



Pae Ora Framework And TDHB Position Statements

May 2015

This framework incorporates key elements and draws on relevant commentary from the following documents:

- “Hui Whakaoranga, Looking Back to See Ahead”, a presentation made by Professor Sir Mason Durie, Massey University to the Tu Kaha 2014 Conference, Hastings
- Whānau Ora: Report of the Taskforce on Whanau-Centred Initiatives, to Hon Tariana Turia, Minister for the Community and Voluntary Sector, 2010
- Whānau Ora Health Needs Assessment, Dr Mihi Ratima and Becky Jenkins, Taranaki DHB, 2012
- Whānau Ora Stocktake and Review, Dr M. Ratima for ADHB and WDHB, 2012
- Whānau Ora concept paper, Dr M. Ratima for Whanganui DHB, 2013
- RBA Framework Head Agreement, Te Kawau Mārō Alliance, 2013

PART ONE: THE FRAMEWORK

INTRODUCTION

This paper articulates the Taranaki DHB's framework to implement Pae Ora – healthy futures for Māori families, the overarching aim of the refreshed He Korowai Oranga strategy (2014). It recognises that “Pae Ora – healthy futures” can only be achieved through collective action towards Whānau Ora – healthy families, Mauri Ora – healthy lives, and Wai Ora – healthy environments.

The framework provides a conceptual basis upon which to make planning, funding and service decisions in a Pae Ora context and identifies a range of mechanisms to implement it locally. It provides staff and others working with the Taranaki DHB a shared understanding of our concept of Pae Ora, the elements that contribute to it, and how it may be applied in practice.

The framework is adapted from local experience drawing primarily on the Whānau Ora framework developed for the TDHB's Whānau Ora Health Needs Assessment published in 2012^[1]. It also considers Whānau Ora development work undertaken by Dr Ratima for other DHBs during 2012 and 2013. It places heavy reliance on He Korowai Oranga 2014 Refresh documents released by the Ministry of Health, whilst drawing also on knowledge shared by Prof Sir Mason Durie, Massey University.

The alignment of the Pae Ora elements - Whānau Ora, Mauri Ora and Wai Ora – with the Taranaki Māori Health Strategy Te Kawau Mārō is very strong through the presence of these elements in Te Pae Mahutonga, the Māori health promotion model used to describe Whānau Ora outcomes in Te Kawau Mārō strategy.

OVERARCHING PRINCIPLES

The overarching framework for Taranaki consists of:

- a) A Whānau Ora philosophy that gives Whānau Ora definition and distinctiveness. At the core of the philosophy is a concern for whānau ownership of their own health development
- b) A conceptual foundation located within the context of the Treaty of Waitangi and theoretical understandings of the determinants of ethnic inequalities in health
- c) A life-course orienting perspective
- d) An overall aim of Pae Ora derived from He Korowai Oranga refresh 2014 which contains three elements: Mauri Ora – healthy lives, Whānau Ora – health families, and Wai Ora – healthy environments; two broad directions which acknowledge the aspirations of Māori and the Crown, key threads consistent with Māori and Crown aspirations of Rangatiratanga, Building on the Gains and Reducing Inequalities, and the four pathways to guide services and apply as a monitoring framework. He Korowai Oranga 2014 builds on progress made since 2002 and shifts the broad directions towards the determinants of health.

The implications of applying the Pae Ora philosophy adopted in this framework can be translated in the following ways:

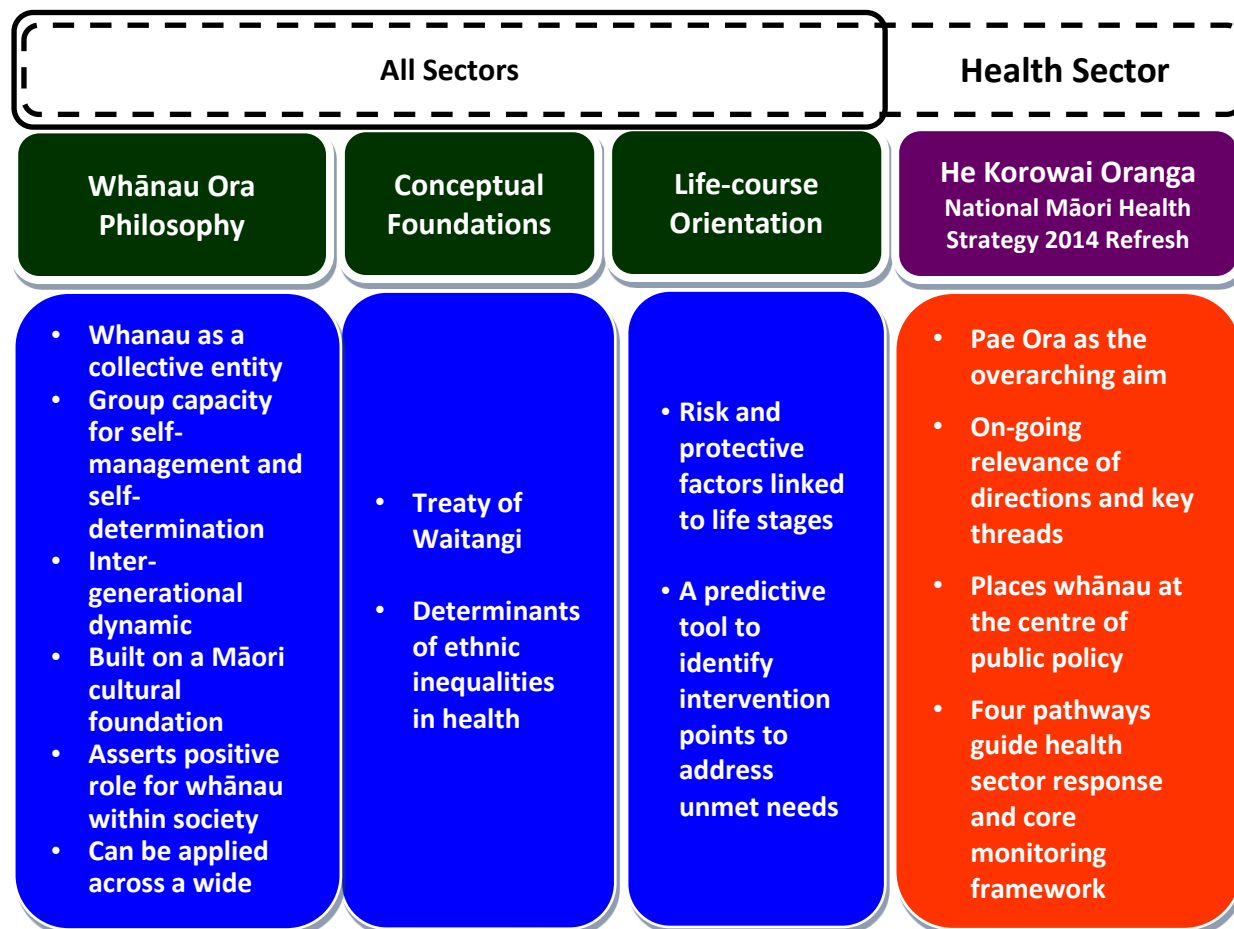
Mauri Ora – Every health intervention is an opportunity to contribute to shifting to, growing or supporting a flourishing mauri;

Whānau Ora - Every service offered or funded by the DHB should contribute knowledge and skills that empower whānau to understand and manage their own health conditions. The transfer of knowledge and skills in a way that enables integration into routine whānau practices is a key function of Whānau Ora health service provision;

^[1] Whānau Ora Health Needs Assessment, Māori Living In Taranaki, Dr Mihi Ratima and Becky Jenkins for the Taranaki DHB, February 2012

Wai Ora – Health interventions must take into account the nature and interaction between people and the surrounding environments. Interventions should avoid or reduce **risk factors**, and strengthen **protective factors**.

The overarching principles are summarised in the following diagram while further explanation on the rationale for inclusion is attached (Appendix 1).



In this framework each principle contains common ground for health sector stakeholders. In addition, three of the four principles provide common ground for other sectors, iwi and Māori, to engage to address the socio-economic determinants of health.

He Korowai Oranga gives the approach its health sector distinctiveness, provides the framework for action within health, and provides a useful monitoring framework.

POLICY FRAMEWORK

The policy framework within health consists of established and well known national and local policies intended to enable the achievement of whānau aspirational goals.

Whānau goals derive from the work of the Whānau Ora Taskforce. They have application wider than health, come from a whānau perspective and are whānau centred. They include:

- Whānau self-management;
- Healthy Whānau lifestyles;
- Full Whānau participation in society;
- Confident Whānau participation in te ao Māori;
- Whānau economic security and active involvement with wealth creation;
- Whānau cohesion.

The **Treaty of Waitangi** principles of partnership, participation and protection are reflected in Public Sector standards. The Public Health and Disability Act (2000) places specific requirements on DHBs that are intended to recognise and respect these principles. Features of the Treaty which are of high relevance to Whānau Ora provision include:

- the protection of Māori wellbeing;
- Māori right to equity in health outcomes;
- Māori participation that is most relevant in terms of Māori input into priority setting; and
- protection of Māori custom which includes whānau structures and cultural integrity.

He Korowai Oranga provides the policy foundation for health sector response. The 2014 refresh shifts the emphasis to meeting future needs, highlighting **Health Equity** as a key endeavour of the health system. The “Equity of Health Care for Māori: A framework” released with He Korowai Oranga 2014 supports its implementation. It provides useful guidance on the role of the health system, health organisations, and health practitioners and describes specific actions that can be implemented to support the following three main criteria within the framework:

| | |
|-------------------|--|
| <i>Leadership</i> | <i>championing the provision of high-quality health care that delivers equity of health outcomes for Māori</i> |
| <i>Knowledge</i> | <i>developing knowledge about ways to effectively deliver and monitor high-quality health care for Māori</i> |
| <i>Commitment</i> | <i>being committed to providing high-quality health care that meets the health care needs and aspirations of Māori</i> |

The four pathways of He Korowai Oranga provide a useful framework for action and for monitoring progress:

- *Te Ara Tuatahi - Pathway 1 Development of whānau, hapū, iwi and Māori communities* is one that whānau, hapu and iwi themselves would own and lead, rather than funders and providers. TDHB’s role is to support whānau in ways which facilitate whānau development and support initiatives that are led by whānau. Measures in this domain may gauge the wellbeing of the whānau collective. Further consideration is needed regarding the contribution of health to supporting the data development agenda in this pathway.
- *Te Ara Tuarua - Pathway 2 Māori participation in the Health and Disability Sector* requires TDHB to build Māori organisational and workforce capacity and capability to enable Māori participation at all levels of the decision-making including at iwi governance level, in senior management, management and in all aspects of service design and delivery. Measures in this domain would gauge Māori participation in the sector at these various levels.
- *Te Ara Tuatoru - Pathway 3 ‘Effective health and disability services’* is where the DHB and the health sector has the most to contribute – effective health services that address health inequalities, improve effectiveness of mainstream services, provide high quality services for Māori, and improve Māori health information.

- *Te Ara Tuawha - Pathway 4 'Working across sectors'* relates to inter-sectoral collaboration to achieve outcomes through programmes and locally-based inter-sectoral projects to address the determinants of health.

Te Kawau Mārō, Taranaki Māori Health Strategy gives local context to the aims of Pae Ora. Its five strategic priorities to:

- Improve access
- Improve mainstream effectiveness
- Increase Māori capacity and capability
- Form and Leverage strategic relationships
- Monitor performance

align with the pathways of He Korowai Oranga and provide further guidance for local implementation.

Summary

The Policy framework consisting of these existing policy directives provides the platform for TDHB to advance Pae Ora. The Treaty of Waitangi principles and the Whānau Ora Goals provide common ground to collaborate with other sectors to address the determinants of health.

| All Sectors | | Health Sector | |
|--|---|---|---|
| Whanau Goals | Treaty of Waitangi Principles | He Korowai Oranga | Te Kawau Maro, Taranaki Maori Health Strategy |
| <ul style="list-style-type: none"> • Whanau self-management • Healthy whanau lifestyles • Full whanau participation in society • Confident whanau participation in te ao Maori • Economic security and successful involvement in wealth creation • Whanau cohesion | PARTNERSHIP Working together to develop strategies and services | TE ARA TUATAHI Whanau, hapu, iwi and Maori community dvpt | <ul style="list-style-type: none"> • Facilitate whanau dvpt • Support whanau-led initiatives |
| | PARTICIPATION Involving Maori at all levels of decision-making, planning and delivery | TE ARA TUARUA Maori participation in the health and disability sector | <ul style="list-style-type: none"> • Enable Iwi governance • Maori organisational dvpt • Maori workforce dvpt |
| | PROTECTION Equality of outcomes and safe-guarding values and practices | TE ARA TUATORU Effective health and disability services | <ul style="list-style-type: none"> • Reduce health inequalities • Improve mainstream • Provide high quality services • Improve health information |
| | | TE ARA TUAWHA Working across sectors | <ul style="list-style-type: none"> • Programmes and locality-based inter-sectoral collaboration |

WHĀNAU ORA OUTCOMES FRAMEWORK

Prior to He Korowai 2014 refresh and the introduction of Pae Ora, the Taranaki DHB put in place an outcomes measurement framework to gauge the impact of Whānau Ora Service provision under an outcomes-based Service contract with its preferred provider of services for Māori, Te Kāwau Mārō Alliance. This work represents a significant enablement of provider's ability to innovate and to positively influence whānau outcomes, and for those outcomes to be defined and monitored.

The Whānau Ora Goals defined by the Whānau Ora Taskforce anchor the framework which includes the following additional components:

- **Outcomes statements** outline four outcomes the framework will focus on;
- **Service Population** The definitions of service population are provided for the purpose of identifying the population accessing services. These descriptions do not however, constitute access criteria;
- **Population indicators** link to Taranaki wide priorities (including Māori Health Plan, Annual Plan and Regional Services Plan priorities) for improving Māori health. A range of partners including the DHB, PHO's and providers are collectively responsible for contributing to the achievement of these indicators. The indicators reflect the change in the quality of life desired for the population, and relate to health and disability services;
- **Performance measures** reflect the measures set for individual providers to achieve. They are monitored using service-based indicators and demonstrate the relationship between the population indicators and the outcomes sought.

An outline of the outcomes framework is summarised below. Note the linkage to the Whānau Goals established under the policy framework:

| All Sectors | | | Health Sector | |
|--|--|---|---|---|
| Whānau Goals | Outcome Statements | Service Populations | Population Indicators | Performance Measures |
| <ul style="list-style-type: none"> • Whānau self-management • Healthy whānau lifestyles • Full whānau participation in society • Confident whānau participation in te ao Māori • Economic security and successful involvement in wealth creation • Whānau cohesion | All children have the best start in life | Whānau who have children newborn to aged 9 years | <ul style="list-style-type: none"> • SUDI • Oral health • Immunisation • Breastfeeding | <ul style="list-style-type: none"> • Indicators relative to population accountabilities • Provider-specific |
| | All rangatahi realise their potential | Young people between the ages of 10 and 24 | <ul style="list-style-type: none"> • Self-harm • Oral health uptake • STI's • Teen birth rate • Initiation smoking | |
| | Living well with long term conditions | Whānau who have members who have, or who are at acute risk of, developing a long-term condition | <ul style="list-style-type: none"> • Avoidable mortality • Mental health • Access to services | Example: • People with completed diabetes checks |
| | All whānau have control of their quality of life | Whānau that health outcomes would improve as a result of a Whānau Ora intervention | <ul style="list-style-type: none"> • Access to GP • Tobacco smoking • Breast screening • Cervical screening | Example • Whānau not enrolled with a GP who are supported to enrol |

Summary

Although when established the framework did not specifically incorporate the three elements of Pae Ora, the data development agenda continues to evolve and in so doing, can include indicators reflective of Mauri Ora and Wai Ora outcomes.

IMPLEMENTING WHĀNAU ORA

DHBs must maintain their primary focus on health while being open to taking a whānau-centred approach. We need to embrace opportunities to align activities to a whānau context.

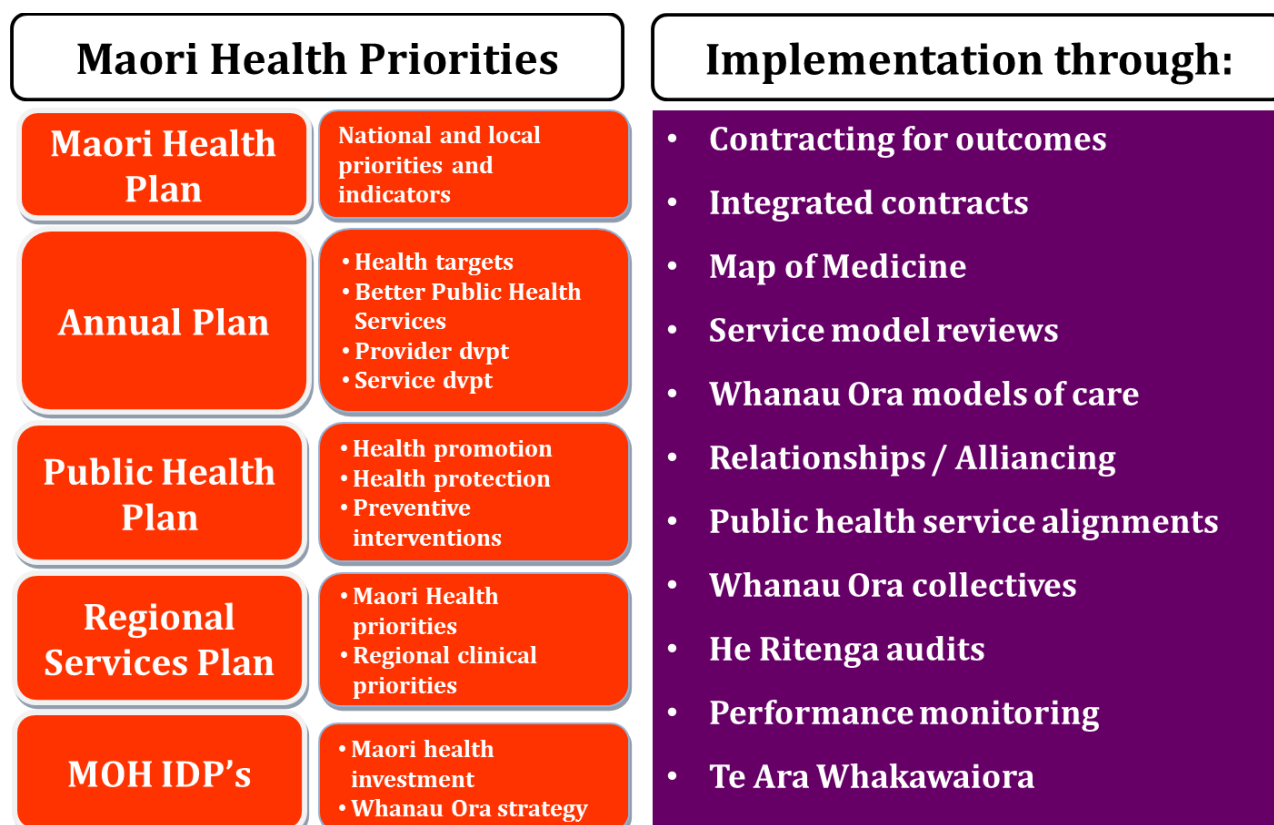
All policy, national, regional and local, contributes to advancing Whānau Ora. The Māori Health Plan is a primary mechanism while the Annual Plan, Regional Services Plan and other key indicators of performance for DHB's are important as well. Whānau Ora Collectives, RBA and other Outcomes-based contracting tools, relationships/alliancing, performance monitoring frameworks are significant, as is a continuous improvement approach. The TDHB Whānau Ora Health Needs Assessment published in 2012 prioritises the health needs of Taranaki Māori within the framework of the four pathways of He Korowai Oranga. The indicators prioritised in this assessment are also important indicators which the TDHB has committed to review at three-yearly intervals.

Practical Implementation

The implications of applying the Whānau Ora philosophy adopted in this framework is that every service offered or funded by the TDHB should contribute to improving self-management knowledge and skills that are owned by Whānau and empower Whānau to understand the cause of health conditions and to be able to manage them. This is a key function of Whānau Ora health service provision. Shifting the workforce to this mind-set will necessitate major attitudinal and practical change within the DHB and between the DHB and the stakeholders with whom it engages as both funder and service provider.

The DHB's planning documents including and especially the Māori Health Plan as well as Health Targets, Annual Plan, Public Health Plan and Regional Services Plan all represent important opportunities to leverage the development of Whānau Ora approaches and to embed these across the DHB and the NGO sector.

The following diagram reinforces the priorities to focus on, and some of vehicles used to address these.



PUBLIC SERVICE POLICY ENABLERS

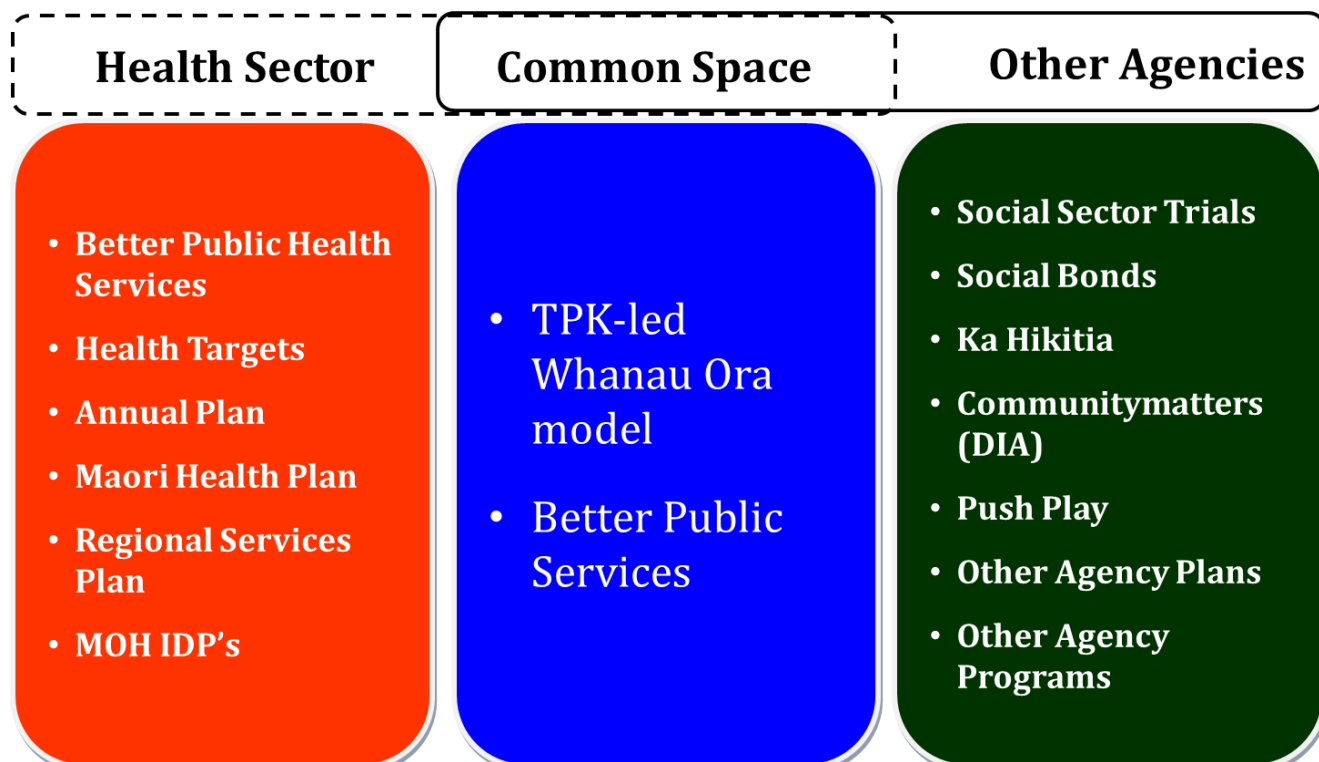
There are a wide range of policies, programmes and initiatives under way in health and in sectors other than health. Their aim is to improve outcomes for Whānau in one way or other. Health sector representatives participate in many of these. Examples of initiatives which aim to coordinate and align inter-agency activity towards a common set of outcomes at the national level are the TPK-led Whānau Ora model, the Governments “Better Public Services” policy and MSD’s Social Sector Trials.

TDHB’s challenge is to contribute to these initiatives while remaining focussed on achieving the objectives of He Korowai Oranga and to do this well. We need to avoid the risk of getting side-tracked on initiatives that do not align with these objectives while at the same time realising that other Pae Ora developments will be happening in parallel. We must ensure that the range of activities are able to leverage off one another and lead to the same point – Whānau Ora.

Summary

The chart below shows some of the activity occurring in the public sector which aims to improve outcomes for whānau. The common space, which has a relatively narrow reach, is supported by policy at a national level. Intersectoral collaboration happening outside these policies are more likely to be happening at the local level. The challenge for everyone is to ensure we fulfill our respective responsibilities well, towards the attainment of common goals and outcomes for the communities we serve.

The Pae Ora Framework applied by TDHB gives clear direction for prioritisation of attention and resources both internally as well as externally, while acknowledging the important role of other agencies in addressing socio-economic determinants and the basis on which the DHB enters into collaborative arrangements with them.



References

¹ Article II, Treaty of Waitangi. See also New Zealand Māori Council v Attorney General [1987] 1 NZLR 641.

¹ Section 22(1) of the New Zealand Public Health and Disability Act 2000.

¹ Durie et al, Whānau Ora : Report of the Taskforce on Whānau-Centred Initiatives, 2009, p.7 -

http://www.tpk.govt.nz/_documents/Whānau-ora-taskforce-report.pdf.

¹ He Ritenga.

¹ Te Kani Kingi, The Treaty of Waitangi : A framework for Māori health development, 2007. The treaty makes clear references to Māori health, with the Māori version promoting self determination. See <http://www.nzaot.com/downloads/contribute/TheTreatyofWaitangiAFrameworkforMāoriHealth.pdf>. .

¹ Reid P and Robson B., Understanding Health Inequalities, Hauora: Māori Standards of Health IV – A study of the Years 2000-2005, Robson B and Harris R. Te Ropu Rangahau Hauora a Eru Pomare, Wellington, 3-10.

¹ Mills C., Health Employment and Recession: The Impact of the Global Crisis on Health Inequalities, Policy Quarterly 6(4), 2010, 53-59. See also Dr Elizabeth Craig et al, Te Ohonga Ake, The Determinants of Health for Māori Children and Young People in New Zealand, 2013. *“The literal translation of Te Ohonga Ake is the Awakening. In the context of the report it refers to an awakening towards the reality of Māori child and youth health status in New Zealand. While many of us have been acutely aware of poor outcomes for Māori children and young people in this country, this report confirms our concerns and provides strong evidence for everyone to wake up, pay attention and take action to improve the lives of our most precious asset, our mokopuna.”*

<http://dnmeds.otago.ac.nz/departments/womens/paediatrics/research/nzcyes/pdf/The-Determinants-of-Health-for-Māori-Children-and-Young-People-in-New-Zealand.pdf>

Appendix 1

OVERARCHING PRINCIPLES

The overarching Whānau Ora framework for Taranaki consists of the following components:

a) **A Whānau Ora Philosophy**

The characteristics of a Whānau Ora philosophy that give Whānau Ora definition and distinctiveness, as it relates to health, are outlined by the Whānau Ora Task Force as follows:

- Recognises a collective entity (whānau). Whānau Ora is not simply about the sum total of collective measures, but is primarily concerned with the ways in which the group functions as a whole to achieve health and wellbeing for its people.
- Endorses a group capacity for self-management and self-determination. Whānau Ora activities will transfer knowledge and skills to whānau so that the group develops critical awareness and are best able to manage their own health and wellbeing.
- Has an intergenerational dynamic. That is, Whānau Ora is about ongoing intergenerational transfers towards the goal of increasing sustainability of improved health outcomes. For example, in managing diabetes health services may immediately treat the problems but will also support knowledge transfer and prevention activities among the next generation in order to avoid the development of diabetes among descendants.
- Is built on a Māori cultural foundation. Wellbeing is closely linked to Māori cultural identity and the expression of Māori values.
- Asserts a positive role for whānau within society. Health institutions should have the capacity to respond positively to whānau, and whānau should be able to negotiate freely with these institutions to achieve the best results.
- Can be applied across a wide range of social and economic sectors. Whānau Ora is equally concerned with socio-economic wellbeing, and cultural and environmental integrity. Therefore, the Health and Disability Sector should actively participate, and in some instances lead in intersectoral activities that contribute to Whānau Ora.

The implication for DHB's is that every service offered by DHB's should contribute to the generation of self-management knowledge and skills that are owned by Whānau.

b) **Conceptual Foundations**

Conceptually, Whānau Ora policy is located within the context of the Treaty of Waitangi and theoretical understandings of the determinants of ethnic inequalities in health.

The Treaty of Waitangi

The Public Health and Disability Act (2000) places specific requirements on DHBs that are intended to recognise and respect the principles of the Treaty of Waitangi. These requirements are acknowledged by DHB's, which make explicit their commitment to the Treaty of Waitangi. Features of the Treaty of Waitangi which are of high relevance to Whānau Ora are provision for:

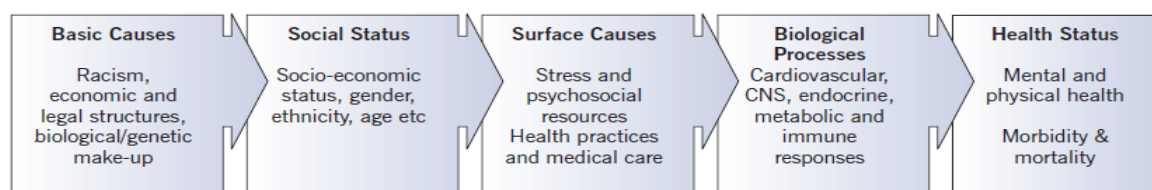
- the protection of Māori wellbeing;
- Māori right to equity in health outcomes;
- Māori participation that is most relevant in terms of Māori input into priority settings; and
- protection of Māori custom which includes whānau structures and cultural integrity.

Determinants of Ethnic Inequalities in Health

The drivers of ethnic inequalities in health can be described in terms of basic causes and surface causes (Figure 2). Basic causes are the fundamental drivers of health outcomes (e.g. racism and economic and legal structures), while surface causes are risk factors and resources which mediate between ethnicity and health status (e.g. health practices and medical care). A focus on surface causes alone will be insufficient to address ethnic inequalities in health, if basic causes are not addressed. The implication for Whānau Ora is that, ideally, there should

be an ability to gauge change in terms of addressing not only the surface causes of health inequalities but also the basic structural causes.

Figure 2 Drivers of Ethnic Inequalities in Health



Source: Mills 2010 p54¹ adapted from Williams 1997.

The 'Pathways to Inequalities' framework (Reid and Robson 2007, based on Jones 2001²) provides further theoretical explanation for ethnic inequalities in health which places a stronger emphasis on the need for access to quality health care. Three key pathways to ethnic inequalities in health are identified:

- I. Differential access to the determinants of health or exposures leading to differences in disease incidence.
- II. Differential access to health care.
- III. Differences in the quality of care received.

The implication of conceptual foundation is that the monitoring framework indicators should include measures of determinants of health, protective and risk factors, access to care, and quality of care.

c) **Life-Course Orienting Perspective**

A life-course orienting perspective supports Whānau Ora policy and implementation in two ways. The first is by considering the health risks and protective factors that are linked to various life stages (e.g. pēpi, tamariki, pakeke, kaumātua) within the context of an integrated life-course continuum, i.e. each life stage is influenced by preceding stages in a cumulative way. The ability to recognise the impacts of cumulative advantage and disadvantage that increase disparities between groups over time is significant as some groups benefit from cumulative advantage over the lifetime and others are affected by cumulative disadvantage.³ Therefore the ability to monitor cumulative advantage and disadvantage over time would be advantageous.

Secondly, a life-course orienting perspective is useful as a predictive tool that may be used to identify intervention points to address unmet health needs. For example, high rates of infection of the middle ear among Māori children will likely lead to under-achievement in education as hearing is impaired and limits the capacity of children to participate in educational settings. This, in turn, may have a range of implications in later life such as reduced or narrowed employment opportunities. At the whānau level, adopting a life-course orienting perspective enables whānau to plan and be proactive as opposed to inactive and reactive. A key value of a life-course orienting perspective is likely to be in identifying intervention points to address unmet needs both in terms of immediate issues and longer term consequences. Therefore, findings could be utilised to inform action to address the

¹ Mills C. Health Employment and Recession: The Impact of the Global Crisis on Health Inequalities. Policy Quarterly 6(4), 53-59. (2010)

² Reid P. & Robson B. Understanding Health Inequalities. Hauora: Māori Stands of Health IV – A Study of the Years 2000-2005. Robson B., and Harris R. Te Ropu Rangahau Hauora a Eru Pomare: 3-10. Wellington.

³ Edwards W. Taupaenui: Māori Positive Ageing – A Thesis Presented in Fulfilment of the Requirements for the Degree of Doctor of Philosophy in Public Health. (2010) School of Public Health, Massey University, Palmerston North.

unmet health needs of populations within certain age bands immediately, but also to plan for the future health of the population.

d) He Korowai Oranga – Implementing Whānau Ora

He Korowai Oranga sets the direction for Māori health development. The rationale for drawing on He Korowai Oranga as a basis of the Whānau Ora framework is:

- Firstly, Whānau Ora is the overarching aim of He Korowai Oranga.
- Secondly, He Korowai Oranga sets the direction for Māori health development in the Health and Disability Sector and is therefore a known framework that is recognised and well understood within the Sector.
- Thirdly, the Strategy makes explicit the public sector responsibility for supporting the health of whānau. “He Korowai Oranga places whānau at the centre of public policy.”
- Lastly, the four pathways for action identified in the Strategy lend themselves as the core of a monitoring framework which may be populated with health indicators relevant to Whānau Ora.

The framework for monitoring Whānau Ora outcomes comprises of five domains. The first domain is ‘*Demography*’ under which the characteristics of the resident Māori population such as population size, composition and distribution are incorporated.

Domains two to five are the pathways of He Korowai Oranga:

Te Ara Tuatahi Pathway One – ‘Development of whānau, hapū, iwi and Māori communities’, as a domain has a focus on whānau level development. Indicators in this domain are Māori-specific less likely to be funder/provider driven and instead will be characterised by whānau ownership.

Te Ara Tuarua Pathway Two – ‘Māori participation in the Health and Disability Sector’ includes measures that gauge Māori participation in decision-making, Māori organisation capacity and capability and Māori health workforce development.

Te Ara Tuatoru Pathway Three – ‘Effective health and disability services’ encapsulates measures that gauge progress towards addressing health inequalities for Māori, improving mainstream effectiveness, providing high quality service, and strengthening Māori health information.

Te Ara Tuawha Pathway Four – ‘Working across sectors’ encourages initiatives with other sectors that positively impact Whānau Ora. Indicators in this domain relate to inter-sectoral collaboration and determinants of health.

PART TWO: POSITION STATEMENTS

The Taranaki DHB affirms its adoption of the Pae Ora Framework described above and demonstrates its commitment to its objectives through adoption of the following position statements:

Primary Statements:

Mauri Ora – Every health intervention is an opportunity to contribute to shifting, growing or maintaining a flourishing mauri;

Whānau Ora - Every service offered or funded by the DHB should contribute knowledge and skills that empower whānau to understand and manage their own health conditions. The transfer of knowledge and skills in a way that enables integration into routine whānau practices is a key function of Whānau Ora health service provision;

Wai Ora – Every health intervention must take into account the nature and interaction between people and the surrounding environments. Interventions should avoid or reduce **risk factors**, and strengthen **protective factors**.

Implementation Statements:

| NO | STATEMENT | CURRENT STATUS (AS AT APRIL 2015) |
|----|---|---|
| 1 | TDHB endorses the Pae Ora framework described in Part One above including the detailed descriptions in the attached Appendix 1 regarding its overarching principles | EMT endorsement and formal adoption by TWPK and TDHB Boards to be obtained by end May 2015. |
| 2 | It will leverage existing accountability obligations through local and regional planning (Annual Plan, Maori Health Plan, Public Health Action Plan, Regional Plan, Health Targets) to engage with and guide the health sector toward accelerating Maori Health Improvement. | Maori Health Plan embeds the focus on Maori health improvement. |
| 3 | It will actively seek to implement its leadership, knowledge and commitment obligations described in the “Equity of Health Care for Māori: A framework” released with He Korowai Oranga refresh 2014 (attached). | To be developed |
| 4 | It will actively assess policies, programmes, projects and initiatives to ensure health services are responsive to Māori, including the use of: <ul style="list-style-type: none"> a. Health Equity assessment tools including the HEAT tool and Whānau Ora Impact Assessment tool b. He Ritenga, Treaty of Waitangi-based Health Audit Framework c. Tools to ensure Māori consumer input and feedback is obtained | To be developed |
| 5 | It will set, monitor and report ‘no differential’ targets for all monitored activity and other quality improvement targets (i.e. not just the Māori Health Plan). | To be implemented. |
| 6 | It supports Pae Ora / Whānau Ora models of service delivery by Kaupapa Māori providers who: | A mechanism for annual statements and evidence of the commitment of |

| | | |
|----|---|---|
| | <ul style="list-style-type: none"> • Deliver health and disability services that target Māori Whānau or communities; are led by a Māori governance and management structure and express Māori kaupapa; • Consider the broader issues of Māori development and promote te tino rangatiratangaⁱ (self determination) and how their organisation might contribute to the well being of Whānau; • Adopt a population health approach by positively influencing a range of environments, systems and factors that contribute to the health of a population; • Focus on prevention and health, rather than on disease; • Contribute to a reduction in health inequalities and target services to positively impact on the TDHB's Māori Health Plan (MHP) priorities and indicators. | <p>Te Kawau Mārō Alliance partners to be set up.</p> <p>Te Kawau Mārō Alliance and Midland Health Network ALT's as vehicles to influence, establish and monitor.</p> |
| 7 | It will continue to strengthen relationships with iwi through iwi-determined representative models, Te Kawau Mārō Alliance, Whānau Ora collectives and whānau. In working with whānau, Marae and hapu, the TDHB is mindful of respecting the relationships between iwi and their constituent marae and hapu and will ensure that any impact the TDHB has on those relationships is positive and supportive. | TWPK/TDHB relationship in place; TDHB and Māori representation present on TKM ALT; Māori representation on TALT needs strengthening; Engagement with marae and hapu is positive and supportive. |
| 8 | It will enable Pae Ora Leadership within the DHB at the governance level, at executive and other senior management levels and among clinical leaders; | Governance leadership in place through TWPK; Māori membership on EMT in an advisory capacity; limited senior Māori managers and clinical leaders. |
| 9 | It will engage with the DHB's clinical and non-clinical workforce to transform to a Pae Ora / Whānau Ora model approach; | To be developed |
| 10 | It will appoint Whānau Ora designated positions within the TDHB (e.g. Team Leader and team members) to provide internal leadership for Whānau Ora and as contact points for Whānau, Whānau Ora navigators and other stakeholders. | Options currently being considered, e.g. roles of Team Leader, Māori Responsiveness (Māori Health Unit), Care Managers (Allied Health) |
| 11 | It will actively encourage providers, including the Provider Arm, to adopt both a Pae Ora philosophy and Kaupapa Māori model of service delivery wherever appropriate. | To be developed. |
| 12 | It will develop the capacity and capability of the Māori health workforce for Pae Ora provision. | To be developed. |
| 13 | It supports Whānau Ora activities that are happening in parallel to the work of the TDHB, including the Te Puni Kokiri-led Whānau Ora programme. | Positive relationships with the Whānau Ora provider collective are being developed. |
| 14 | It will provide regular and timely reports that enable monitoring of its performance in relation to Māori health outcomes for the Taranaki region. | A strong Māori Health Plan monitoring framework is in place. |
| 15 | It will focus on Whānau-centred practice as the core business of health. | Patient/Whanau-Centred Care framework formally adopted; |

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| | | Pae Ora / Whānau Ora model to be developed. |
| 16 | It will consider the possibility of using incentive funding, like that used in the tertiary education sector, to encourage provider action in achieving Whānau Ora outcomes; | Yes, is being considered within TKM ALT and implemented within MHN |
| 17 | It will apply whānau-centred health information management principles that enable and empower Whānau to better self-management their own health and wellbeing; | To be developed. |
| 18 | It will encourage and participate in intersectoral initiatives that are coordinated towards addressing the determinants of health. | Coordination framework to be developed. |
| 19 | It will seek to influence other mainstream providers to embed a Pae Ora / Whānau Ora approach within their service provision. | Approach to be developed. |
| 20 | It will investigate using integrated contracting with other agencies to achieve Pae Ora aspirations. | TKM alliance has a consolidated health services outcomes-based contract. Inter-agency integration to be developed (potentially could apply to Parihaka discussions) |

¹ Te Kani Kingi, The Treaty of Waitangi : A framework for Māori health development, 2007. The treaty makes clear references to Māori health, with the Māori version promoting self determination. See <http://www.nzaot.com/downloads/contribute/TheTreatyofWaitangiAFrameworkforMāoriHealth.pdf>. .

Appendix 1

Equity of Health Care for Māori: A Framework
