

# TE KAWAU MĀRŌ

Taranaki Māori Health Strategy  
2009 to 2029


A response to the health needs of Taranaki Māori

Taranaki whānui, he rohe oranga  
Taranaki together, a healthy community



# TE KAWAU MĀRŌ

Kawau Mārō — an advocate, champion or promoter or a tactical move in an attack. It is used to describe an advance in triangle formation to split enemy ranks. Te Kawau Mārō, Taranaki Māori Health Strategy represents the combined wisdom of Māori health leadership in Taranaki to map a course to improve Māori health status. The three sides of the triangle acknowledge the important contribution of whānau, hapū and iwi and of government agencies and the mainstream sector to launch and sustain the attack towards Whānau Ora.



**Uia mai koe ki ahau  
He aha te mea nui o te ao?  
Māku e kī atu  
He tangata, he tangata, he tangata**

*You ask of me  
What is the most important thing in the world,  
My reply  
It is people, it is people, it is people*

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## Whakapapa

He hōnore he korōria ki te Atua  
He maungārongo ki te Whenua  
He whakaaro pai ki ngā tāngata katoa

Glory to God on high  
Peace on earth and  
Goodwill to all mankind

He whakahōnore ki tō tātou Kīngi a Tūheitia  
Me te Kāhui Ariki nui tonu  
Pai marie kei runga i ā rātou  
Moe mai rā Te Ariki te urunga te taka  
Te moenga te whakaarahia  
Koutou te rangapū o te tokomaha  
Haere, haere ki te kapunipunitanga o te Wairua  
Apiti hono tātai hono te pito Wairua kia koutou  
Apiti hono tātai hono te pito ōra kia tātou  
Tēnā koutou, tēnē koutou, tēnā koutou katoa

All honour to our Māori King Tūheitia  
and to his family  
Peace be with them  
We acknowledge the passing of Te Ata  
and to the many others  
who have gone on  
into the Spirit World  
And to us the living

Greetings thrice to you all

Tēnā koutou ngā kaimahi o te Hauora Māori  
whānui tonu  
Ko te Tauheke Maunga Taranaki puta otirā  
ngā mana, ngā reo, ngā karangatanga maha  
hurinoa o te Motu, o runga te tumanako

Greetings to all who work within Māori health

Our mountain welcomes you all to Taranaki  
the wider family of Māori health  
with the hopes of rejuvenating the health of  
our people

Ka whakatūngia te kaupapa hauora Māori i mua  
te aroaro ō tātou katoa mātou hiahia kia  
whakatakatoria he kaupapa kia whakapae  
ake tupuria mō te Hauora Māori roopū o  
roto ngā tau rua tekau kei te heke mai

Our aspirations for Māori health are to  
develop and rekindle a kaupapa that will work  
for us and take us into the next 20 years

Ka tika a muri, ka tika a mua  
Ka rere pae ngā ahuatanga katoa  
Tihei mauri ora!

In the back and in front  
If everything is working well  
we will enjoy a successful outcome  
Hark, the breath of life!



# Te Tiriti o Waitangi

Te Tiriti O Waitangi provides the fundamental framework for Māori health:

## Article One

Kāwanatanga

allows the government to govern and to protect  
Māori health interests

## Article Two

Tino Rangatiratanga

provides Māori with a right to exercise authority  
over their own issues

## Article Three

Ōritenga

guarantees equity between Māori and  
other New Zealanders

## Article Four

Te Ritenga

protects the rights of karakia, customs, lore  
and spiritual beliefs

The New Zealand and Public Health and Disability Act 2000, Part 1, makes explicit that:

“Treaty of Waitangi provisions require District Health Boards to establish mechanisms to enable Māori to contribute to decision making and participate in the delivery of health and disability services.”

Te Tiriti o Waitangi therefore places obligations upon the Government. The Taranaki District Health Board as agent of the Government is committed to assisting in meeting these obligations.



## Te Tiriti Principles

Te Tiriti-based principles of Partnership, Participation and Protection (derived from the Royal Commission on Social Policy)<sup>1</sup> underpin relationships between iwi and the Taranaki DHB as agent of the Crown. Implementing the principles, defined in the following diagram, are the responsibility of all organisations and individuals involved in planning, designing and delivering health services.

### 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 safe-guarding Māori cultural concepts, values and practices



Māori play a critical role in supporting the sector to understand Māori health issues and in guiding the sector on how best to give effect to these obligations.

Contributors from the Māori health sector to the development of this strategy fulfil a principle kaitiakitanga / guardianship role in terms of supporting and guiding implementation of Treaty principles. Those seeking support or guidance are advised to contact any member organisation of the Māori health sector (described on pages 31 to 33) in the first instance.



# Why a Māori Health Strategy?

## Health Inequalities

Health inequalities are disparities in health status between various groups within populations. They are unnecessary, avoidable, unfair and unjust<sup>2</sup>. Disparities may occur in age, gender, socio-economic status, geographical region, and ethnicity. Ethnicity plays a significant part in health inequalities. Studies show that disparities in overall Māori health persist even when factors such as poverty, education and location are eliminated.

In New Zealand there is clear evidence of wide and enduring inequalities between the health status of Māori and non-Māori<sup>3</sup>. The TDHB Health Needs Assessment 2007 shows this to be the case in Taranaki also, that Māori people have poorer health than the rest of the population dying on average eight years earlier than non-Māori, and experiencing age related health and disability issues at a younger age. Some of the significant health disparities include<sup>4</sup>:

- Avoidable hospitalisation and deaths among Māori over 65 years were significantly higher than for non-Māori
- Hospitalisation and death rates for cardiovascular disease were significantly higher for Māori than non-Māori and higher in Taranaki than in New Zealand
- Death rates from lung cancer were three times higher for Māori than for non-Māori
- Māori had significantly higher rates of chronic obstructive pulmonary disease hospitalisation, 2 times higher for women and 3.5 times higher for men
- Māori diabetes hospitalisation rates were three times higher than for non-Māori
- Among Māori females the rate of renal failure in people with concurrent diabetes was 11 times higher and 15 times higher in Māori males, than their non-Māori counterparts
- Māori at age five years had significantly higher numbers of decayed, missing or filled teeth than their non-Māori counterparts.

In addition, census population surveys show Māori have a higher predisposition to risk factors such as:

- Higher rates of self-reported hazardous drinking
- Higher rates of self-reported marijuana use
- Significantly higher rates of tobacco smoking for both Māori men and women
- About 3/5ths of Māori females aged 15+ were overweight or obese, compared to less than 1/2 of non-Māori females.

## Socio-economic Factors

“Māori in the Taranaki Region: A Socio-economic and Health Profile” by Business Economic Research Ltd, 2009<sup>5</sup>, (BERL report) looks at a number of socio-economic factors that impact upon the health of individuals and groups. The report shows that in Taranaki Māori have poorer outcomes across a number of socio-economic indicators.

2 (Whitehead M. 1992. The concepts and principles of equity and health. International Journal of Health Services 22: 429–445

3 Ajwani S, Blakely T, Robson B, Tobias M, Bonne M. 2003. Decades of Disparity: ethnic mortality trends in New Zealand 1980–1999. Wellington: Ministry of Health and University of Otago. Ministry of Health and University of Otago. 2006. Decades of Disparity III: ethnic and socioeconomic inequalities in mortality, New Zealand, 1981–1999. Wellington: Ministry of Health

4 Taranaki District Health Board Health Needs Assessment 2007

5 Māori in the Taranaki Region: A Socio-Economic and Health Profile, BERL Economics, 2009

Some are represented in the analysis below. Bear in mind that Māori made up 15.2 percent of the population in 2007 at the time of these statistics:

- A higher proportion of Māori in Taranaki are on lower incomes, particularly those earning less than \$10,000 whereas the proportion of non-Māori earning \$50,000 plus is twice that of Māori
- The average weekly income for Māori in Taranaki is \$553 compared to \$651 for non-Māori while the median incomes for both groups are similar at \$516 and \$524 respectively
- 47 percent of people receiving the unemployment benefit and 41.5 percent of those receiving the Domestic Purposes Benefit were Māori
- 26 percent of Māori in the Taranaki region leave school with little or no formal attainment compared to only nine percent of European school leavers, and 22 percent of Māori nationally
- Of the 5800 crimes in Taranaki where apprehensions were made, 47 percent were Māori. The proportions are higher for violent crimes (51 percent) and property damage (50 percent)
- The greatest increase in criminal apprehensions has been in drugs and antisocial behaviour which increased from 35 percent in 1998 to 47 percent in 2007
- The deprivation index for Taranaki shows that Māori make up a significantly higher proportion of Taranaki resident in deprivation deciles 8, 9 and 10, relative to New Zealand
- There is a much higher proportion of the Māori population in decile ten. Conversely in deciles one to four the proportion of non-Māori is much higher.

The Dahlgren and Whitehead (1991) model<sup>6</sup> of health acknowledges the significant impact of social, cultural and environmental factors, inclusive of those described above, on health and wellbeing. These are often referred to as the socio-economic determinants of health as reflected in the model.





## **Evidence for Action**

Taking the above and other known factors into consideration the evidence for action is obvious and compelling. Te Kawau Mārō is a health sector response to that situation. It articulates a vision of reduced Māori health inequalities, improved Māori health status, and equal health outcomes for all. It recognises that no one section of the health and disability services environment, and no one agency in the health and socio-economic landscape can achieve this massive undertaking on its own.

## **Reducing the Burden of Ill-Health**

Māori health status represents a significant and disproportionate burden on Taranaki as a whole. It is clear therefore that economically the region and the country cannot sustain Māori health in its current state. Māori health status demands focused attention matched by an appropriate and equitable investment of resources to ultimately bring about reduced health inequalities and reduced economic outlay.

A coordinated whole-of-sector, indeed an inter-sectoral approach is required given the complex range of socio-economic factors that contribute to health inequalities. Māori need to play a pivotal role in developing and delivering innovative solutions not only in terms of by Māori for Māori services, but also in supporting mainstream services to be more responsive to the needs of Māori given that the vast majority of health resources are delivered by mainstream providers.

## **Building on The Gains**

On the positive side it is important to recognise that many positive gains have been made in the health status of local Māori and in terms of the responsiveness of the health sector. These have evolved over the last ten to fifteen years. The development of the primary care sector notably Māori workforce, Māori providers and Primary Health Organisations is cause for celebration. Successful innovation has occurred across a range of service lines and new and evolving models of care. As envisaged by He Korowai Orangā, national Māori Health Strategy, the future necessitates that we build on these gains, on the strong Māori infrastructure and leadership that exists in Taranaki and on the solid relationships that have been developed and which continue to evolve within and across health and other sectors.





## The Pathway Ahead

**Te Tiriti O Waitangi:** As the founding document of our nation the Treaty of Waitangi provides an important, useful, durable and enduring leadership framework for defining and shaping sector response to improving Māori health outcomes.

**Strategy:** Te Kāwau Mārō is a strategic framework that seeks the attainment of Whānau Ora over a twenty-year time span. It identifies five strategic priorities to achieve that:

- a. Improving access
- b. Building Māori capacity
- c. Improving mainstream services
- d. Strategic Relationships, and
- e. Monitoring performance

Each priority is made up of a series of sub-strategies, these are detailed at pages 15 to 19, which contribute to an overall framework described on page 22. Implementation of the strategy is described on page 20.

**Whānau Ora Outcomes:** Whānau ora is the ultimate outcome sought of Te Kāwau Mārō. For the purposes of this strategy whānau ora is broadly encapsulated in the health promotion model “Te Pae Mahutongā” which comprises the elements:


- Mauri Ora – cultural identity
- Waiora – the physical environment
- Toiora – healthy lifestyles
- Te Oranga – participation in society
- Ngā Manukura – leadership, and
- Te mana whakahaere - autonomy

An additional dimension, that of Tinana Ora, is added for our purposes to emphasise the significant challenges involved in addressing the current status of Māori health.

Indicators of achievement will be developed to measure our progress over the next 20 years towards achieving whānau ora. Indicators will necessarily capture the dimensions of Te Pae Mahutonga.

**Resources:** Though there are several co-dependants to the success of this strategy clearly the resources allocated to Māori health improvement are a fundamental enabler. Equally important is the manner by which Māori organise themselves to utilise those resources. The depressed global economy places extreme pressure on the sector to improve its performance within resource limitations and indeed with the expectation of lower rates of increase in future years. Consequently the Māori sector along with all other parts of the health industry will be required to meet increasingly stringent performance and sustainability criteria.

Te Kāwau Mārō recognises that the significant pathway to Māori health improvement is through primary intervention. Given this reality it anticipates the following key resource streams:



**Firstly** resources currently delivered by Māori providers will be protected subject to the proviso that they meet sustainability and performance criteria.

**Secondly** reorientation of existing secondary and primary services, facilitated principally through the TDHB's funder activity, will ensure prioritisation of resources according to models of care that address the needs of prioritised groups, including Māori, and which meet best practice standards.

Coupled with the shift of non-hospital services to primary care, this stream represents the significant local opportunity to release resources through more effective collaborative service models.

**Thirdly** funding for new initiatives through service innovation streams such as Taranaki DHB's Te Haumi, Māori Health Investment Plan and Te Ao Auahatanga Hauora Māori Innovation Fund, represent a significant opportunity for new development funding into the region.

**Fourthly** relationships with other government agencies potentially provide a significant springboard to maximise the impact of our combined resources. Whether this is through combined resourcing of roles such as kaiāwhina to act as first point-of-contact for whānau, or whether it occurs through a collaborative approach to workforce development, joining forces with other agencies to leverage our collective resources is key, indeed integral to the pursuit of whānau ora.

The strategy anticipates phased funding shifts in the short to medium term i.e. one to three years. Strategic priorities have been developed with the expectation that the sector will incorporate its objectives into all new resource developments as the shifts and reorientation evolve.

Overall, health resources coming into Taranaki through the DHB are gradually declining in concert with our changing demographic, thus exacerbating the challenges of an already-constrained fiscal environment. There remains at the forefront of decision-making however, the need to reduce health inequalities so as to bring about equal health outcomes for the whole of the Taranaki population.

**Strategic Relationships:** Given the make-up of our population and the limitations of resources, collaboration is essential for/to accelerating the achievement of improved health outcomes. Through effective collaboration will evolve improved quality and access to services that are better coordinated around whānau, reduction in clinical and cultural risk, a strengthened sustainable sector geared to do more and to do it better, and the several opportunities that result from achieving economies of scale.

Collaboration and integration within health and between sectors such as housing, social services, education and justice systems, service providers, commercial and not-for-profit organisations are essential to achieving whānau ora. Driven by the needs of whānau, collaboration, cooperation and open communication amongst providers, PHO's, Crown agencies and Māori will typify the service environment into the future.

***Kua tawhiti kē tō haerenga mai, kia kore e haere tonu.  
He tino nui rawa ou mahi, kia kore e mahi nui tonu***

*We have come too far, not to go further.  
We have done too much, not to do more*



## **Te Matakite — the Vision**

Whānau Ora – whānau supported to achieve their maximum health and wellbeing:

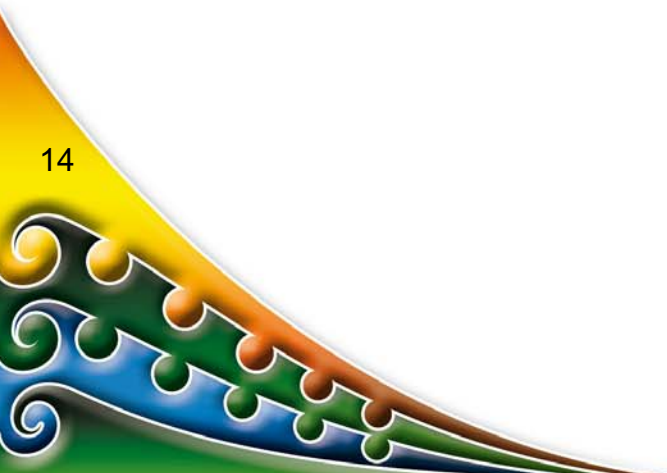
- Experiencing physical, spiritual, mental and emotional health and having control over their own destinies
- Living longer and enjoying a better quality of life
- Participating in te ao Māori and wider New Zealand society.

## **Te Kaupapa — the Mission**

Whakakotahi ai te mahi mō te orangatanga ki te whānau, hapū, iwi katoa o Taranaki.  
Working collectively for the cultural, social, economic and environmental health and wellbeing of whānau, hapū, iwi and the community of Taranaki.

## **Te Wā — the Term**

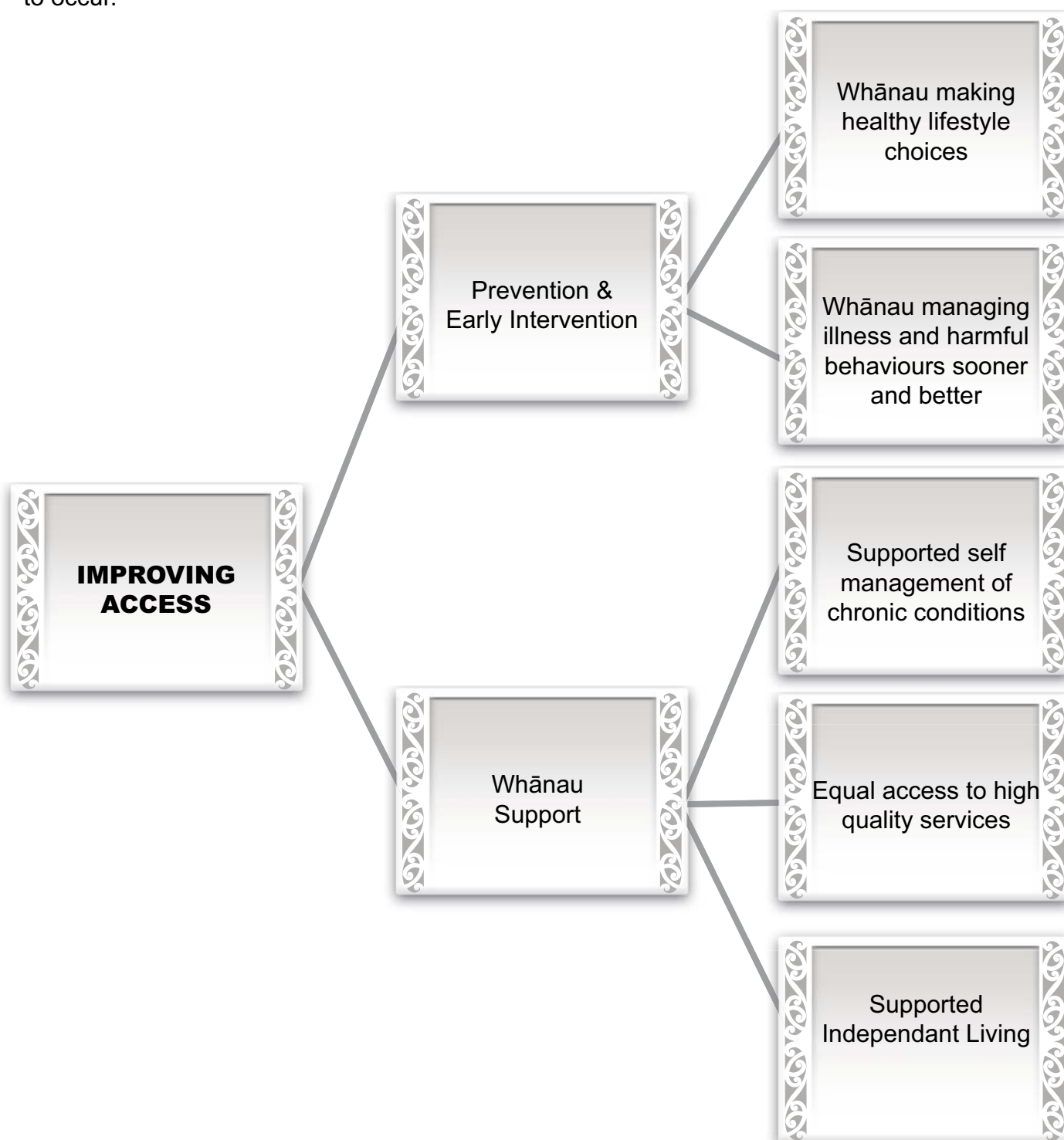
Te Kawau Mārō is a 20-year strategy from 2009 to 2029  
20 years represents a generation of health and socio-economic advancement, a realistic time-frame in which to reverse the current landscape of Māori health status in Taranaki.





## Strategic Priority 1 – Improving Access

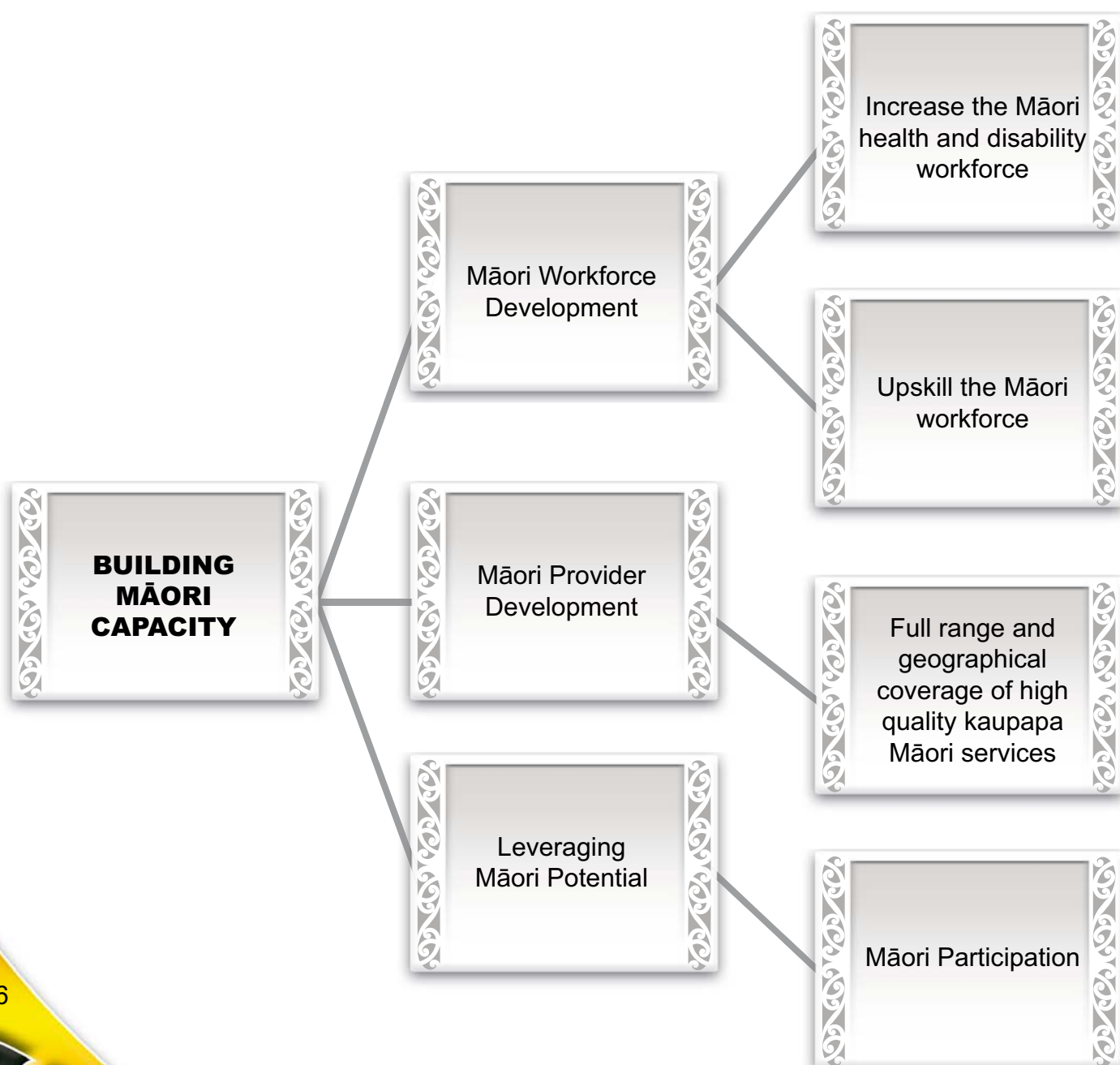
This strategy seeks to fundamentally improve access to health and disability services across the entire service continuum with the expectation that over time, the burden of Māori ill health will decline in concert with improved Māori health outcomes and reducing health inequalities. Te Kawau Mārō represents a catalyst for this change to occur.



## Strategic Priority 2

### Building Māori Capacity

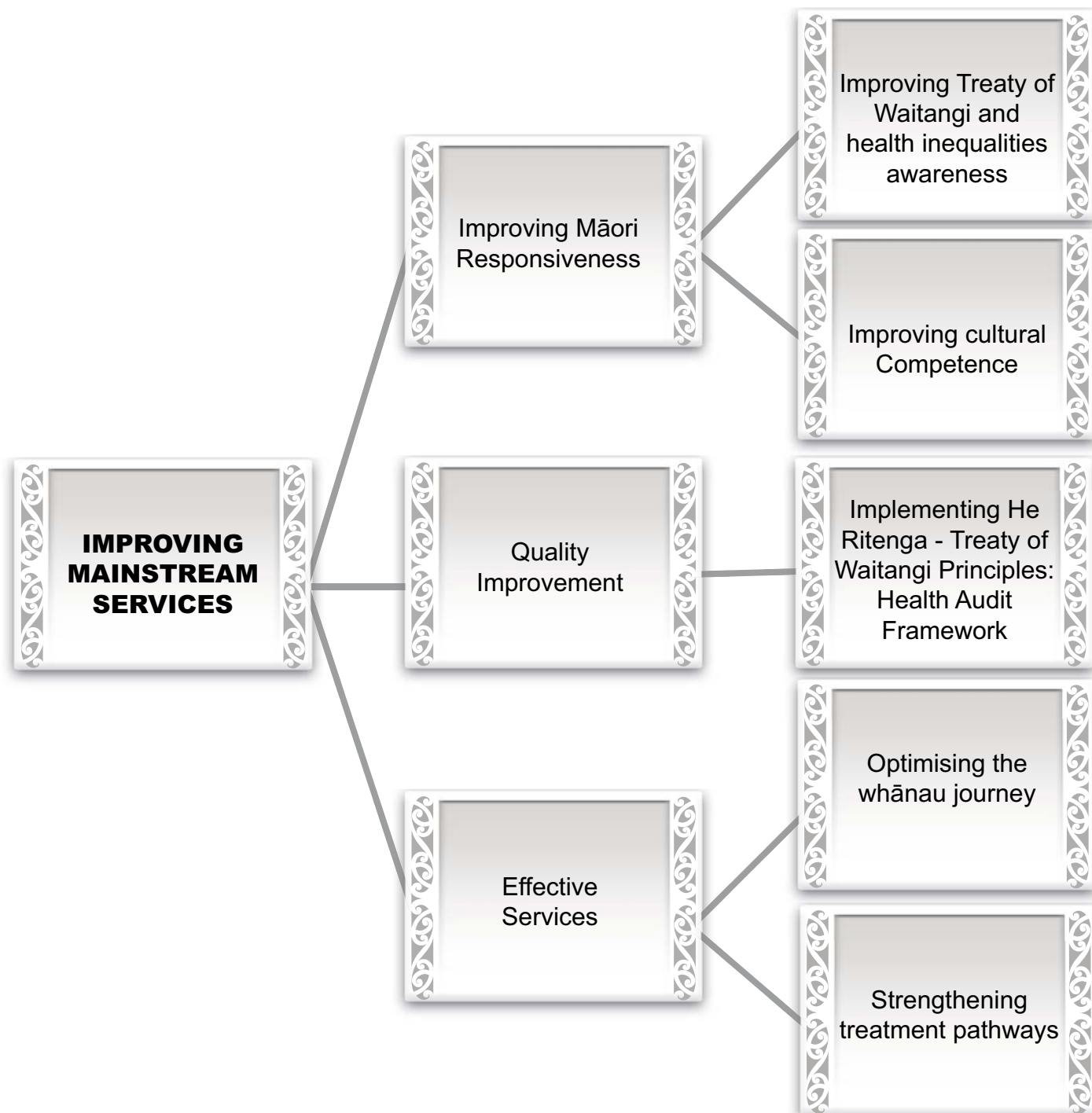
The opportunity of choice for Māori whānau is a fundamental Treaty-based right. Moreover, evidence supports that Māori are likely to respond better to services that are delivered by Māori. Similarly Māori capacity determines the extent to which Māori can participate at all levels of the sector, in planning, design, development and delivery of services. Te Kawau Mārō recognises the unqualified reliance on Māori capacity to participate at all levels of the health and disability sector. Building on the gains of Māori workforce, provider and organisational development of the last 10 to 15 years has established a solid foundation to advance this key strategic focus area.



## Strategic Priority 3

### Improving Mainstream Services

More than 95 percent of health and disability services delivered in Taranaki are delivered by mainstream services. It is imperative therefore that mainstream services are supported to understand and respond appropriately to the needs of Māori patients, clients and their whānau, including the ability to recognise and capitalise on opportunity for Māori-led models of care. This strategy addresses three key areas to improve the effectiveness of mainstream services for Māori.

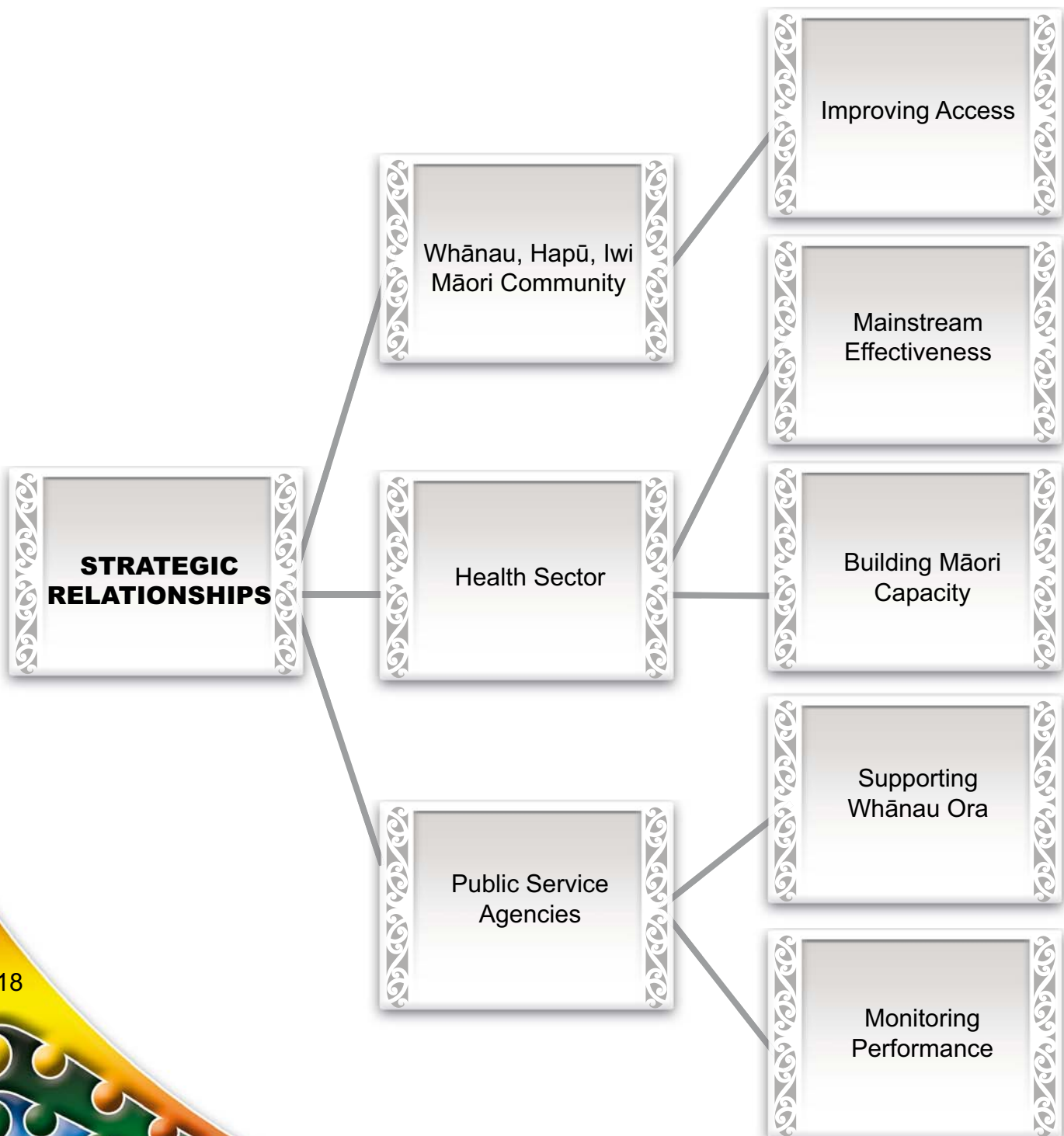


## Strategic Priority 4 Strategic Relationships

*“Whānau ora is, at its heart, about effective relationships and open communication”.*

*“The key step now is to prepare for the inevitable changes that are ahead, to collaborate, co-operate and communicate with each other, and to remain focused on the greater goal – the outcomes for health and wellbeing that will see our people thrive.”*

Hon. Tariana Turia, Associate Minister of Health, 2009



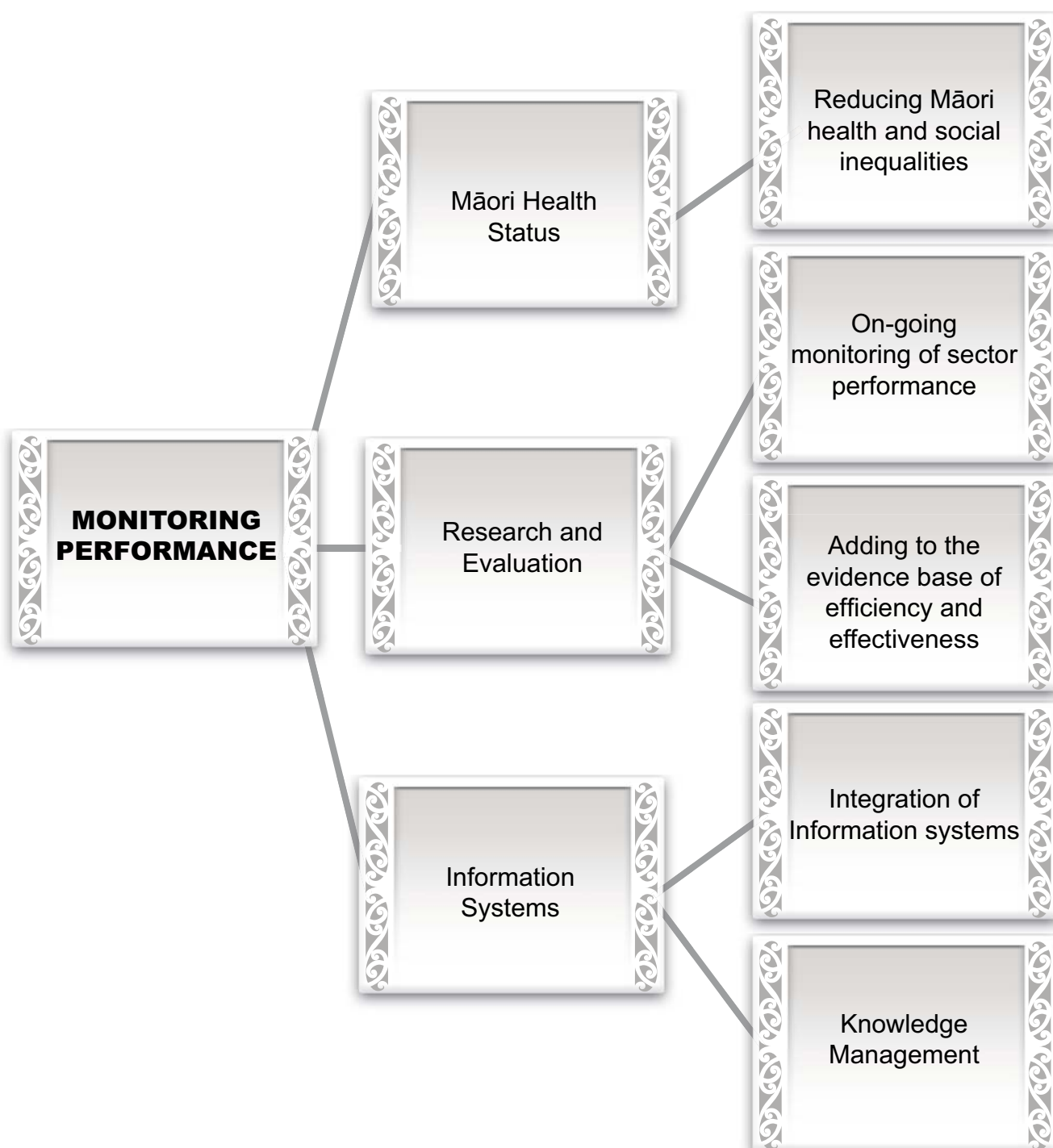


## Strategic Priority 5

### Monitoring Performance

We all need to know that what we are doing as a sector and within inter-sectoral activity is accelerating the achievement of whānau ora.

Focus on the following areas will ensure we keep on track:





## From Strategy To Action

Te Kawau Mārō calls for the sector to plan, report and monitor Māori health outcomes. This requires all providers, NGOs and TDHB provider arm, Māori and mainstream, to be explicit about Māori health objectives and achievement against them. Therefore all planning will be linked to district strategic goals (DSP) and annual plans (DAP) and all reporting will be linked to the DHB's performance monitoring framework.

To support robust Māori health reporting Te Kawau Mārō envisages that henceforth all health indicators will be reported and monitored by ethnic break-down.

The following planning and reporting framework is required:

- ✓ A three-year action planning cycle will be undertaken by the Taranaki DHB in consultation with PHOs and the wider Taranaki health sector. High level goals will be agreed by TWPK and TDHB and these will be notified to the sector through TDHB's District Annual Planning cycle.
- ✓ PHO's will align their 3-yearly Māori Health Plans to the strategic priorities of Te Kawau Mārō. These Plans will be submitted to TWPK and TDHB for joint approval. PHO's will also document annual objectives through their annual operational planning processes. These will be agreed by TDHB (Chief Advisor Māori Health and GM Planning and Funding jointly) and achievements reported through TDHB's contract reporting processes.
- ✓ Māori providers will document their annual objectives as per their existing operational planning processes. Providers will be expected to align their health objectives to the overall strategy of Te Kawau Mārō. Providers are encouraged to document their Māori provider development needs through this process. These will be referred for noting by TWPK and TDHB (Chief Advisor Māori Health and GM Planning and Funding).
- ✓ Mainstream NGO providers and TDHB provider arm will document their annual objectives as per their existing operational planning processes. Providers will be expected to align their health objectives to the overall strategy of Te Kawau Mārō. These will be referred for noting by TWPK and TDHB (Chief Advisor Māori Health and GM Planning and Funding).
- ✓ He Ritenga — Treaty of Waitangi Principles: Health Audit Framework is a quality improvement tool to support, guide and monitor organisations in the provision of culturally responsive services for Māori. Implementation of He Ritenga within Taranaki DHB will be undertaken in conjunction with routine internal audit processes. Application to the NGO sector will also be explored.
- ✓ TWPK as principle guardians of the Strategy will maintain strategic oversight of the implementation and outcomes achieved under Te Kawau Mārō as well as TDHB's District Strategic Plan.

***Kaua e whakaarohia te mahinga, engari te otinga***

***Think not on the labour, rather reflect on completion***



## Whānau Ora Outcomes

Te Kawau Mārō uses the wellness model “Te Pae Mahutonga” based on the Southern Cross Star Constellation, to express the dimensions of whānau ora we aspire to. Te Pae Mahutonga holds particular significance for Taranaki as its creator professor Mason Durie, attributes much of its development to Sir Maui Pomare who in the early 1900’s, adopted a five point health promotion plan to capture the important elements of Māori wellness. Te Pae Mahutonga builds on these dimensions to incorporate the challenges ahead and the increasing need for integrated approaches to achieve Māori health improvement<sup>7</sup>.

We have added Tinana Ora as a dimension that emphasises the need to address the current status of Māori health as a pathway to wellness. Together all seven components reflect our local brand of Whānau Ora.

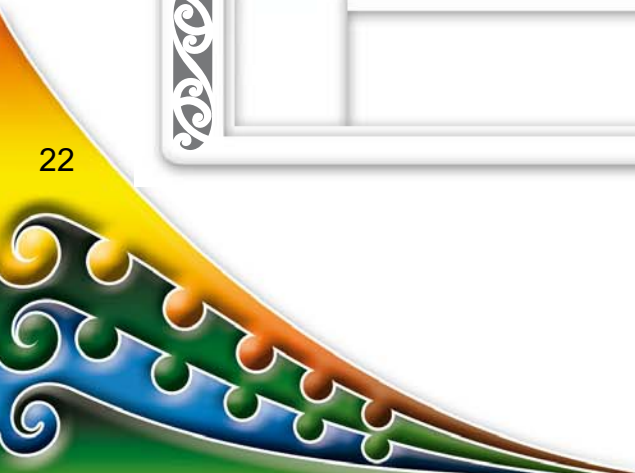
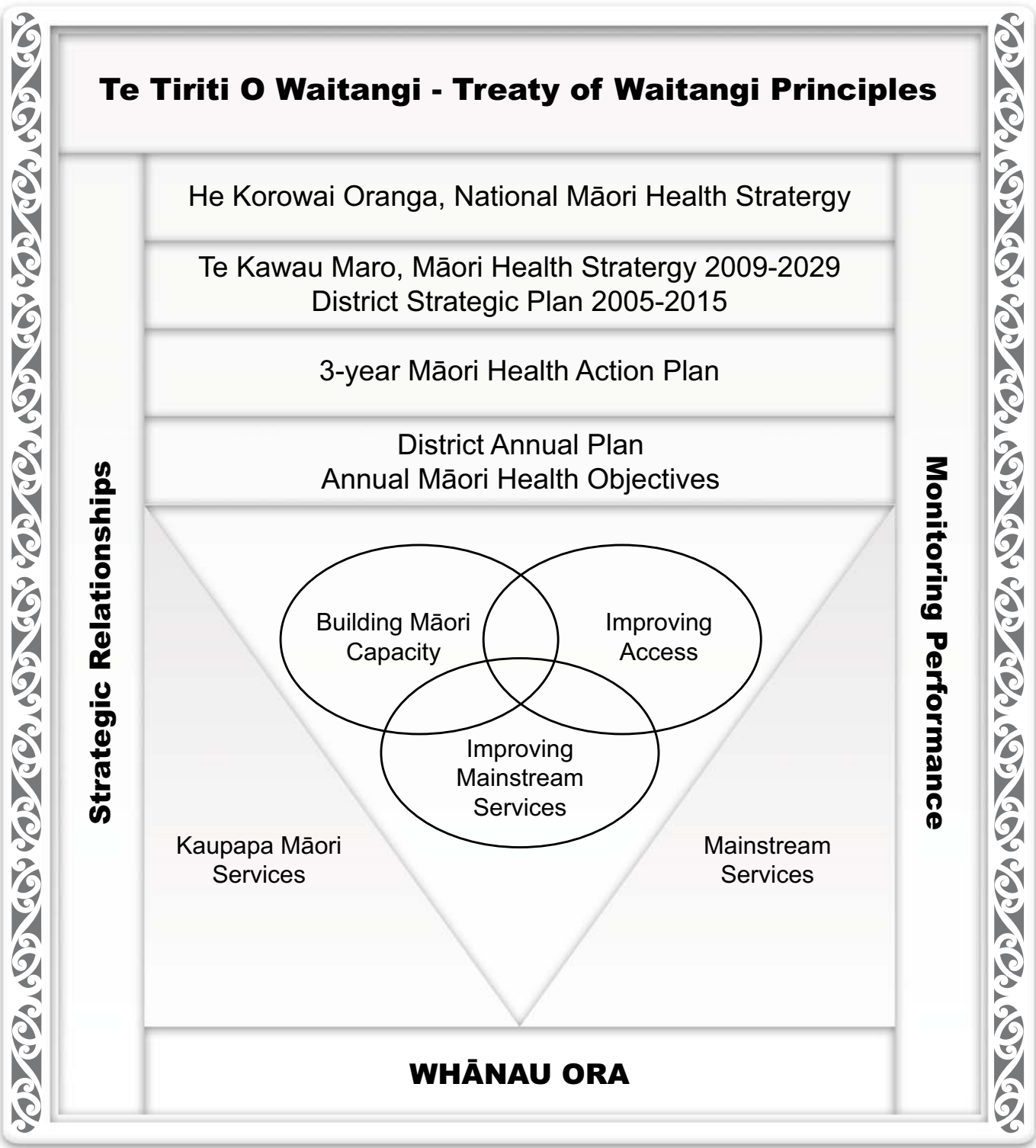
A detailed description of Te Pae Mahutonga is appended. This is essential knowledge for those involved in supporting whānau to achieve whānau ora.





# The Strategic Framework

The following diagram draws together the various strands to constitute the total strategic framework.





## Ngā Tikanga – The Way We Behave

The following tikanga will be evident in all engagements undertaken under this strategy. They express traditional values and beliefs central to the maintenance of positive relationships with Māori.



# Māori Population Profile

## Population

With 15,800 people, Māori make up 15.2 percent of the Taranaki population of 104,100, compared to 14 percent nationally. Further, the Māori population is younger and is growing faster than the non-Māori population.

## Age

Consistent with the national trend, Māori in Taranaki have a much younger age profile than the Taranaki population as a whole. Over 60 percent of Taranaki Māori are under the age of 30, compared to the total population of 36 percent for the Taranaki region. Thus, Māori account for nearly a quarter of the total population under the age of 30 whereas only 4.7 percent of the Māori population is over 65.

## Population Projections

The total Taranaki population is projected to fall from its current 104,000, to 99,000 by 2026, a decline of six percent. However the Māori population is expected to increase from 15,800 to 20,800, an increase of almost 20 percent, while the population growth projected for New Zealand Māori overall is 28 percent. This means that by 2016 Māori are expected to account for around 17.5 percent of the region's population, and by 2026 this is expected to increase further to around 21 percent<sup>8</sup>.

The increase is more marked in the younger age groups, particularly in the 15 to 24 age group where Māori are expected to increase from 24.5 percent of the population currently to 37.2 percent in 2026<sup>9</sup>. The over 65 year age group, currently 4.7 percent of the Māori population, is expected to increase by 60 percent over the next 10 years. Increases in all population groups are expected however, as shown in the following table:

**Population projections, percent of total Taranaki population,  
Māori vs. non-Māori, 2008 to 2026**

		0-14	15-24	25-64	65-74	75+	Total
2008	Māori	28.0%	24.5%	13.4%	6.3%	3.1%	16.5%
	non-Māori	72.0%	75.5%	86.6%	93.7%	96.9%	83.5%
2016	Māori	32.9%	28.6%	15.8%	6.5%	3.9%	18.3%
	non-Māori	67.1%	71.4%	84.2%	93.5%	96.1%	81.7%
2026	Māori	38.8%	37.2%	19.5%	8.8%	4.9%	21.1%
	non-Māori	61.2%	62.8%	80.5%	91.2%	95.1%	78.9%

source: TDHB, SNZ

## Iwi

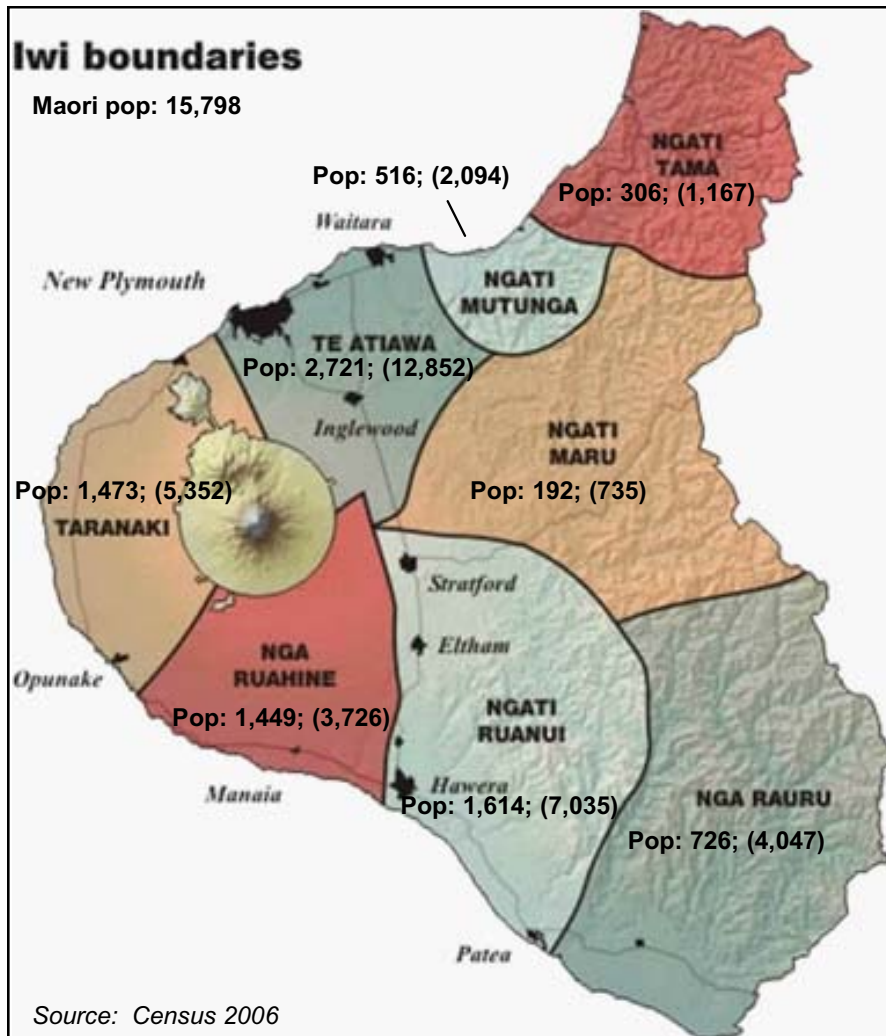
There are eight iwi, the largest being Te Atiawa with over 12,850 people of whom 2720 live in Taranaki. The smallest iwi is Ngāti Maru with a total of 735 members of whom 190 live in Taranaki. The following map shows the rohe whenua (geographical boundaries) of Taranaki iwi, the total iwi population (in brackets) and the Māori population resident in Taranaki.

Over 37,000 Māori in New Zealand whakapapa to Taranaki iwi. This is over twice the size of the Māori population in the Taranaki region. Māori who whakapapa to ngā iwi o Taranaki account for 57 percent of Māori living in Taranaki, around 9,000 people, while almost 43 percent whakapapa to iwi outside of Taranaki. Around three quarters of Taranaki uri live outside of the Taranaki region.



## Marae and Hapū

The diagram below shows the rohe whenua / geographic boundaries of the eight iwi of Taranaki. It also shows the total iwi population make-up according to the 2006 census (bracketed), and the number of iwi members resident in Taranaki.



There are over 50 hapū represented in Ngā Iwi o Taranaki. Ngāti Tama, Ngāti Mutunga and Ngāti Maru are not hapū based. Ngā Rauru Kīitahi is made up of 17 hapū; Ngāti Ruanui has 16 hapū, Te Atiawa 6, Taranaki 9 and Ngāruahinerangi is made up of 6 hapū groupings.

There are 42 Marae in the region. The majority of Marae are in the southern part of the region across four iwi rohe - Taranaki, Ngāruahinerangi, Ngāti Ruanui and Ngā Rauru Kīitahi.



## Enabling Policy

Improving the health status of Māori is a priority for Government and for DHB's. More latterly the Ministry of Health's Statement of Intent 2009-2012 includes 'Whānau Ora' as one of its seven high level priorities.

Although a host of government documents have been promulgated that identify the issues and offer solutions, there are challenges in appropriating sufficient resources in the current fiscally constrained environment. There are further challenges to ensure that local Māori health goals either derive from or are aligned to national goals in a coherent way.

This plan seeks to integrate key strategies in a manner that is rational, practical and achievable. The key strategy documents, in addition to the annual national Ministerial and Ministry promulgations, are:

1. Goals and Objectives Framework outlined in the New Zealand Health Strategy

Māori Development in Health	<ul style="list-style-type: none"><li>• Build the capacity for Māori participation in the health sector at all levels</li><li>• Enable Māori communities to identify and provide for their own health needs</li><li>• Recognise the importance of relationships between Māori and the Crown in health services, both main-stream and those provided by Māori</li><li>• Collect high quality health information to better inform Māori policy and research and focus on health outcomes</li><li>• Foster and support Māori workforce development.</li></ul>
Priority objective to reduce inequalities	<ul style="list-style-type: none"><li>• Ensure accessible and appropriate services for Māori.</li></ul>

2. The framework to identify and remove health inequalities within the Primary Health Care Strategy includes:

Māori Services	<ul style="list-style-type: none"><li>• District Health Boards will continue to contract with Māori providers, and support their further development, so that Māori communities have control over their health and wellbeing. The Māori Health Strategy will lead the way in this process</li><li>• Mainstream Primary Health Organisations that have significant numbers of Māori or Pacific peoples among their enrolled population should consider establishing specific services for these people</li><li>• Māori providers may form Primary Health Organisations in their own communities where it is appropriate for the population</li><li>• District Health Boards will be required to continue to support and further develop Māori providers</li></ul>
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3. The framework for addressing the needs of people with disabilities is contained in the New Zealand Disability Strategy. Specific objectives related to Māori with disabilities include:

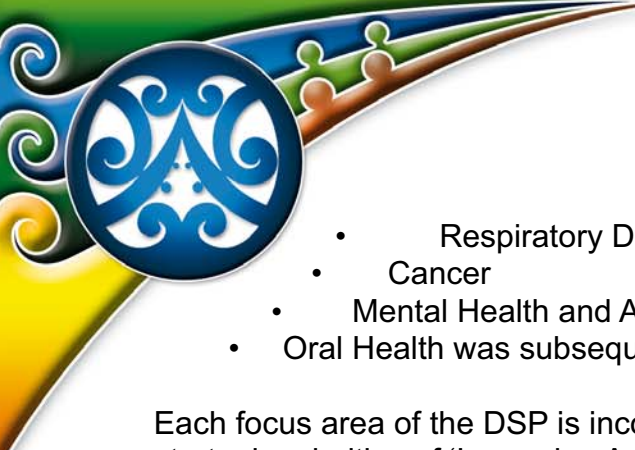
Promote participation of disabled Māori Actions	<ul style="list-style-type: none"> <li>• Build the capacity of disabled Māori through the equitable allocation of resources within the context of Māori development frameworks</li> <li>• Establish more disability support services designed and provided by Māori for Māori</li> <li>• Ensure mainstream providers of disability services are accessible to and culturally appropriate for disabled Māori and their whānau</li> <li>• Train more Māori disability service provider professionals and increase the advisory capacity of Māori</li> <li>• Ensure that Government funded or sponsored marae-based initiatives meet the access requirements of disabled people (and encourage all other marae-based initiatives to also meet those requirements)</li> <li>• Support training and development of trilingual interpreters for Deaf people</li> <li>• Ensure Te Puni Kōkiri undertakes a leadership role in promoting the participation of disabled Māori.</li> </ul>
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4. He Korowai Oranga – national Māori Health Strategy (2002) describes the following pathways for action:

Development of Whānau, Hapū and Iwi communities:	Fostering Māori community development Building on Māori models of health Removing barriers.
Māori participation in the health and disability sector:	Increasing Māori participation in decision making Increasing Māori provider capacity and capability Developing the Māori health and disability workforce.
Effective health and disability services:	Addressing health inequalities for Māori Improving mainstream effectiveness Providing highest quality service Improving Māori health information.
Working across sectors	To ensure other sector agencies work effectively together to support initiatives that positively contribute to whānau ora.

5. The strategic focus areas identified in the Taranaki DHB District Strategic Plan 2005 to 2015 (DSP) include:

- Children and Young People
- Older People
- Māori People
- Diabetes
- Cardiovascular Disease

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- Respiratory Disease
  - Cancer
  - Mental Health and Addictions
  - Oral Health was subsequently added as a priority area for action.

Each focus area of the DSP is incorporated into Te Kawau Mārō principally through the strategic priorities of 'Improving Access' and 'Improving Mainstream Services'. Both these strategic priorities encompass the holistic wellbeing of whānau inclusive of the categories above. Three-year plans and annual objectives (refer to page 20) will provide greater specificity regarding milestones to be met.

6. The Midlands Regional Māori Health Plan 2008 – 2011 incorporates the following strategic directions, all of which are evident throughout the strategic priorities of Te Kawau Mārō:

- Māori Health Workforce Development
- Managing Chronic Disease State Management including Oranga Kai Oranga Pūmau
- Māori Provider Capacity Development
- Monitoring Performance
- Community and Iwi Development
- Leveraging Māori Potential.

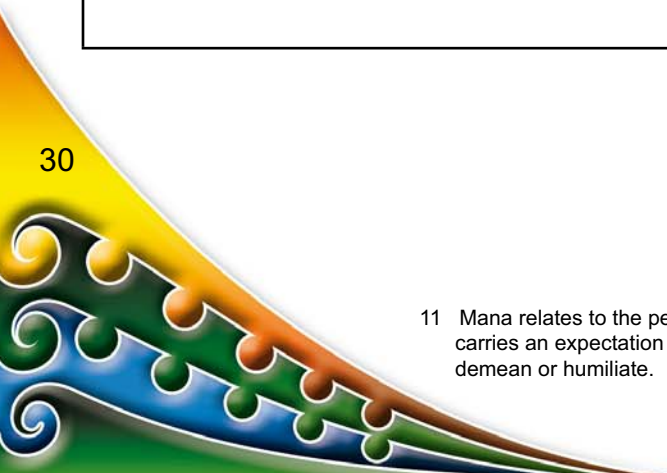
# Enabling Environment

This strategy assumes Māori participation as the fundamental enabler of Māori health improvement. Four groups of factors determine the extent to which that can occur. They are structural, system, organisational and individual factors that should not be overlooked.

Barriers	Facilitators
<b>Structural Factors</b> - Historical, social, economic, political, cultural factors, institutional racism, fundamental drivers of Māori participation in NZ society	
Institutional racism is an unintended by-product of our population make-up. It is reflective of systems and organisations and the policy makers that create them. Acknowledging that in Taranaki Māori make up less than 7 percent of the health workforce, it is not unexpected that Māori are significantly under-represented in the echelons of power. By their absence therefore, significant power and control is exerted over Māori <sup>10</sup> . Since very soon after the signing of the Treaty of Waitangi, this situation has typified decision-making in the NZ government and through its various agencies.	<ul style="list-style-type: none"> <li>• Enable Māori self-determination</li> <li>• Increase access to appropriate and timely Māori advice</li> <li>• Increase availability to and participation of non-Māori in Māori awareness training</li> <li>• Ensure appropriate Māori input to staff recruitment processes to increase Māori recruitment in mainstream organisations and thereby increase the potential to influence decision-making.</li> </ul>
Silo approach to addressing need inhibits lateral approaches to improving whānau outcomes.	<ul style="list-style-type: none"> <li>• Improve understanding of He Korowai Oranga, national Māori Health Strategy</li> <li>• Encourage initiatives-based approach to engaging with other agencies, government and NGO</li> <li>• Develop joint approaches to improve the socio-economic position of Māori</li> <li>• Create an environment to sustain Whānau Ora approaches.</li> </ul>
Patch protection' and historical models detract from the pursuit of collaborative models of service delivery.	<ul style="list-style-type: none"> <li>• Encourage initiatives-based approach to engage with external providers</li> <li>• Develop joint approaches to improve the socio-economic position of Māori</li> <li>• Make collaboration obligatory.</li> </ul>



<b>System Factors</b> (Timeframes; processes, cultural competencies of staff, access to quality information, service contracting processes).	
Systems of government and government agencies impact significantly on outcomes for Māori. These impacts are represented in Māori health and socio-economic status.	<ul style="list-style-type: none"><li>• Accelerating re-orientation of Māori health and disability service planning, funding and delivery;</li><li>• Deliberately shifting resources to more effective service delivery models for Māori;</li><li>• Proactive support of Māori leadership development.</li></ul>
<b>Organisational Factors</b> Institutional commitment, healthy working environments, support to transition to the workforce.	
Organisations determine ‘how, where and when’ decisions are made and services are delivered as well as ‘who’ will make and deliver them. These factors impact on the degree of accessibility, in any of its several forms, by Māori.	<ul style="list-style-type: none"><li>• Increasing the Māori health workforce;</li><li>• Improving organisational environments for Māori participation;</li><li>• Increasing ‘for Māori by Māori’ service capacity;</li><li>• Affirm whānau, hapū, iwi and Māori communities as key enablers of Māori health improvement</li><li>• Openly denounce racist attitudes</li><li>• Adopt and openly evidence mana-enhancing<sup>11</sup> practices as organisational norm.</li></ul>
<b>Individual Factors</b> desire to contribute to Māori health improvement, career aspirations, whānau & community.	
Whānau commitments Māori community expectations Peer pressure to conform	<ul style="list-style-type: none"><li>• Encourage participation in Māori cultural activity</li><li>• Openly denounce racist behavior</li><li>• Vigorously practice mana-enhancing relationships.</li></ul>



11 Mana relates to the personal prestige and character of a person or organisation. Mana-enhancing therefore carries an expectation that an engagement or relationship will enhance the mana of the other party, not degrade, demean or humiliate.



# The Māori Health Sector

The Māori sector represents an absolute expression of rangatiratanga / self-determination as envisaged under the te Tiriti o Waitangi, governed, managed and predominantly staffed by Māori, the various components of the Māori sector represent the regions capacity for Māori to enter into meaningful relationships, to participate in health service decision-making at all levels and to strengthen the ability to practice and protect those things that are important to Māori cultural wellbeing.

## Te Whare Punanga Kōrero - Iwi Relationship Board:



The primary vehicle for TDHB's relationships with Taranaki iwi is through the regional Māori governance body "Te Whare Punanga Kōrero" (TWPK) established in 1993 as a joint venture with the Central Regional Health Authority, then subsequently with the Ministry of Health. Since 2006 that relationship has been with TDHB, its purpose being to work together to address the health needs of Taranaki Māori. The relationship was reviewed in 2008 to strengthen TWPK's input into decision-making and performance monitoring.

**Māori Providers:** Since the emergence of Māori health providers in the early to mid 1990's they have peaked at 28 across the region in 2003. Gradually these have reduced to 16 providers delivering a wide range of primary healthcare services under contract to TDHB and/or to the Ministry of Health. Services are delivered to Māori communities from Mokau in the north, along the western coastline to Waitotara in the south and inland to Whangamomona.

## Māori Primary Health Organisation (PHO):

Te Tihi Hauora o Taranaki PHO includes Te Atiawa Medical Centre Trust based in New Plymouth with satellite clinics in Waitara and Bell Block, and Ruanui Health Centre based in Hawera. The PHO has an enrolled population of 5,700. An important part of the local landscape, Te Tihi and its affiliated practices represent the distinctively iwi-based providers, owned and governed by iwi appointed representatives.

## Māori Development Organisation (MDO):

Tui Ora is the regional Māori Development Organisation established to support the development of its providers. Tui Ora performs a range of support and coordination functions for Māori providers uniting under its umbrella. Tui Ora and Taranaki Primary Health Provider Inc, a network of 18 general practices spread through-out Taranaki, are equal partners in Hauora Taranaki PHO which has a patient enrolment of more than 44,000. This relationship reflects well at an NGO / PHO level, the expectations of partnership embodied in the Treaty of Waitangi.



Tui Ora and the Taranaki DHB have an important relationship through its MDO agreement which acknowledges the commitment to providing leadership in the development and delivery of quality, effective, whānau ora based health and social services. The aim is to improve population health outcomes for Taranaki with particular emphasis on reducing health inequalities.

### **Te Roopū Pāharakeke Hauora, TDHB Māori Health Unit:**

The Māori Health unit of the TDHB is headed by the Chief Advisor Māori Health who participates as a member of the Executive Management Team of TDHB. The principle function of this post is to influence change across the operational spectrum of TDHB funding, planning and provider arm activity. The team includes Kaumatua support for the organisation and for Māori patients and their whānau and supports strategic Māori health developments across the sector.

As the TDHB provider arm accounts for half the health services delivered in Taranaki, an important component of the team's work is to facilitate Treaty of Waitangi awareness and tikangā best practice in-service training for staff of TDHB.





## Acknowledgements

The contributors to the development of this strategy have been numerous. The core participation has come from the collective of the Māori health sector described above including members and managers from the following groups:

- Members of Te Whare Punanga Kōrero
- Tui Ora CEO and managers
- Te Tihi Hauora O Taranaki PHO manager
- Managers of 16 Māori health providers have participated at various points throughout the process
- Kaumatua and Kuia of Taranaki health services
- Members of Te Roopu Paharakeke Hauora, Taranaki DHB Māori Health Unit.

Development of the Māori Health and Reducing Inequalities Plan 2006 – 2009 resulted from the group's early work. The objectives of the 2006 – 09 plan have provided the foundation for Māori health improvement objectives each year through the Taranaki DHB's District Annual Plans.



*Members of the Māori health services collective*

It is appropriate to acknowledge also the Taranaki DHB executive management team whose advise and support in the development of Te Kawau Mārō has been highly valued.



**He iti taku iti, engari, ko wai rā i a koutou,  
i whakahē i a au**

*Titokowaru,  
Ngāruahinerangi*

*Although I am small in stature,  
who among you would contradict me?*



The kōwhaiwhai designs in this image represents the importance and well-being of whānau ora.  
The top design represents Taranaki maunga and the kōwhaiwhai surrounding it are a representation of Taranaki whānui.

