

He Ara Whakamua

A pathway moving forward

Māori Health Strategy 2024-2027

He Ara Whakamua

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Mihi

Korōria tonu ki a Io, te mata huna!

Kia piki tonu, te orange, te kaha me te māramatanga
ki runga i te Kuīni Māori Ngā Wai Hono i te Pō me te Whare Ariki nui tonu!

Ka tahuringia kē, ki te hunga kua hingaia e te ringa kaha rawa o Aituā – takoto mai, moe mai
koutou, haere, haere, haere! Kāti! Rātou ki a rātou! Tātou ki a tātou!

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 tēnei mahere.

Nā reira, tēnā tātou katoa.

Te Tiriti o Waitangi

Pinnacle Midlands Health Network (Pinnacle) Māori Health strategy, He Ara Whakamua is underpinned by Te Tiriti o Waitangi principles.

- Tino Rangatiratanga / Self-determination
- Pātuitanga / Partnership
- Mana Taurite / Equity
- Whakamarumarutia / Active protection
- Kōwhiringa / Options

We acknowledge the special relationship between the Crown and Tāngata Whenua and will actively work alongside Māori to affirm Te Tiriti o Waitangi principles.

Foreword

The disparities in health outcomes for Māori are unacceptable.

As a healthcare organisation, we must have a clear understanding of our contribution to reversing decades of inequity. The health sector cannot leave it to Māori providers to do the heavy lifting on improving health outcomes. Many Māori will continue to access mainstream health services, and those services need to step up in terms of cultural competency, culturally sensitive service models and a strategy for improving Māori health and life expectancy.

He Ara Whakamua has been developed in response to the major health issues Māori face within the Midland Te Whatu Ora districts. It is expected He Ara Whakamua will provide support for strategy and service development within Pinnacle. He Ara Whakamua will ensure a Māori equity lens is applied to operational programmes and initiatives with reference to how the services will contribute to improving Māori health.

The description of He Ara Whakamua is essentially generalised, and like many other sectors such as social education, justice and health, Māori, like those of all other populations, will have their own individual preferences and beliefs. He Ara Whakamua does not identify specific interventions or prioritise action, nor should it. Priority health issues and effective interventions will differ at national, regional and local levels.

Priority issues for the health sector are set out in the New Zealand Health Strategy – using a combination of the national priorities, within the New Zealand Disability Strategy, associated national population and service strategies and their own needs assessments and like Pinnacle are in the best position to determine the priorities for their districts and sub districts.

He Ara Whakamua provides a conceptual basis, and pragmatic suggestions, to make sure these priorities are integrated throughout Pinnacle, from governance to front line service delivery.

For Pinnacle to continue to achieve sustainable and leading-edge primary care service provision, working with Māori and communities is essential. Culturally relevant solutions are needed that require the adoption of culturally specific and appropriate frameworks. This is the start of a journey for us to be the very best we can, together with Māori, to help achieve better health gain and wellbeing outcomes. This journey will challenge Pinnacle as individuals, and as an organisation, in our approach to working with Māori.

These challenges will continue to forecast, revise, and adapt our approach as the political landscape and health priorities change. The crucial outcome for the network is we continue to strive towards better health outcomes for the individual and whānau, and eventually achieve equitable health outcomes for Māori.

The establishment of the Iwi Māori Partnership Boards (IMPBs) alongside the localities work with communities and local primary care, community providers, local social care services and local government is to improve service delivery and Māori health and wellbeing outcomes.

The vision for IMPBs to have a stronger voice in local decision making, powering up communities to lead and shape the health system to work for them - alongside the needs of the wider community including the whānau voice on what works best for them.

The establishment of IMPBs in planning and delivery of healthcare in their communities will be an important relationship with local input into health services, especially primary and community services, and will contribute to improving Māori health outcomes.

Some of the key focuses for Pinnacle in working with IMPBs will be to support services being designed by them to meet the local context in each locality within Te Manawa Taki and to recognise the unique mana whenua, and IMPBs aspirations in to achieving these.

He Ara Whakamua states what we believe is essential to become lifetime partners with Māori by being confident, connected and comfortable as a network. It includes pathways and strategies on which to base our journey to achieve the optimum health outcome for Māori and achieve whānau ora.

He Ara Whakamua provides direction and support for taking action that creates change. He Ara Whakamua requires leadership, knowledge, and commitment at all levels of Pinnacle. Many thanks to all who have contributed to the development of this strategy including Pinnacle staff, both past and present.

We can be proud of what you contributed to create He Ara Whakamua and the actions already under way, and those to come, that work towards achieving a state of wellbeing - Whānau Ora - Pae Ora.

Justin Butcher

Kaiwhakatere (Chief Executive Officer)
Pinnacle Midlands Health Network

He kōrero tīmatanga: Introduction

Pinnacle has a core function in supporting sustainable and thriving general practice to improve health outcomes for their populations.

As a part of the Pinnacle Group, Midlands Health Network started as a partnership between Māori organisations, Turanga Health in Tairāwhiti, Tui Ora in Taranaki and the practices represented by Pinnacle Incorporated.

From the outset, acknowledging the importance of this has been an important part of the values of the organisation. Ongoing work continues to support the relationships and work of the partner organisations. However, improving and enhancing our capability to contribute to accelerate Māori health gains will be an ongoing priority.

In addition, the development of the Midlands Health Network population profile “Te Manawa Taki 2023-2033” highlighted projected changes within each rohe including planning considerations.

It highlighted many of the major health issues facing Māori deemed relevant to primary health care. The report took a strengths-based approach looking for preventative and developmental opportunities. Key facts arising from the report were noted, which will help inform further initiatives and drivers for change.

For many years, Pinnacle has operated without a specific Māori strategic health plan to guide our work with the Māori community. Arising from this need, He Ara Whakamua began development in October 2018 as a result of recognition that ongoing inequity called for a specific focus on Māori health outcomes. Since then, there has been an attempt to integrate an approach that will support staff in the efforts to influence change. The ongoing challenge for Pinnacle is that behavioural inclusion without structural inclusion will not change the status quo in the attempt to address inequities.

He Ara Whakamua strategy reflects drivers of collective wisdom, including professionalism and experience of Pinnacle staff, network partnerships, evidence-based data collection, research, and best practice. The focus is on improving and enhancing our capability to contribute to accelerating Māori health gains. Individual contracts and partnerships have continued to be developed that build on relationships Pinnacle has within the Māori community.

Possibly the single largest Māori health gain to achieve would be to reduce tobacco smoking within Māoridom (Blakely, et.al., 2006). Progress towards smokefree Māori has the potential to reduce a sizable proportion of preventable deaths and hospitalisations for both adult and tamariki Māori, with the additional benefit to the health system of savings in health dollars.

The continued efforts within legislation, action plans, data analysis, and identifying smoking status of communities will contribute to an overall reduction in smoking. Adopting He Ara Whakamua will require a commitment and engagement to such programmes that are whānau-centred, including Māori methodologies, which is needed for those who are currently smoking to successfully quit and help reduce the number of rangatahi smoking.

He Ara Whakamua is intended to be a living document, with the focus on people, relationships, and the overall intention of improving Māori Health, rather than just documentation and reports.

We want meaningful relationships with ongoing listening, talking, decision-making and action. This is required externally both with stakeholders and within Pinnacle's internal governance structures. In recognising the need for change in our organisation, relationships with Māori and with each other, we need to recognise the responsibility required to hold ourselves to account and uphold the key obligations of Te Tiriti o Waitangi.

Moving forward

This document is informed by various other guiding documents such as the WAI 2575 Hauora report, Health and Disability System Review, Heather Simpson report, and the Whakamaua Māori health action plan 2020-2025.

In addition, the health field is changing but we continually need to meet the needs of our whānau. We must offer innovative solutions that are best described by our whānau, hapū and iwi ensuring they reflect the aspirations of our communities, both now and in the future. This will no doubt be a priority for our IMPBs.

Pinnacle now has greater access to up-to-date health data. He Ara Whakamua will rely on the greater use of health status information using data such as the introduction of IMPB dashboards to enable us to feedback to members and contracted providers, to help us make decisions alongside our communities about what we do, and how we do it collectively.

There is general understanding that implementing successful strategies utilising data for Māori will also successfully address the needs of the general population. Therefore, implementing He Ara Whakamua will serve wider populations within the network.

It is vital Pinnacle responds to changes in the health field and is up to date in our strategies, approaches and thinking regarding Māori health. We believe He Ara Whakamua alongside other Pinnacle strategies will guide the network towards that.

What would success look like?

Looking ahead, within the next 10 years our growing, ageing and increasingly Māori population, coupled with the increasing prevalence of long-term conditions, and disability, means the current approach to health care will be hard to sustain. A shift in approach, with a greater focus on prevention and wellness, as well as integrating kaupapa Māori methodologies within the Pinnacle infrastructure is required to meet the challenges ahead.

This shift includes optimising and further supporting the skills of the Māori workforce and harnessing new technologies to enable more whānau-centred care to be delivered in the community, close to where whānau live, work and learn. By implementing priorities such as these, we are embracing new opportunities to secure health improvements for individuals, whānau Māori and the communities we serve.

Continuing with the current model of care, based largely on a western medical model, requiring employing more and more medical qualified staff, focusing on illness rather than promoting wellness will not only be ineffective in achieving the equitable outcomes we desire, but it will also not be sustainable.

Taking on new ways of service delivery within primary care and partnering with iwi, hapu and whānau can only help contribute to improving equitable health outcomes for our populations, particularly whānau Māori where the system has not served them well. Equally important is ensuring the way services are designed collaboratively with Māori and delivered in a way that works for them.

The next 10 years will be challenging but it is a priority for Pinnacle to contribute to improving equitable health outcomes for Māori.

Te Tūāpapa: Our foundation/values

The Pinnacle Network Plan “describes how we will work with our practices and Te Whatu Ora to achieve improved health outcomes for the Midland enrolled population.”

It is envisaged He Ara Whakamua will further enhance the network plan with a Māori lens to help reduce the gaps and barriers for Māori.

He Moemoea: Vision	Our Moemoea is Māori are healthy and enjoying equal quality of life, from infants (pēpi) to elderly (kaumātua kuia)
He kaupapa: Guiding principles	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 challenges
He whāinga: Goal example	Meaningful relationships with Māori will demonstrate some long-term commitment and organisational engagement which contribute to Māori health gain.
He whai Tikanga: Our pathways example	From discussions and sharing of ideas within the network, the following value-based pathways were identified as a starting point. This concept was to integrate a set of unified organisational values to achieve our mission, ongoing success, and performance excellence.

Obligations

Pinnacle has obligations to focus on Māori health under the PHO Services agreement and specific obligations under our various Māori provider contracts. These contracts provide primary health services within Pinnacle's geographical area with specific references to equity requirements.

Pinnacle manages the services to general practice that provide subsidised health care for people who are enrolled with a general practice team, including primary care equity funding.

Te Wero: The Challenges

Arguably, there is debate about the role of individual responsibility for behaviour and the role of government or wider structural change. However, while it is true everyone does have personal responsibilities for their own health and wellbeing, there continues to exist systemic failures and processes within the health sector.

These create barriers to accessing quality health services and best practice health and wellbeing information for Māori. Improving our presence and working within the Māori community requires a cultural shift in how we deliver our services within indigenous populations.

Challenge 1: Health disparities

The first challenge is to 'eliminate' and/or 'drastically reduce' health disparities. Jones (2009) describes the need to address the social determinants of equity, as well as the social determinants of health and at the same time provide equitable health services that deal with treatment, management and prevention of ill health.

Challenge 2: Health literacy

We know culture and health literacy affect the way people understand health and illness, how they access health care services and how they respond to health care interventions. Levels of health literacy are a result of complex factors which can contribute to health disparities. As such, lack of health literacy presents a considerable challenge to successfully implementing initiatives. This results in the need for different approaches to providing information required for shared decision making.

When health practitioners use effective communication skills, demonstrate the appropriate attitudes, awareness, knowledge and skills, these can lead in turn to diagnoses that are more accurate and more effective treatment plans. These results not only contribute to greater patient comfort and perception of better care, but also improve patient adherence to treatment, recommendations and effective health plans (Rauawaawa Kaumātua Charitable Trust Research Project Team, 2013).

Challenge 3: Institutionalised racism

Within the Aotearoa health context, honouring Te Tiriti o Waitangi can be a pathway towards transforming institutional racism. In most situations, such change is likely to be resisted by those sitting in structures of power and privilege, which are rooted in the values, behaviours, systems, and viewpoints of one culture only. Institutional racism is defined as "an entrenched pattern of differential access to material resources and power determined by race, which advantages one sector of the population while disadvantaging another" (Health Promotion Forum of New Zealand, 2014).

Practices, health policies, unconscious bias, governance structures, and leadership that empower institutional racism need to be systematically eliminated from the health sector and challenged by those in leadership positions. Resistance cannot be a rationale to weaken responsibility for such necessary change but a vehicle which can inspire innovation and partnership. Transforming institutional racism needs to be driven by senior health managers, CEOs, health and governance boards, professional bodies, unions, and by local government.

Challenge 4: Response to social determinates of health

Certain subgroups of our population, particularly those who are less empowered and who have lower socioeconomic status, tend to live and work in more degraded environments and have a higher exposure to risk factors for disease, as well as impacts of chronic stress. Consequently, they have worse health and shorter lives.

Examples of such impacts were experienced by Māori (and others) when they were exposed to high-risk work environments in the '50s and '60s which denied workers the opportunity to work in healthy productive work environments. Consequences of working within these environments are now becoming apparent through higher cancer rates, chronic diseases, and mental health issues.

Addressing such challenges may seem overwhelming but building governance and accountability measures, whereby all sectors take responsibility for reducing health inequities should be prioritised. This could include housing, justice, health, and education where an intersectoral action and approach becomes a priority - intersectoral action can be described as effectively implementing key integrated health priorities between different sectors.

The governance required to act on social determinants is not possible without a new culture of participation and prioritisation. All sectors and the wider health organisations must be held accountable to achieve an equity health outcome. Facilitating participation across the sector can help safeguard equity as a principle and ensure its inclusion in public policy.

Tihei mauri ora!

Te Kitea: The vision

Our best and most important resource to make change is organisational change. To promote such inspirational goals, we must first understand, acknowledge, and want to participate in te ao Māori (the Māori worldview).

Implementing He Ara Whakamua will improve our ability and thinking as individuals, project leads, teams, and as a PHO to work within a broader Māori context. By critically challenging ourselves about who benefits from our work, we continue to move towards:

- improving our skills, knowledge, attitude and understanding of te ao Māori (the Māori worldview)
- changing and improving our organisational culture through policy and procedures
- building and maintaining relationships which ultimately can contribute to better health outcomes for Māori
- positioning Pinnacle as a leader in the provision of services for Māori, by Māori, with Māori in full consultation
- prioritising income and contract streams identifying where best service provision will improve for Māori.

It is hoped this ongoing prospect of cultural change within our organisation will challenge us to 'think Māori first' in all we do - day to day, year to year and strategy to strategy. This is important in supporting Māori aspirations of better health outcomes. Despite many of us writing, reporting, researching, and discussing inequalities in health our whānau continue to experience poor health outcomes.

Te Mahere: The plan/proposal

Māori public health action is action that improves the health of the whole of Māori communities. It is driven by the right to good health as indigenous peoples and Tiriti partners. This also considers the disproportionate health needs of Māori (Ratima & Ratima, 2004). If Māori are to live longer, have healthier lives, and fulfil their potential to participate in New Zealand society, the factors that cause inequalities in health need to be addressed (Brown, 2011).

This right to good health, as stated by Tiriti and legal expert Moana Jackson, acknowledges "Māori do not just have specific health needs but more fundamentally a right to be healthy" (Minister of Health & Associate Minister of Health, 2002). By meeting our obligations as a Primary Health Organisation 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.

To achieve such aspirational and achievable goals and outcomes for Māori, Pinnacle will need to adopt specific strategies, such as:

- Create an expectation of consultation and participation of community Māori in governance and decision-making.
- Address Māori needs through clinical data indicators, partnerships with IMPB, service providers and an integrated, patient-centric care model that focuses resource on high need populations of which sadly a high portion are Māori.

- Have a specific focus on Māori regarding population health trends and determinants of health.
- Commitment to continue measuring Māori health, and reporting organisational outcomes through an equity lens and tools where appropriate.
- Support cultural awareness for staff and practice staff.
- Commit to consultation with Māori, and where possible co-design of policies, plans and activities.
- Support a reduction in inequity of health determinants with others in the sector through projects such as marae clinics.
- Build Māori workforce and capacity building within practices and the organisation.
- Build awareness and education through an equity lens in all we do as a network.

He Huarahi: The pathways

He Ara Whakamua Strategy document will represent our collective organisational and individual commitment to strengthen our contribution toward improving Māori health and wellbeing. We will continue to expand our thinking about who contributes to health by tapping into the skills of individuals, networks, and health services within our communities and organisation. Building stronger partnerships and alliances with them will help us deliver better health outcomes that provide the very best for Māori.

He Ara Whakamua is one element in a journey towards being the best we can be in supporting and contributing to Māori aspirations and fundamental right to live healthy lives. 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 four years.

The Pinnacle strategic plan will be guided by overarching synergies of equitable primary care through He Ara Whakamua guidelines, which focuses ongoing accountability for strategic, cross service and operational levels. We need to prepare for the future, prioritise the resources, make challenging decisions, align resources with whānau aspirations, engage stakeholders, increase efficiency and effectiveness, promote innovation, and encourage accountability.

As Pinnacle works toward these commitments, we encourage each other to consider and use Māori models of health and wellbeing as we reflect and improve on our organisational and individual practice. Examples of these are identified in each pathway below.

Mauri ora!

Pou 1: Māori workforce development

Being comfortable and confident in working with Māori and in making practical connections is important to effective primary care health interaction and practice. Within Pinnacle, we want us all to grow, work, and develop together and be empowered. Providing a platform of information, guidance, training and opportunities to learn from these connections will enable everyone to work more effectively with Māori and will eventually strengthen Pinnacle relationships. In selecting new staff, we will place a high value on their 'fit' and their life experiences with our aspirations and values, including these pathways.

Māori workforce priorities within the primary sector remain applicable to today and the decades ahead. It also demonstrates that Māori workforce development within Pinnacle needs to be considered as a long-term process, the fruits of which might not necessarily be enjoyed by those who pioneer change but by future generations who will see the fruition of their earlier struggles.

Our rangatahi workforce (young people aged 15-24) initiatives will be an example to pave the way for non-traditional ways of working, be instrumental in driving necessary change in our workforce, and keep our economy and vibrant community thriving. Our region's rangatahi can bring innovation, social awareness, adaptability, new sets of skills, and entrepreneurship to the workforce.

Aim: There will be an appropriate internal workforce that reflects, and is prepared for, the current and future needs of whānau Māori.

Objective: We are supported to think "Māori first". Our workforce reflects the regional demographic for Māori, both in skill base, mātauranga (Māori knowledge) and executive leadership roles.

Commitment:

- Equipping staff with the information, guidance and training they need to improve their work with Māori.
- Creating opportunities to work across the services on Māori health and learn from each other.
- Ensuring recruitment processes and environment encourage Māori to work at Pinnacle.
- Recognising and valuing existing cultural knowledge and expertise of staff.

Pou 2: Relationships

Working closely with Māori is critical to Pinnacle contributing to improving Māori health and reducing inequalities. As an organisation, we want to be aware and reliable in our relationships with Māori.

Our existing and developing relationships with iwi, Māori health networks, IMPBs, and Māori health providers are a vital and valuable aspiration to be cherished and nurtured. They provide tuapapa (a foundation) for the improvements and contributions towards Māori health gain 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 influence how we do things. Increasing our ability to be collaborative and to share will strengthen our long-term relationship with Māori stakeholders in our region, and acknowledges we are part of the wider community.

(Te Whare Tapa Whā – Taha Whānau).

Aim: To improve Māori health outcomes by strengthening relationships with Māori.

Objective: To improve our strategic relationships with IMPBs and Māori collaboratively.

Commitment: We develop strong strategic relationships with Māori.

Pou 3: Leadership

Effective leadership in primary healthcare emphasises equitable, safe, high quality, and compassionate care being the top priority. Good leadership will make sure the voice of communities and services is consistently heard at every level and patient experience, concerns, needs and experience (positive and negative) are consistently attended to. For Māori these traits are not too dissimilar than for non-Māori, however Māori health statistics would indicate systemic and institutionalised leadership continue to inhibit Māori participation, consultation and engagement in health.

Leadership is about setting an expectation that good primary health care provision will contribute to better health equity for all New Zealanders.

Aim: Pinnacle leads an equitable health care service, which prioritises services to those most in need and promotes accessible, acceptable, affordable and timely services.

Objective: All Pinnacle programme leads, managers, boards, management teams, and activities identify equity appropriate actions.

Commitment: Capacity and capability operational functions within work streams is prioritised (the how).

Pou 4: Commitment

A strong primary health care system is seen as a central contributor to maintaining and improving health and wellbeing and tackling inequalities in health. Māori, Pacific peoples and people from lower socioeconomic groups have poorer health and die younger than other New Zealanders. The reasons for health inequalities are complex and generally beyond the control of the groups most affected.

Aim: An equity lens is applied to all activities we undertake to make sure those activities help to overcome health inequities.

Objective: Identifying and tackling the root causes of health inequities; that is, the social, economic, cultural and historical factors that fundamentally determine health.

Commitment: Ensuring equity and quality targets are developed in Pinnacle initiatives, programmes, quality improvement plans and processors.

Monitoring the effectiveness

The role of the Pinnacle board is essential in setting priorities, monitoring initiatives, and ensuring we have a continual focus on improving health outcomes for all, with a reduction in inequity for Māori. Pinnacle will specifically monitor and target initiatives to improve Māori health by analysing data. Diversity composition on any board should be a perquisite and can contribute to diversity of thought. This has been a priority area for Pinnacle and can contribute to a more “collegial” board culture.

Conclusion

For Pinnacle, there are many challenges and changes both within the health sector and more widely, under New Zealand governments that impact significantly on the health and wellbeing of our whānau. Those influenced the most will be populations and communities already at the greatest risk of ill health.

However, many changes and trends occurring within the wider primary health sector and community can be beneficial to what we wish to achieve.

We are in challenging times economically, with international and national power shifts influencing our lives daily. These are going to have significant ramifications for the primary care sector and general practice as well as the communities and people for whom we seek health outcome equity.

The challenge for all of us, irrespective of whether we are working in primary care, or social service providers, NGOs, local council, private health practitioner's or at grass-roots communities, is to further develop and forecast health trends in its broadest sense, including those social determinates that impact on our local communities.

While as a PHO we cannot control the threats to our values and principles, which at times may seem overwhelming, we must focus on the opportunities and work strategically to improve the status quo for Māori and those vulnerable populations we so avidly report about.

Recommendation

This document has been reviewed by multiple Pinnacle kaimahi (employees), and their feedback has been implemented. Therefore, we recommend the final draft 2024-2027 of He Ara Whakamua strategy be disseminated to Pinnacle kaimahi.

Appendix — action plan

Planning for Māori inclusion: a 7-point checklist

This checklist is designed to help you think ahead when planning Māori inclusion in your work and projects at Pinnacle.

Relationship building

1. Who will you appoint as a Māori representative on the working group? OR
How do you intend to consult with Māori in a co-design process?

ACTION: _____

2. What specific relationships will you need to build with Māori to ensure the success of the work/project?

ACTION: _____

Resources

3. What Māori resources will you need?

ACTION: _____

Organisational accountability

4. What are your plans to incorporate Māori within the leadership / governance / organisational structure?

ACTION: _____

Data collection

5. What data on Māori will you collect / require to ensure evidence-based decisions are incorporated?

ACTION: _____

Outcomes

6. What SMART (specific, measurable, achievable, realistic and timely) outcomes will you measure regarding Māori?

ACTION: _____

7. How will the outcomes be evaluated, or information be disseminated, after the project has been completed and to who?

ACTION _____

Māori models of health

Māori models of health have been considered to guide any future activities, interventions and programmes which are Te Whare Tapa Wha, Te Mahutonga and Te Wheke.

Māori health strategies

He Korowai Oranga

He Korowai Oranga: Māori Health Strategy sets the direction for Māori health development in the health and disability sector. This strategy was written for publicly funded health services such as ours, to help plan and deliver our work through a Māori worldview. A strategy 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 (Minister of Health & Associate Minister of Health, 2014).

Whānau Ora

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 we use a 'Māori first' approach when delivering our services (Te Puni Kōkiri, 2018).

Pae Ora

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 (Minister of Health, 2015).

IMPBs (Iwi Māori Partnership Boards)

The Boards are legislatively recognised to ensure Māori governance in the determination of health priorities for iwi and Māori across localities.

The recent changes arising from the health reforms established a localities approach that ensured health services are organised in a way that makes sense to the geographic communities they serve.

Under the locality governance - led by IMPBs and community leaders - localities work with communities and local primary care, community providers, local social care services and local government to improve service delivery and Māori health and wellbeing outcomes.

A key focus for Pinnacle will be working with IMPBs to ensure services are being designed to meet the local context in each locality and to recognise the unique mana whenua aspirations in each rohe (region).

IMPBs will voice the aspirations and priorities of Māori communities, agree on locality plans and influence regionally through their relationship with Te Aka Whai Ora.

Health Status Report 2023 Executive Summary

[TWO-5300-Health-Status-Report-Executive-Summary_visuals_P06_V1.pdf \(tewhatauora.govt.nz\)](#)

Key Te Whatu Ora Māori organisations

The following groups were identified as key Te Whatu Ora Māori organisations of particular significance to us:

- Waikato Te Whatu Ora Māori Health Unit Te Puna Oranga
- Lakes Te Whatu Ora Māori Health Unit
- Taranaki Te Whatu Ora Māori Health Unit
- Tairāwhiti Te Whatu Ora Māori health team.

Key Māori stakeholders

Several linkages and relationships exist within the region served by Pinnacle. In developing this Strategy, we have acknowledged the following as key Māori stakeholders at an organisational level i.e. for all Pinnacle kaimahi and management. There are many other Māori stakeholders relevant to individuals, teams and groups.

- [Turanga Health](#)
- [Te Rūnanga O Ngāti Pikiao Trust](#)
- [Tui Ora](#)
- [Raukawa Charitable Trust Health and Social Development Unit](#)
- [Rauawaawa Charitable Trust](#)
- [Raukura Hauora O Tainui](#)
- [Maniapoto Mare Pac Trust](#)

Towards the goal of Māori health

The following examples are from a selection of our strategic programmes which illustrate activities on the journey towards our goal for Māori health.

School clinics

Highlights of the school clinics include:

- a focus on decile 1-5 across Waikato including kura, TPU and Alt Ed which identifies a high population of rangatahi Māori in this decile cohort
- treatment and antibiotic cover for skin infections with the aim of reducing the need for
- primary and secondary care for Māori children
- raising rheumatic fever awareness to increase the number of Māori children presenting at clinics
- primary health care services for treatment of sore throats.

Community outreach nurse

This service is targeted at making health care easily accessible to remote areas, particularly focusing on chronic disease states such as asthma, diabetes and cardiac disease. In addition, this service has been used as a follow up for those who have not attended general practice services for immunisations, cervical screening, diabetes checks, etc. The service is coordinated by a community provider coordinator and works externally with other health providers, such as community outreach nurses to maximise the potential for local services and effective primary health care outcomes.

The outcomes sought through this service:

- early identification and intervention of heart disease, diabetes and respiratory disease among Māori
- individuals and whānau are empowered and enabled to effectively manage their own health and health decision-making in relation to diabetes, respiratory disease and heart disease
- improved access and uptake of the range of effective primary and secondary care for diabetes, respiratory disease and heart disease
- Improved access to quality health services meeting Māori needs for clinical and cultural competency
- Referral of appropriate patients to the nurse coordinator, and appropriate two-way referrals with diabetes nurse educators.
- Engagement and collaboration to achieve a common goal.

Health needs assessments

Te Whatu Ora health needs assessments identify the unmet health and healthcare needs of Te Whatu Ora's population by comparing the health status of Māori and non-Māori. [See the Ministry of Health webpage](#)

Statistics NZ 2023 Census QuickStats

2023 Census QuickStats about Māori provides useful facts about:

- population
- work and income
- age and sex
- location
- Māori language
- Education.

Glossary of terms

Iwi	Extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor.
Kaimahi	Worker, employee, staff.
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).
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.
Pae Ora	Pae Ora is the Government's vision for future Māori health.
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 worldview, 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 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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