan, scheme, proposal, agenda, subject, programme, and theme.
Kawa	Marae protocol - customs of the marae and wharenui, particularly those related to formal activities such as pōhiri, speeches and mihimihi.
Mahi	To work, do, perform, make, accomplish, practise, raise (money).
Pae Ora	Pae Ora is the Government's vision for future Māori health.
Tāngata whenua	Local people, hosts, indigenous people of the land - people born of the whenua i.e. of the placenta and of the land where the people's ancestors have lived and where their placenta is buried.
Taonga	Property, goods, possessions, effects.
Taura here	Binding ropes, urban kinship groups, kinship link - a term sometimes used for tribal members in the city who join taura here groups to help to retain their identity and links back to their tribal homelands.
Te Ao Māori	The Māori world view, perspective.
Te Kōhanga Reo	Māori language preschool.
Tikanga	Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention.
Wawata	To desire earnestly, long for, yearn for, daydream, aspire.
Whāinga	Pursuit, aim, goal, objective, purpose.
Whai hua	To have value.
Whai tikanga	To be formal, handy, important, meaningful, have importance
Whānau	Family, extended family, family group, a familiar term of address to a number of people.
Whānau Ora	An inclusive government interagency approach to providing health and social services to build the capacity of all New Zealand families in need. It empowers whānau as a whole.



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## 1.0 He kōrero timatanga: Introduction

### The plan

For many years RPH has operated without a Māori Strategic Plan (MSP) to guide our work with the Māori community. Despite this, work alongside Māori has continued to be delivered in a variety of settings and locations in this region. The MSP's Pathways reflect drivers that the collective wisdom, professionalism and experience of RPH's staff believe are required; evidence-based research and best practice will also be our guide. This plan will focus us on improving and enhancing our capability to contribute to accelerating Māori health gains.

### Right to be healthy

Māori public health action is action which improves the health of the whole Māori community. It is driven by the right to good health as indigenous peoples and *Tiriti* partners. This also takes into account the disproportionate health needs of Māori.<sup>1</sup>

*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.<sup>2</sup>*

This right to good health, as stated by *Tiriti* and legal expert Moana Jackson, acknowledged:

*...that Māori do not just have specific health needs but more fundamentally a right to be healthy.<sup>3</sup>*

By meeting our obligations as a Crown agency under *Te Tiriti o Waitangi* we can be an active partner in supporting Māori rights to good health through a practice of equality and social equity.

### The challenge

Extending our presence in the Māori community will require a shift in how we deliver a service that strives to 'eliminate' and/or 'drastically reduce' health disparities.

This sets up an exciting prospect of cultural change within our organisation that challenges us to 'think Māori first' in all that we do - day to day, year to year and plan to plan. This is important in supporting Māori aspirations of better health outcomes.

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<sup>1</sup> Ratima K, Ratima M. Māori Public Health Action: A role for all public health professionals. Wellington: Ministry of Health; 2004.

<sup>2</sup> Minister of Health and Associate Minister of Health. He Korowai Oranga Māori Health Strategy. Wellington: Ministry of Health; 2002.

<sup>3</sup> National Māori Tobacco Control Strategy 2003-2007, Wellington: Apārangi Tautoko Auahi Kore – Māori Smokefree Coalition; 2003.



### In closing

Implementing this plan will improve our ability as individuals, teams, groups and as an organisation to work within the broader Māori context. By critically challenging ourselves about who benefits from our work we will move towards:

- Changing and improving our organisational culture
- Building and maintaining relationships
- Improving our skills, knowledge, attitude and understanding of *Te Ao Māori*.

Tihei mauri ora!

## 2.0 Te Tūāpapa: Our Foundation

### He wawata: Vision

Our *wawata* is that Māori are healthy and enjoying equal quality lifestyles, from infants to elderly.

### He whāinga: Goal

We are confident, connected and comfortable in working with Māori and our work makes a difference.

### He whai tikanga: Priorities

From discussions and sharing of ideas the following priority pathways were identified as a starting point:

- Relationship building
- Workforce development
- Organisation accountability
- Communication

### He kaupapa: Guiding principles<sup>4</sup>

- Prioritising improvements in Māori health.
- Focusing on the health of communities rather than individuals.
- Influencing health determinants.
- Reducing health disparities.
- Basing practice on best available evidence.
- Building effective partnerships across the health sector and other sectors.
- Remaining responsive to new and emerging health threats.

### He whaihua: Values

These are the RPH values that were developed as a result of the 'Silverstream Summit' in November 2011. They were finalised through a staff forum in February 2012.

- Culturally responsive
- Excellence
- Equity
- Compassion
- Integrity

A visual summary of our overall approach to accelerating Māori health gains is shown in Figure 1.

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<sup>4</sup> Based on the RPH planning framework and the Public Health Services Tier Level One Service Specification revised in 2014.



Figure 1: Summary of our approach to accelerating Māori health gains

<b>Vision:</b>	<b>Equitable, sustainable and healthy futures for all</b>			
<b>Vision for Māori:</b>	<b>Māori are healthy and enjoying equal quality lifestyles, from infants to elderly</b>			
<b>Mission:</b>	Better health for the greater Wellington region			
<b>Public health service outcomes:</b>	<b>Improving health for Māori</b>			
	A healthier and more productive population			
	Increased safeguards for the public's health			
	Reducing burden of acute and chronic diseases			
	Reducing disparities, including a focus on Pacific people and vulnerable groups			
<b>Bold goal:</b>	<b>Halving the rates of avoidable hospital admissions for Māori, Pacific and children by 2021</b>			
<b>Goal for Māori:</b>	<b>We are confident, connected and comfortable in working with Māori and our work makes a difference</b>			
<b>Māori Strategic Plan pathways:</b>	↑ Relationships	↑ Workforce development	↑ Accountability	↑ Communication
<b>Core functions:</b>	Health assessment and surveillance			
	Public health capacity development			
	Health protection			
	Health promotion			
	Preventive interventions			
<b>Key principles:</b>	<b>Prioritising improvements in Māori health</b>			
	Focusing on the health of communities not individuals			
	Influencing health determinants			
	Basing practice on best available evidence			
	Building effective partnerships across the health sector and other sectors			
	Remaining responsive to new and emerging health threats			
	Reducing health disparities, including a focus on Pacific people and vulnerable groups			
<b>Values:</b>	Culturally responsive			
	Integrity			
	Compassion			
	Equity			
	Excellence			

↑ Positive, transformative change



## 3.0 He Huanui: Pathways

The three-year Māori Strategic Plan and the operational level Māori Action Plan (2014-15) together represent our collective organisational and individual commitment to strengthen our contribution toward improving Māori health and wellbeing. We want to be a confident workforce, delivering outcomes that provide the best for Māori. This plan is one element in a journey towards being the best we can be in supporting Māori aspirations to live healthy lives.

The following pathways were identified from staff and feedback from key DHB Māori roles during the development phase of this plan. Each pathway describes a vision for our way of working, one or two objectives to work toward, and some key areas of commitment to focus our activity over the next three years. We will be guided by an overarching implementation plan (see appendices) to ensure on-going accountability for this plan at strategic, cross-service and operational levels.

As we work toward these commitments we encourage each other to consider and utilise Māori models of health and wellbeing as we reflect and improve on our organisational and individual practice. Pointers to examples of these are identified in each pathway below. *Kia kaha!*

### 3.1 Te Ara Tuatahi – Pathway One: Relationships

Working closely with Māori is critical to RPH contributing to improving Māori health and reducing inequalities. As an organisation we want to be dependable and reliable in our relationships with Māori. Our existing relationships with *Iwi* and Māori health networks are a vital and valuable *taonga* to be cherished and nurtured. They provide a starting point for the improvements that we would like to make. We want to have a ‘listening and learning’ relationship with Māori, allowing the connections we build to affect us and our work. Increasing our ability to care, to belong, and to share will strengthen our long term relationship with Māori stakeholders in our region and acknowledges that we are part of wider social systems (*Te Whare Tapa Whā – Taha Whānau*).

**Aim:** We listen then do.

**Objective:** We have strong and sustainable strategic relationships with Māori.

**Our Commitments:** Improving our strategic relationships with key Māori stakeholders.  
Planning together to attend events and significant *hui* important to Māori.

### 3.2 Te Ara Tuarua - Pathway Two: Workforce Development

Being comfortable and confident in working with Māori and in making practical connections is important to effective public health practice. We want us all to grow and be empowered. Providing a platform of information, guidance, training and opportunities to learn from others will help everyone to work more effectively with Māori and will strengthen our relationships. In selecting new staff, we will place a high value on their 'fit' with our aspirations, including these pathways. Our best and most important resource to make change is ourselves. To promote *Mauri Ora* we must first understand and acknowledge *Te Ao Māori (Te Pae Mahutonga)*.

**Aim:** We are confident, comfortable and connected.

**Objectives:** We are supported to think 'Māori first'.  
Our workforce reflects the regional demographic for Māori.

**Our Commitments:** Equipping staff with the information, guidance and training they need to improve their work with Māori.  
Creating opportunities to work across the service on Māori health and learn from each other.  
Ensuring recruitment processes encourage Māori to work at RPH.  
Recognising and valuing existing cultural knowledge and expertise of staff.

### 3.3 Te Tuatoru- Pathway Three: Accountability

We want to deliver great services, all of the time. Part of achieving this includes having effective mechanisms to encourage and strengthen our accountability for Māori health. In particular, seeking feedback from Māori on our services and improving our practice as a result will enhance our relationships and increase our understanding of how we might make a tangible difference. Seeking feedback from others, points to the *Taha Mana Whakahaere* – Autonomy of Māori. Being willing to respond to feedback will support relationships and shows *Ngā Manukura* – Leadership (*Te Pae Mahutonga*).

**Aim:** We are accountable for improving Māori health.

**Objectives:** We proactively seek external feedback that keeps us accountable for making a difference for Māori.  
We continually assess and identify opportunities to improve our work for Māori.

**Our commitments:** Through our strategic and operational relationships with Māori we regularly ask for feedback.



We critically reflect on and improve our performance for Māori.  
We set stretch goals and targets for our performance, and monitor our progress.

### 3.4 Te Ara Tuawha - Pathway Four: Communication

We want a cohesive service where we trust one another and work with each other to achieve outcomes for Māori. We want to be transparent, inclusive and accountable to each other and for Māori health. To support this, strong and proactive internal communication and feedback mechanisms are essential. These will allow us to promote how we are working, learn from each other's successes and challenges, and celebrate our journey along the way. Strong cross service communication will enhance our ties across the RPH whānau and is an important aspect of the learning journey we are on (*Taha Whānau* and *Ngā Manukura* - Leadership).

**Aim:** We talk with each other

**Objective:** We proactively 'support, talk and walk' with each other in our work with and for Māori.

**Our Commitments:** Sharing and promoting information from our Māori stakeholders across the service.  
Fostering RPH conversations and sharing about our work and relationships with Māori.

### 3.5 Implementation examples in 2014 -2015

The following examples, from a selection of our RPH Action Plans, illustrate activities on the journey towards our goal for Māori health.

#### Work in Schools

- Our work will focus on low-decile schools (1-4) with high numbers of Māori students.
- Delivering treatment and antibiotic cover for skin infections under standing orders with the aim of reducing the need for primary and secondary care for Māori children.
- Pilot working with three *te kōhanga reo* in the region to achieve early detection of ear infections or problems.
- Raising rheumatic fever awareness to increase the number of Māori children presenting at primary health care services for treatment of sore throats.
- Working closely with *Whānau Ora* health provider collectives, including using train-the-trainer sessions which will help create a more seamless health service for Māori children. Access to care and health literacy will be improved.

### **RPH Healthy Housing Programme**

- Housing and health workforce support tailored to the specific needs of different providers and professional groups.
- Housing advice/support service to help address complex housing and health issues.

### **Equipping our staff**

- Setting of team goals for improving Māori health.
- Providing information on Māori specific training for employees.
- Using Māori models of health to guide our approach and delivery.
- Development of an easily accessible toolkit of information on local *Iwi*.

### **Monitoring our effectiveness**

- Greater use of health status information using ethnicity data and Māori/non-Māori comparisons to make decisions about what we do and where.
- Carry out an annual stocktake of RPH's work activities that specifically aim to improve Māori health. This stocktake will be made available on the RPH website and will indicate what RPH is planning to do over the coming year. We will report progress annually.

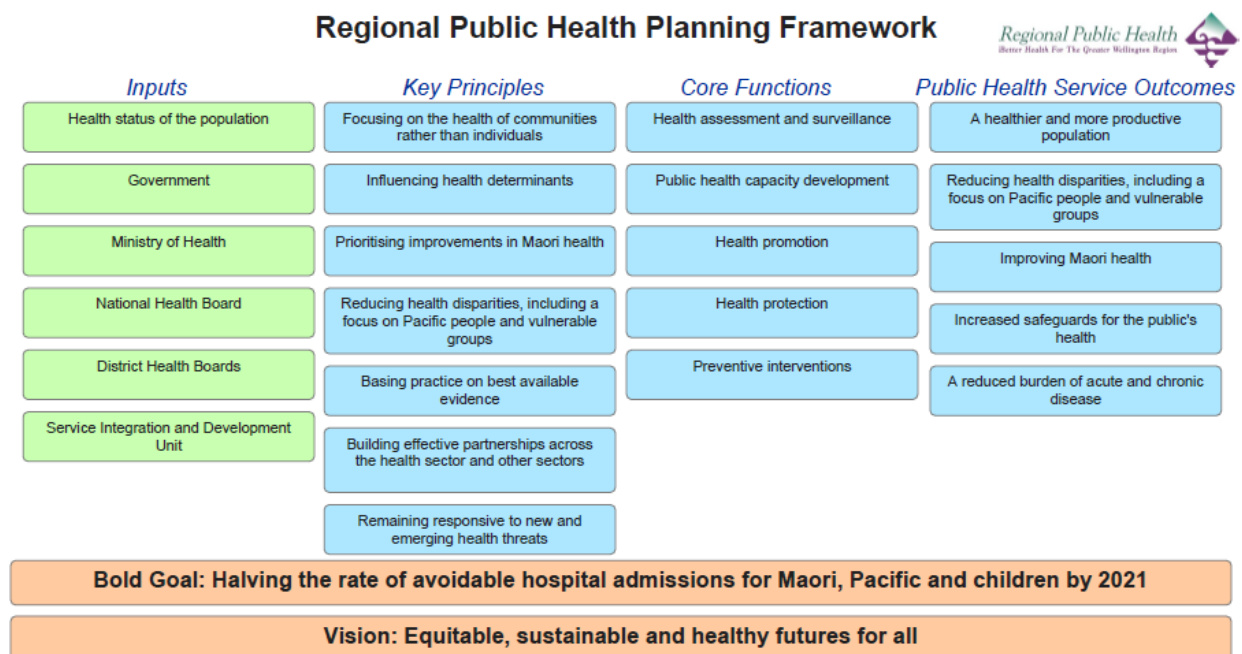


## 4.0 The planning context for Māori Health

This Māori Strategic Plan is intended to be a living document, with the focus on people and relationships, rather than documentation. We want meaningful relationships with on-going listening, talking, decision-making and action. In recognising the need for change in our relationships with Māori and with each other, we also recognise the responsibility to hold ourselves to account.

In 2013, we developed the RPH planning framework to provide a high level summary of our planning approach (see Figure 2 below). So, in a planning context, implementing this Māori Strategic Plan informs our cycles of planning and action. We are providing Māori stakeholders the opportunity to be involved in reviewing, planning and delivering the services in our annual business plan and annual action plans so that we improve how we meet the needs of Māori.

Figure 2: RPH Planning Framework



### 4.1 Māori models of health

We use the following three Māori health models to guide our activities, interventions, programmes:

- *Te Whare Tapa Whā*
- *Te Pae Mahutonga*
- *Te Wheke*

Refer to 'Appendix 3' for further explanations of each model.

## 4.2 Relationship with He Korowai Oranga, Whānau Ora and Pae Ora

We are using *He Korowai Oranga: Māori Health Strategy* to frame this plan and the *Pae Ora* initiative to guide our implementation.

### **He Korowai Oranga<sup>5</sup>**

*He Korowai Oranga: Māori Health Strategy* (updated in 2014) sets the direction for Māori health development in the health and disability sector. This strategy was written for publically funded health services such as ours, to help plan and deliver our work through a Māori world view. It is a strategy that sets out our journey of responsibility towards the part we play in improving the health status of Māori. This strategy also had an action plan called *Whakatātaka - The Māori Health Action Plan* that sets objectives for Māori health and provides the health sector with a valuable tool for contributing to reducing health inequalities between Māori and non-Māori.

### **Whānau Ora<sup>6</sup>**

*Whānau Ora* is an inclusive interagency approach to providing health and social services to build the capacity of all New Zealand families in need. It empowers *whānau* as a whole rather than focusing separately on individual family members and their problems. It is important in implementation that we use a 'Māori first' approach when delivering our services.

### **Pae Ora<sup>7</sup>**

*Pae Ora* is the Government's vision for Māori health. It provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life. *Pae Ora* encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services.

*Pae Ora* is a holistic concept and includes three interconnected elements: *Mauri Ora* – healthy individuals; *Whānau Ora* – healthy families; and *Wai Ora* – healthy environments. All three elements of *Pae Ora* are interconnected and mutually reinforcing, and further strengthen the strategic direction for Māori health for the future.

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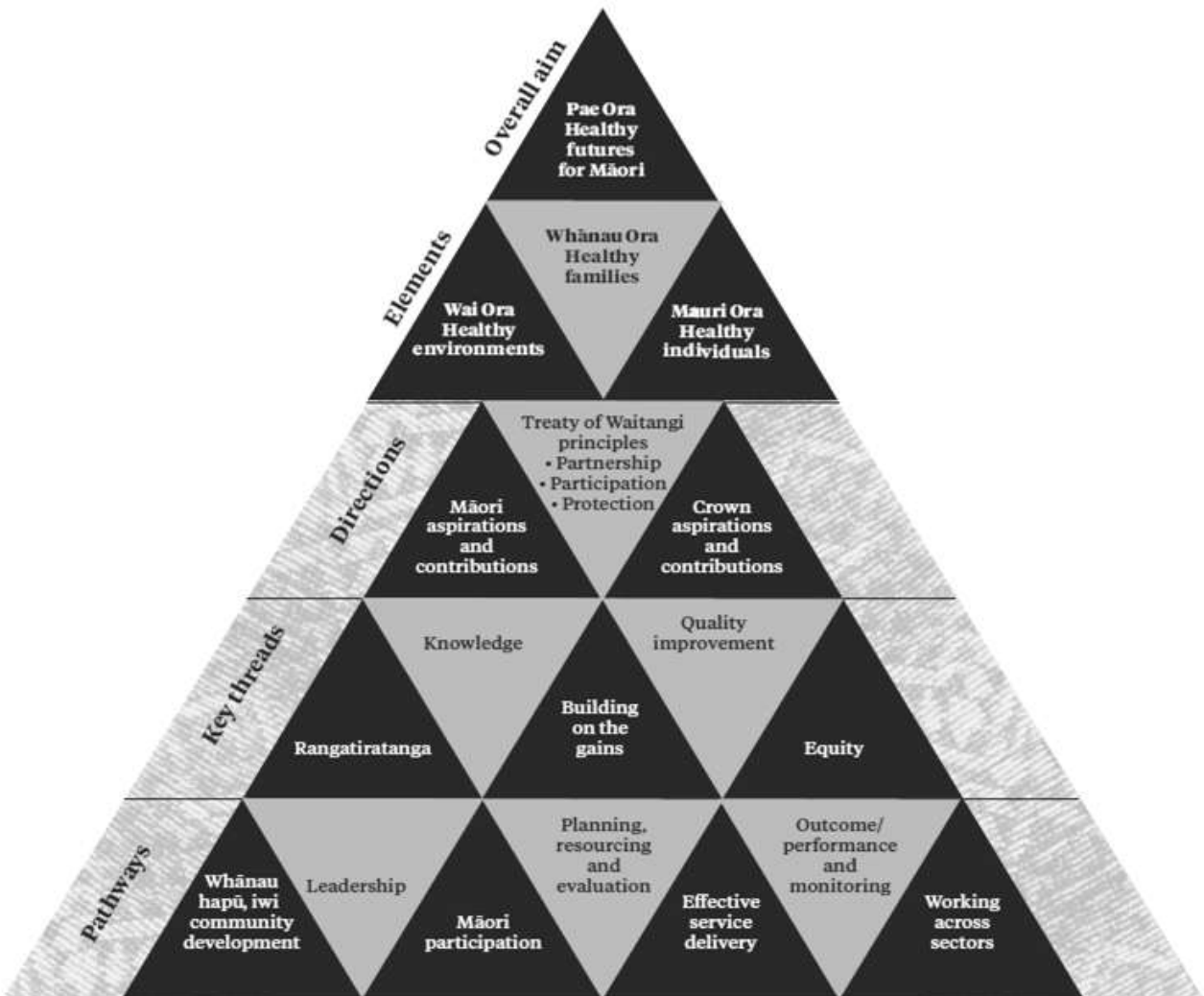
<sup>5</sup> Minister of Health and Associate Minister of Health. *He Korowai Oranga Māori Health Strategy*. Wellington; 2014.

<sup>6</sup> Whānau Ora. [cited 2014 June10]. Available from: <http://www.tpk.govt.nz/mi/in-focus/whānau-ora/>.

<sup>7</sup> Ministry of Health. *The Guide to He Korowai Oranga Māori Health Strategy*. Wellington; 2014.



Figure 3: Pae Ora framework





### 4.3 Our contribution to Māori health priorities

We contribute to the Government's and the three DHB's Māori health priorities and indicators. For example, our activities to reduce the supply of tobacco products will, over time, contribute to a reduction in smoking prevalence rates leading to reductions in cancers, respiratory disease and heart disease. How RPH contributes to national Māori health priorities<sup>8</sup> and regional priorities can be viewed in 'Appendix 4'.

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<sup>8</sup> Ministry of Health. Updates to the 2014/15 DHB Planning Guidelines - Māori Health Plan Guidance. Ministry of Health; 2014 [updated 10 February 2014; cited 18 March 2014]. Available from: <http://www.nsfh.health.govt.nz/apps/nsfh.nsf/pagesmh/506>

## 5.0 Key Māori Stakeholders

A number of linkages and relationships exist within the sub region served by RPH. In developing this plan we have acknowledged the following as key Māori stakeholders at an organisational level i.e. for all of RPH staff and management. There are many other Māori stakeholders relevant to individuals, teams and groups.

### 5.1 Ngā Tāngata Whenua o Te Upoko o Te Ika a Maui - *Tāngata Whenua* of the Wellington Region

The main *Iwi* maintain their *mana whenua*, *tāngata whenua* status in the Wellington region:

- Ngāti Raukawa ki te Tonga - centred in the north-west of the region at Ōtaki, with only part of their tribal territory in the Wellington region.
- Ngāti Toa Rangatira – focused around Porirua.
- Te Atiawa ki Kāpiti – situated around Waikanae.
- Te Atiawa ki Waiwhetū – centred in the Hutt Valley community.
- Taranaki Whānui ki Te Upoko o Te Ika a Māui – centred in the Hutt Valley and Wellington City.
- Ngāti Kahungunu ki Wairarapa.
- Rangitāne o Wairarapa Inc.

*Iwi* are represented by the following organisations:

- **Ngāti Raukawa ki te Tonga** - Te Rūnanga o Raukawa Inc.  
<http://www.raukawa.co.nz/> and <http://www.raukawakitetonga.Māori.nz/>
- **Ngāti Toa Rangatira** - Te Rūnanga o Toa Rangatira Inc  
<http://www.ngatitoa.iwi.nz>
- **Te Atiawa ki Kāpiti** - Te Rūnanga o Atiawa ki Kāpiti  
<http://teatiawakikapiti.co.nz/>
- **Te Atiawa ki Waiwhetū**  
<http://atiawa.com/>
- **Taranaki Whānui ki Te Upoko o Te Ika a Māui Inc.**  
<https://www.tekau.Māori.nz/> and <http://atiawa.com/>
- **Ngāti Kahungunu** - Ngāti Kahungunu o Wairarapa Taiwhenua Inc.  
[http://www.kahungunu.iwi.nz/sections/our\\_people/Taiwhenua/Wairarapa.html](http://www.kahungunu.iwi.nz/sections/our_people/Taiwhenua/Wairarapa.html)
- **Rangitāne** - Rangitāne o Wairarapa Inc.  
<http://www.rangitane.iwi.nz/>

**Note:** *Taura Here* (non-*tāngata whenua* Māori living/working in the region) groups actively exist in this region.

## 5.2 Whānau Ora Provider Collectives

### **Pari-ā-rua (Porirua)/Kāpiti**

Te Rūnanga o Toa Rangātira Incorporated:

- Ora Toa Primary Health Organisation (PHO)
- Ora Toa Medical Centres; Ora Toa Health Unit
- Ora Toa Dental Service; Rangataua Mauriora
- Ora Toa Residential Disability Service

### **Te Hono ki Tararua me Ruahine:**

- Te Rūnanga o Raukawa

### **Te Awakairangi - Hutt Valley**

Tākiri Mai Te Ata Incorporated:

- Kokiri Marae Health and Social Services
- Kokiri Marae Māori Women's Refuge
- Mana Wāhine
- Nāku Ēnei Tamariki Incorporated (Māori Section)
- Tū Kotahi Māori Asthma Trust
- Wainuiomata Marae
- Whai Oranga o Te Iwi Health Centre

Te Rūnanganui o Taranaki Whānui ki te Upoko o te Ika a Māui Incorporated:

- Te Awakairangi (Hutt Valley) Provider Collective

### **Wairarapa**

Whānau Ora Wairarapa Collective:

- Te Hauora Rūnanga o Wairarapa
- Whaiora Whānui Trust
- Rangitāne o Wairarapa
- Ngāti Kahungunu ki Wairarapa



### 5.3 Health sector

The following groups were identified during the development phase, as key Māori groups that are of particular significance to us:

- DHB Māori Relationship Board/s for Wairarapa, Hutt Valley and Capital & Coast DHBs
- Hutt Valley DHB Māori Services Development Group
- Capital & Coast DHB Whānau Ora Integrated Care Collaborative
- Sub-regional Māori health team, in particular:
  - 3DHB Executive Director Māori Health
  - Hutt Valley DHB Māori Health Manager
  - Wairarapa DHB Māori Health Manager





## 6.0 Evaluation

In line with *Te Ara Tuatoru – Pathway Three: Accountability*, an evaluation plan will need to be developed, with adequate and realistic resources allocated.

The types of evaluation questions we may want to answer could be:

- Have we done what we said we would do?
- How well did we do it?
- Are we learning as we take steps in this journey, and adapting activities and approaches as we go?
- What has changed at identified milestones, and at June 2017, as a result of our actions?

We could use the Results Based Accountability (RBA) style of monitoring our progress towards our outcomes. RBA is the approach that underpins the current reporting requirements for our core contract with the MOH i.e. performance accountability measures including:

- How much have we done?
- How well did we do it?
- Is anyone better off?

Population accountability measures could include our Bold Goal indicators that are currently in development.

We could include feedback from key Māori stakeholders, and monitoring/reporting systems that are already developed or in progress such as internal monthly reporting and public health governance/quality initiatives.

We will also need to decide how we communicate the results and to whom.

## Appendix 1 - Implementing the Māori Strategic Plan - *Te takune* (the intention)

The implementation table (see over) provides action-oriented examples of our commitment to meeting the strategic objectives under each pathway. Some of these actions have already begun to be implemented (e.g. cross – service action - relationships), while others set an expectation of work to be developed or strengthened either across the service, or operationally by groups, teams and individuals.

Implementing the pathways as part of our journey toward being ‘confident, connected and comfortable in working with Māori and ensuring our work makes a difference’ is a learning and growing process. The implementation table will be reviewed and revised annually. At both cross service and operational levels, we expect new ideas to come up and we support RPH staff in creating their own responses. In light of this, across all RPH activities, the Māori Strategic Plan outlines the essence or the heart of the call to action.

Within the following action areas it is the responsibility of those assigned to ensure the dedication of resource (time, people, budget) to progress the *mahi*. We know that champions are vital to this work, and as time progresses we look forward to seeing champions emerge across all levels of the organisation. The Leadership Team alongside Medical Officers of Health, senior advisors and team leaders will be responsible for areas needing cross-service response e.g. strategic relationships. However, at an operational level the expectation is that all staff promote and improve their relationships with Māori, support workforce development opportunities, encourage a shared accountability for Māori health, and communicate their progress across the service.

As the *whakataukī* (proverb) says,

*Māwhero māpango ka oti ai te mahi*

With red and black the work is done, or, if everyone does their part, the work will be complete.

The colours here refer to the traditional *kowhaiwhai* patterns on the inside of the meeting house.

## Regional Public Health Māori Strategic Plan - Implementation Action

### PATHWAY TUATAHI - RELATIONSHIPS

Cross Service Action			Operational Action		
What	Accountable	When	What	Who	When
Build relationships with Iwi Leaders.	Management	2014-17	Promoting our work with external Māori stakeholders.	Group Managers	2014/15
Meet with DHB Māori advisors and executive director Māori health – discuss our work, get advice and feedback and identify new opportunities.	Management	Quarterly	Identify and establish operational relationships with Māori stakeholders.	Team Leaders	2014/15
Work with relevant Māori Boards– sharing our work, listening and responding to advice and feedback. 1. Māori Partnership Boards 2. HVDHB Māori Services Development Group 3. CCDHB Whānau Ora Integrated Collaborative Care group 4. Whānau Ora Collectives (regionally) 5. DHB Māori Health Units	Management	Monthly	Taking part in key events in our region with high Māori participation, or at hui of significance to Māori.	Team Leaders	On-going
Ensuring cross service planning of RPH contribution to events and relevant hui of significance to Māori e.g. Creekfest, Tūmeke Taīta, Naenae Festival, Whiti te Rā, Te Rā o Raukura, Tū Kaha Conference etc.	Management	Minimum three per year			



## PATHWAY TUARUA – WORKFORCE DEVELOPMENT

Cross Service Action			Operational Action		
What	Accountable	When	What	Who	When
Review the workforce development plan, identifying work to build from and activities to progress.	Team Leaders	2014	Identify teams 'training and support' needs in working with Māori.	Managers, Team Leaders, staff	Annually
Establish and resource a working group to develop and implement projects equipping staff to be connected, confident and comfortable in working with Māori.  Priority project areas include: orientation information, toolkits on local iwi, access to Māori specialists and advisors, areas for cross service training (e.g. te reo, tikanga), directory of Māori services and networks.	Team Leaders	2014	Work with staff and teams to 'think Māori first' e.g. in project and programme planning, objective setting etc.	Team Leaders Seniors	2014/15
Enhance cross team approaches on areas of importance to Māori health – learning from each other e.g. rheumatic fever, tobacco, alcohol, drugs and non/communicable diseases.	Team Leaders Seniors	2014/15	Prioritise and support staff attendance at Māori specific training.	Managers, Team leaders	Annually
Identify ways to recognise specialist Māori skill sets and to provide leadership opportunities for Māori staff.	Management	2014/15	Ensure recruitment processes encourage Māori to work at RPH.	Group Managers, Team Leaders	2014

## PATHWAY TUATORU – ACCOUNTABILITY

Cross Service Action			Operational Action		
What	Accountable	When	What	Who	When
Through key relationships above, seek feedback on how RPH services can be improved for Māori and on opportunities to work together. Lead our service in response.	Management	Six mthly (min)	Provide opportunities for Māori stakeholders to feedback on our work. Lead the team in response.	Teams	2014/15
Provide cross service opportunities to critically reflect on our work with Māori and identify opportunities for improvement that feed in to planning processes e.g. utilising Whānau Ora tool.	Management	Annually	Set team goals and targets that ‘stretch’ our performance for Māori health, and actively monitor progress.	Team Leaders	2014
Set up system of monitoring, reporting and evaluating our progress toward implementation of the pathways e.g. cultural audit, ‘oversight’ group.	Management Public Health Governance	2014	Set individual annual performance objective/s that ‘stretch’ our performance for Māori Health, and actively monitor progress.	All	Annually

## PATHWAY TUAWHA - COMMUNICATIONS

Cross Service Action			Operational Action		
What	Accountable	When	What	Who	When
Ensure frequent and clear communication mechanisms of key messages, opportunities and feedback from Māori stakeholders to staff across the service.	Management and Business Support Unit	On-going	Create opportunities to share progress on our work with Māori, with groups, teams and individuals across the service e.g. case studies of our journey, lunch time discussions, presentations etc.	Teams	On-going
Maintain and promote centralised access to information on key events and meetings with Māori across the service, including links to relevant RPH staff and documentation.	Business Support Unit	2014	Utilise and contribute to central communications for key events and meetings.	Managers, Teams	2014

## Appendix 2 - Māori population and health profile

### DHB summary of Māori health

Each of our three DHBs' provides an annual Māori population and health profile in the Māori Health Plan. See each DHBs' web page:

#### **Wairarapa DHB and Hutt Valley DHBs:**

<http://www.huttvalleydhb.org.nz/news&resources/reports&publications/otherplanningdocuments>

#### **Capital & Coast DHB:**

<http://www.ccdhb.org.nz/aboutus/statutory-publications.htm>

#### **Health Needs Assessments**

DHB Health Needs Assessments identify the unmet health and healthcare needs of the DHB population by comparing the health status of Māori and non-Māori. See the Ministry of Health web page:

<http://www.health.govt.nz/our-work/populations/Māori-health/dhb-Māori-health-plans-and-health-needs-assessments#mhp1314>

#### **Statistics NZ 2013 Census QuickStats**

2013 Census QuickStats about Māori provides useful facts about:

- population
- work and income
- age and sex
- location
- Māori language
- education

See the Statistics New Zealand web page: <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-Māori-english.aspx>

#### **The Health of Māori Adults and Children, 2011–2013**

This four-page report, published online in June 2014, presents key findings on the health and wellbeing of Māori adults and children (2011–2013) and shows trends since 2006/07 New Zealand Health Survey (NZHS). See the Ministry of Health web page: <http://www.health.govt.nz/publication/health-Māori-adults-and-children-2011-2013>

#### **Te Ohonga Ake: The Determinants of Health for Māori Children and Young People in New Zealand**

This report, published online in May 2014, provides an overview of the underlying social determinants that influence the health and wellbeing of Māori children and young people. Determinants are

considered using four main sections covering the wider macroeconomic and policy context; socioeconomic and cultural determinants; risk and protective factors; and health outcomes as determinants. See the Ministry of Health web page: <http://www.health.govt.nz/publication/te-ohonga-ake-determinants-health-Māori-children-and-young-people>

**Further information:**

For more information on Māori health, see the Ministry of Health web page:

<http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/Māori-health-data-and-stats>



## Appendix 3 - Māori health models<sup>9</sup>

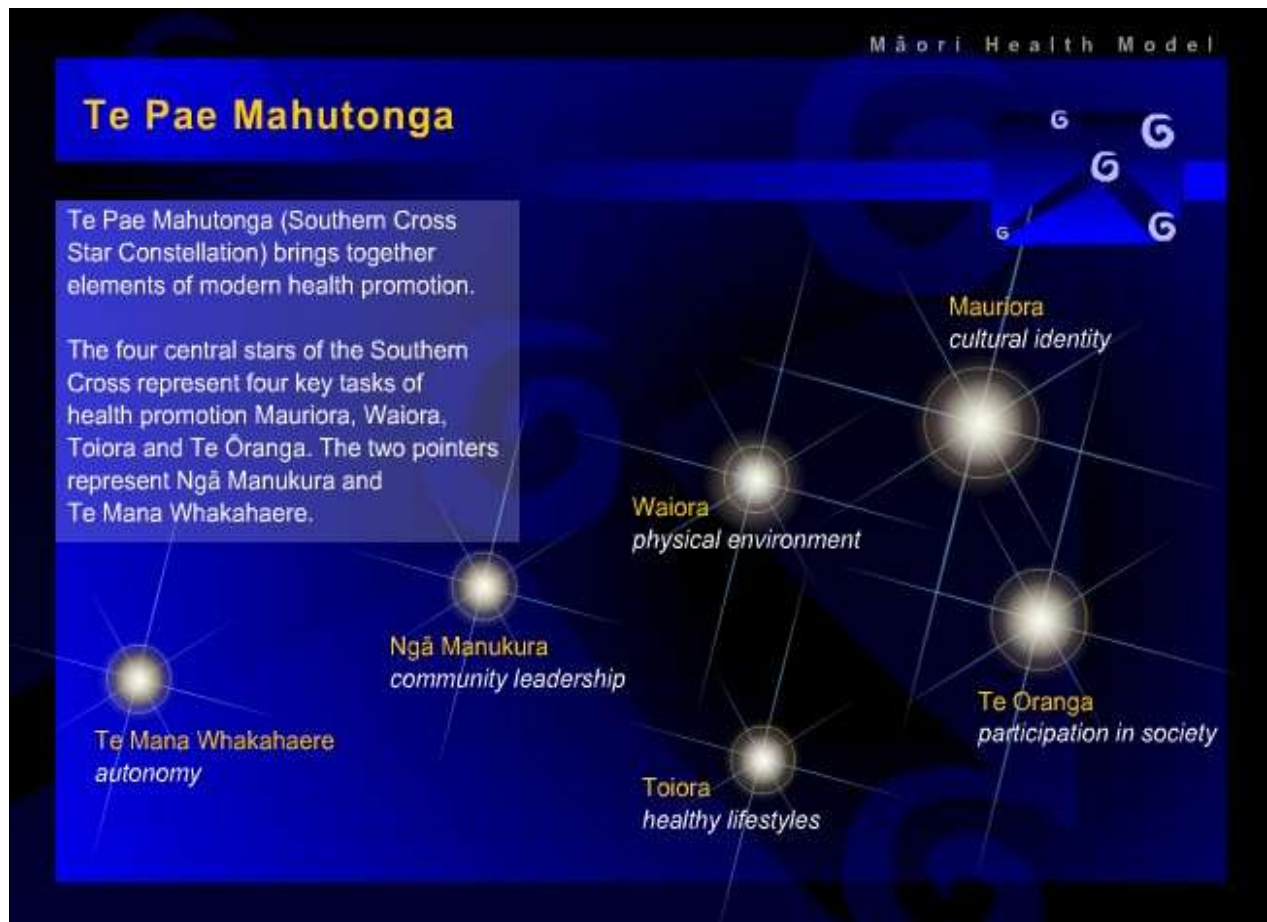
*Te Whare Tapa Whā* - Dr Mason Durie



*Te Whare Tapa Whā*, or the four cornerstones of Māori health, describes four dimensions which contribute to wellbeing:

- *Te taha wairua* (spiritual)
- *Te taha hinengaro* (mental and emotional)
- *Te taha whānau* (family and community)
- *Te taha tinana* (physical).

<sup>9</sup> Māori Health Models. [cited 2014 June10]. Available from: <http://www.health.govt.nz/our-work/populations/Māori-health/Māori-health-models>



*Te Pae Mahutonga* is the name of the constellation of stars referred to as the Southern Cross. The four central stars can be used to reflect particular goals of health promotion:

- Mauriora (access to Te Ao Māori)
- Waiora (environmental protection)
- Toiora (healthy lifestyles)
- Te Ōranga (participation in society)

The two pointers are reflective of provision of leadership and the ability to function autonomously:

- Ngā Manukura – leadership
- Te Mana Whakahaere - autonomy

<sup>10</sup> Te Pae Mahutonga: A Model for Māori Health Promotion. [cited 2014 June10]. Available from: <http://www.pha.org.nz/documents/tepaemahutonga.pdf>



*Te Wheke*, a Māori health model, “describes the eight tentacles which collectively contribute to *waiora* (total well-being). These include:

- *Wairuatanga* (spirituality)
- *Hinengaro* (mental)
- *Taha tinana* (physical)
- *Whānaungatanga* (the extended family)
- *Whatumanawa* (emotional)
- *Mauri* (life principle in people and objects)
- *Mana ake* (unique identity)
- *Hā a koro mā a kui mā* (inherited strengths).

## Appendix 4 - National and regional health priorities

Table 1: Type of RPH contribution to national Māori health priorities

Type of RPH contribution	Health Issue	Indicator(s)Target
Direct	Data Quality	Accuracy of ethnicity reporting in PHO registers. DHBs should also comment on how they are improving the quality of their ethnicity data (by ethnicity).
Direct	Access to care	Percentage of Māori enrolled in PHOs. Ambulatory Sensitive Hospitalisations rates per 100,000 for the 0-74, 0-4, and 45-64 age groups (by ethnicity).
Direct	Child health	Exclusive breastfeeding at 6 weeks, 3 months, and 6 months (by ethnicity).
Indirect	Cardiovascular disease	Percentage of the eligible population who have had their CVD risk assessed within the past five years (health target). 70% of high-risk patients will receive an angiogram within 3 days of admission. Over 95% of patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days.
Indirect	Cancer	Breast Screening. 70% of eligible women will have a BSA mammogram every two years. Cervical Screening. Percentage of women (Statistics NZ Census projection adjusted for prevalence of hysterectomies) aged 25-69 who have had a cervical screen in the past 36 months (by ethnicity).
Direct	Smoking	Hospitalised smokers provided with advice and help to quit (health target) Current smokers enrolled in a PHO and provided with advice and help to quit (health target) (by ethnicity).
Direct	Immunisation	Percentage of infants fully immunised by eight months of age (health target) Seasonal influenza immunisation rates in the eligible population (65 years and over) (by ethnicity).
Direct	Rheumatic Fever	2013/2014 rheumatic fever target - number and rate reductions, 10% below 3-year average (by ethnicity).
Indirect	Oral Health	Preschool enrolments (by ethnicity).
Indirect	Mental Health	Mental Health Act: section 29 community treatment order comparing Māori rates with other.



## Central region Māori health priorities in 'Tū Ora - Regional Māori Health Plan'<sup>11</sup>:

- Māori workforce development
- Quality service provision
- Collaborative action
- Sharing and measuring information

**Table 2: Type of RPH contribution to sub-regional/local Māori health priorities in 2014-15 DHB Māori Health Plans:**  
(pending any changes yet to be confirmed)

Type of RPH contribution	Health Issue	Indicator(s)Target
Indirect	Greater sub-regional collaboration	(sub-regional) Local and sub-regional Māori Partnership Boards processes are in place and functioning.
Indirect	Child Health did not attend rates (DNA)	(sub-regional) Number of Māori children DNA episodes. Number of Māori children DNA follow up events completed. Decrease in DNA rates for Māori children. Number of Cardiac DNA episodes for Māori. Number of Māori Cardiac DNA follow up events completed. Decrease in Cardiac DNA rates for Māori.
Direct	Whānau Ora	(sub-regional) Support the implementation of Whānau Ora.
Indirect	Long Term Conditions (LTC) Diabetes	(HVDHB, CCDHB) Number of referrals to self-management programmes. (HVDHB) Identification of the Shared Care model (Phase 1). (CCDHB) Number of practices with population plans. (CCDHB) Number of nurses certificated at each level of the Diabetes Nursing Knowledge and Skill Framework. (CCDHB) 90% of practices receive direct diabetes nurse specialist support.
Indirect	Youth health	(HVDHB, CCDHB) Youth Health Primary Care Workforce Development Plan by December 2014. (HVDHB, CCDHB) Quantify some development e.g. primary mental health workforce by 30 June 2015. (HVDHB, CCDHB) Clinical Pathways for three youth health services. (HVDHB) Improved the follow-up in primary care of youth aged 12-19 years discharged from secondary mental health and addiction. (HVDHB) Improved follow-up care for those discharged from CAMHS and Youth AOD services. (HVDHB) Mental Health providers from primary and secondary services attending Strengthening Families, Youth Offending Team, and High and Complex Needs meetings, participating in Gateway Assessments and the functions of the Children's Action Plan.

<sup>11</sup> Wiki J. Tū Ora: Regional Māori Health Plan. Wellington: Central Region District Health Boards; 2011.

		(HVDHB) Improved services for Māori and Pacific populations who choose to use mainstream services.
Indirect	Sudden Unexpected Death of an Infant	(HVDHB) National SUDI target - 0.5 SUDI deaths per 1,000 live births (by ethnicity).
Indirect	Oral Health	(HVDHB) Increased proportion of Māori children caries free at 5 years. (HVDHB) Decrease in the mean number of decayed, missing or filled teeth. (DMFT) at year 8 for Māori children. (HVDHB) Percentage of Māori children 2-12 who are overdue an oral health exam. (CCDHB) Percentage of adolescents accessing DHB funded dental services.
Direct	Sector integration	(CCDHB) Support the Child and Youth Integrated Care Collaborative (ICC) and Alliance Leadership Team.
Direct	Smoking	(CCDHB) 100% of patients, who smoke and are referred to Whānau Care Services receive smoking cessation advice. (CCDHB) All Whānau Care Services delivery staff undertakes and completes ABC training.



