



Midland
District Health Boards

MIDLAND DISTRICT HEALTH BOARDS

Māori Health Regional Plan

2008 – 2011

Midlands GM Māori Health

Mihi

Korōria tonu ki te Runga Rawa!

Kia tau tonu ōna manaakitanga maha ki runga i a Kiingi Tūheitia me te Kāhui Ariki nui tonu!

Ki runga, hoki, i a Te Tumu, o te Whare Ariki o Tūwharetoa!

Ka huri, anō, ngā whakaaro ki ngā mate o te wā – takoto mai koutou, moe mai, haere, haere, haere!

Kaati! Rātou ki a rātou, tātou ki a tātou!

Tuia i runga, tuia i raro!

Tuia i roto, tuia i waho!

Tuia tātou - ngā mana, ngā reo, ngā kārangatanga maha, mai i te rohe o Taranaki, whiti atu ki te rohe o te waka o Te Arawa, peke atu ki te rohe o te waka o Mataatua ki Te Moana-a-Toi, huri atu ki Te Tairāwhiti, peke atu ki rohe o Tauranga Moana, tae noa ki te rohe o te waka o Tainui!

Tēnā rā koutou katoa! Koutou ngā kaimahi Māori o te Hauora-a-iwi-Māori whānui!

Ko tēnei te toronga atu i te ringa whakawhānaungatanga ki a koutou katoa, i runga i te tumanako ka whakataungia te kaupapa “Te Mahere Rautaki Hauora – a – Iwi Māori” me āna whai mahi. Ka pā tēnei kaupapa ki te iwi huri noa, huri noa, i tēnei wāhanga o te motu, hei oranga ake ma tātou, ngā Kaimahi Māori, me te iwi whānui!

Ko te tumanako – ka whai whakatutukingia te kaupapa – kia ea ai anō, te kōrero e kii ana:

Ko te pae tāwhiti, whaia kia tata!

Ko te pae tata, whakamaua kia tina!

Tina!

Haumi e! Hui e!

Taiki e!

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Executive Summary

The Midland DHB's Māori Health Plan 2008-2011 details a regional approach to focusing on reducing health inequalities and promoting opportunity for Māori health gain within the Midland region. The Midland DHB group comprises of Tairāwhiti, Lakes, Bay of Plenty, Waikato and Taranaki DHB's, which collectively operate within the central North Island, the geographic locality which many view as the powerhouse of Māoridom. The Midland Regional Māori Health Plan 2008 -2011 aligns to the National Māori Health Strategy, He Korowai Oranga 2001 which key objective is the attainment of *Whānau Ora* or "maximum health and wellbeing for Māori whānau, hapū, Iwi/ communities."

The Midland DHB's Māori Health Plan 2008-2011 consists of six key strategic direction's and associated action plans that provide a practical way forward for the Midland region:

1. Māori Health Workforce Development
2. Chronic Disease State Management including Oranga Kai, Oranga Pūmau
3. Māori Provider Capacity Development
4. Monitoring Performance
5. Community and Iwi Development
6. Leveraging Māori Potential

The plan identifies a set of common goals and aspirations that each of the Midland DHB's group share in regard to improving the health and wellbeing of the Māori population within their respective areas. The plans parameters are limited to what has been thought to be achievable at a regional level. The Midlands DHB's Māori Health Plan 2008-2011 comprises of three separate but interconnected sections:

Part One: Provides the strategic context of the Midland Māori health Plan 2008-2011

Part Two: Illustrates the six strategies and associated action plans within the Midland Māori Health Action Plan 2008-2011

Part Three: Details a Midland environmental scan which includes data and demographics that relate to Māori health status within the Midland region

The Midland DHB's Māori Health Plan provides guidance for the next three years on a regional approach to Māori health gain and creates a platform for ongoing co-operation within the Midland region. This regional approach to improving the health and wellbeing of Māori is based upon, co-operation and a shared commitment to create sustainable change in the area of Māori health.

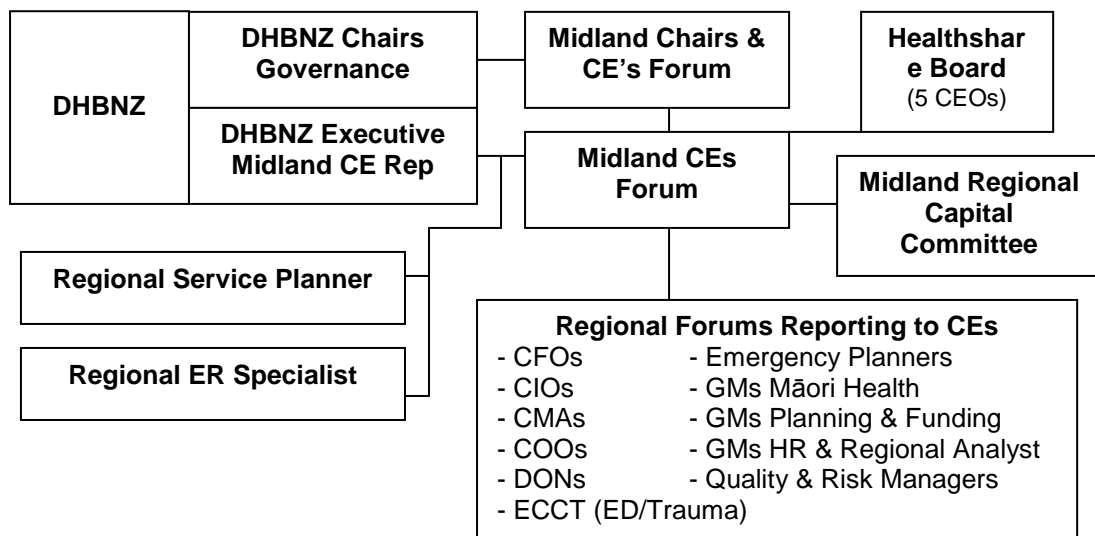
Midland Region Collaborative Activity

1. Background

The Midland District Health Board comprises Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato. The regional approach to planning, regional human resource programmes, purchasing groups, Midland Regional Mental health Network (MRHN) and the formalised Strategic Alliance between Waikato and Lakes have all led to efficiencies and to enhanced relationships. The Midland DHBs have recognised that there is much to gain in a collaborative approach to planning and delivery of some services and initiatives. The collaborative activity is driven from within the regional structure. See Figure 1.

Midland DHBs continue to explore, investigate and evaluate further participation in shared services arrangements across the region, which would result in an anticipated cost reduction and improvement in quality. Such arrangements would include sharing resources, generating purchasing power and standardising processes.

Figure 1.



2. Midland Regional Collaboration Principles

In 2007 the region agreed the Midland Regional Collaboration Principles. The purpose of developing regional collaboration principles is to facilitate agreement and implementation of collaborative initiatives and approaches between the five Midland District Health Board. This approach supports consistency and clarity for a shared vision for clinical and other regional service provision.

The Midland DHBs will work together on issues where it is agreed that the population of the region will benefit from a regionally collaborative approach. These issues may include:

- Access
- Service delivery
- Workforce
- Funding – investment or disinvestment
- Capital – facilities and technology
- National imperatives/government policies including but not limited to:
 - Service Planning and New Health Intervention Assessment (SPINIA)
 - Regional Capital Committee (RCC) including the Guidelines for Capital Investment (2003) and Business Case Guidelines for Investment in Information Technology (2005).
 - National Service and Technology Review Subcommittee (NSTR)
- Prioritisation
- Shared resource – business support initiatives that support consolidation and sharing of duplication internal processes.

The following are some of the regional forums currently in place:

- HealthShare
- Regional Forums:
 - Financial Services
 - Corporate Procurement
 - Human Recourses
 - Information Management
 - Emergency Planners
 - Regional Emergency Care Coordination team
 - Mental Health
 - Healthy Eating Healthy Action
 - Public Health
 - Regional Service Planning
 - Midland Cancer Network
 - Regional Trauma Service

PART ONE

Strategic Context

1.0 Introduction

Improving the health status of and reducing inequalities for Māori is a key objective of the National Māori Health Strategy, *He Korowai Oranga 2001*. Health statistics show that, in general terms, Māori suffer the poorest health of any ethnic group in New Zealand.¹ The Midland DHB's Māori Health Plan 2008-2011 builds forward on the National Māori Health Strategy within the Midland region. The Midland DHB's acknowledge that Māori have a Treaty right, an indigenous right and a human right to enjoy the same good health as non-Māori within our region. The impetus given to Māori health by the Midland DHB's group is based upon five key drivers:

- Te Tiriti o Waitangi the founding document of our nation
- A commitment to support Iwi and Māori development in the area of health
- The size and projected growth of the Māori population within Midland
- A disproportionate health need for Māori relative to the rest of the population
- A commitment across all Midland DHB's to reduce health inequalities for Māori

In particular the Midland DHB's group view Māori health as a priority for our region based upon a disproportionately high health need.

1.1 Te Tiriti o Waitangi

Te Tiriti o Waitangi as the founding document of New Zealand and acknowledges the special relationship between Māori and the Crown under the Treaty. The Midland DHB's group acknowledges its obligations in relation to the Treaty principles of partnership, participation and active protection, as defined in the New Zealand Public Health and Disability Act (NZPHD Act). Accordingly, the principles of the Treaty of Waitangi provide the foundation for future health and disability service development, planning, implementation, delivery and monitoring, as detailed below.²

¹ Sourced from He Korowai Oranga (MOH) National Māori Health Strategy 2001

² Sourced from He Korowai Oranga (MOH) National Māori Health Strategy 2001

TREATY OF WAITANGI PRINCIPLES

Partnership

- A relationship which supports shared decision-making between both partners and enables Māori to exercise control, authority and responsibility for their health.
- Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services*.

Participation

- To establish and maintain processes to enable Māori to participate in, and contribute to, strategies for Māori Health Gain. To foster the development of Māori capacity for participation in the health and disability sector and for providing for the needs of Māori.
- Involving Māori at all levels of the sector in planning, development and delivery of health and disability services*.

Active Protection

- Ensuring that Māori have equal access to services and the right to achieve health outcomes equal to non-Māori.
- Ensuring Māori enjoy at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values and practices*.
- Safeguarding Māori cultural concepts, values and practices.

1.2 Regional Māori Health Strategic Alignment

In alignment with national policy and a disproportionately high health need each of the DHB's within the Midland region have identified in high level planning that Māori health is a local priority. The synergies and commonalities that exist across Tairāwhiti, Lakes, Bay of Plenty, Waikato and Taranaki DHB's that focus on reducing inequalities and creating opportunity for Māori health gain are matrixed in the table below.

Table 1: Māori Provider Community

DHB	BOP	LAKES	TAIRAWHITI	TARANAKI	WAIKATO
Māori Provider Community	Reducing Inequalities	Reducing Inequalities	Reducing Inequalities	Reducing Inequalities	Reducing Inequalities
	Service Capacity & coverage	Māori Provider development	Māori Provider development	Māori Provider development	Māori Provider development
	Workforce Development	Workforce Development	Workforce Development	Workforce Development	Workforce Development
	Primary Care	Primary Care	Primary Care	Primary Care	
	Monitoring Performance	Monitoring Performance	Monitoring Performance	Monitoring Performance	Monitoring Performance
	Iwi Development		Improving access	Iwi Development	Māori Provider /Iwi Development
		Whānau ora Models	Population Health	Prioritisation	Service Integration

The strategic directions detailed in the Midland DHB Māori Health Plan 2008-2011 have been developed to align to the strategic direction's which are a priority for Māori health across the six DHB's that operate within the Midland region:

1. Māori Health Workforce Development
2. Chronic Disease State Management including Oranga Kai Oranga Pūmāu
3. Māori Provider Capacity Development
4. Monitoring Performance
5. Community and Iwi Development
6. Leveraging Māori Potential

1.3 Reducing Inequalities

Inequalities in health are associated with socio-economic disadvantage, ethnicity, gender and geographical locations of populations³. For Māori inequalities exist across the entire health spectrum from the distribution of the determinants of health, through to access to health services or equity of intervention, and health outcome after access.⁴ A reducing inequalities approach seeks to adjust the health sectors frame and gaze to focus on how the health system can effectively identify and address health inequalities for Māori. Such an approach identifies those health inequalities for Māori comparative to non-Māori is the result of four major factors:⁵

1. *Interpersonal or institutional discrimination which disadvantages Māori*
2. *Unequal distribution of social determinants of health*
3. *Differences for Māori relative to non- Māori in access to health care, and differences in quality/ performance of the health system upon access*
4. *Engaging in harmful behaviours*

Using the Ministry of Health Reducing Inequalities Intervention Framework it is possible to identify that the Midland DHB's group may focus on four specific levels of intervention, with a view to work towards reducing health inequalities for Māori.

- Level 1: Midland DHB/ Tumu Whakarae submissions on local and national policy that impacts on Māori health.
- Level 2: Delivery of co-ordinated regional health promotion, community development philosophies that specifically focus on Māori.
- Level 3: Interventions to increase access to health services for Māori (e.g. outreach services, kaupapa Māori service delivery).
- Level 4: Development of early intervention and preventive programmes coupled with support services for those with chronic illness/disability¹⁴

³ Ministry of Health, Reducing Inequalities in Health 2002

⁴ Aligns to Waikato DHB Reducing Inequalities Action Plan 2007-2011

⁵ Aligns to Waikato DHB Reducing Inequalities Action Plan 2007-2011

¹⁴ Ministry of Health, Reducing Inequalities in Health 2002

PART TWO

Strategic Directions & Action Plans for Implementation

2.0 Six Strategic Directions for Midland Māori Health Action Plan

This section of the Midland DHB Māori Health Action Plan 2008-2011 details the plans six key strategic directions and associated action plans. The six key strategic directions associated with the Midland DHB Māori Health Plan 2008-2011 are elaborated upon in the following pages:

1. Māori Health Workforce Development
2. Chronic Disease State Management including Oranga Kai Oranga Pumau
3. Māori Provider Capacity Development
4. Monitoring Performance
5. Community and Iwi Development
6. Leveraging Māori Potential

Whilst there are a number of synergies across the Midland region in regard to Māori health the above six areas have been chosen using the following criteria:

- Recognition of national and local priorities
- Current capacity and capability within each DHB
- Recognition of what is a national and local priority
- Value added from a collaborative approach

2.1 Strategic Direction One: Māori Health Workforce Development

Māori health workforce development seeks to build the capacity of the Māori workforce within the health sector.⁶ Capacity development is about working to increase the numbers of Māori employed within the health sector with a focus on building a workforce which is reflective of the community it serves. Māori workforce development is also about building individual employees knowledge (knowing what to do) and skills (knowing how to do something).⁷ Māori health workforce development seeks to build a professionally competent workforce which is reflective of and responsive to the community it serves, can deliver upon new models of health care service provision and meet continuous quality improvement requirements.

⁶ Aligns to Ministry of Social Development, The Social Report 2007

⁷ Aligns to Ministry of Social Development, The Social Report 2007

The Midland DHB Māori Health Plan 2008-2011 proposes that there is a need to place a greater emphasis on building the capacity of the Māori health workforce employed within the NGO sector. Specifically the intent is to focus on workforce development for Māori employed within Māori providers or in mainstream health providers external to the DHB organisations. Māori health workforce development is about marketing health as a preferred place of employment to Māori. It is also about having in place recruitment, selection and remuneration and reward systems which support professional development requirements and cultural preferences and competencies. Māori health workforce development is also about education and training, and about retaining Māori staff and advancing Māori staff through succession planning. Implicit in this approach is the need to build intersectorial relationships in particular with welfare and education sectors to support workforce development. The approach is targeted, integrated and sustainable.

Strategic Direction One: Māori Health Workforce Development

Objective	Tasks	Outcome	RESP	TIME
Marketing of health sector as a preferred place of employment to Māori with a focus on primary care and iwi development	<ul style="list-style-type: none"> ▪ The development of a regional recruitment strategy targeting Tamariki/Rangatahi at Intermediate and Secondary School 	<ul style="list-style-type: none"> ▪ Ideas shared and adopted within Midland Tumu Whakarae on what marketing techniques work well for Māori ▪ To adopt a marketing campaign which promotes health as a future career option for Māori ▪ Pilot completed in Tairāwhiti and key learnings distributed to Midland Tumu Whakarae group ▪ Pilot completed in Taranaki of an inter-active resource with support framework to recruit tamariki/Rangatahi into health careers 	Tumu Whakarae	2010
Māori health capacity development through education, training and pilots	<ul style="list-style-type: none"> ▪ To improve access to education and training for those Māori employed within the NGO sector 	<ul style="list-style-type: none"> ▪ Scholarships and grants day held in Midland DHB's ▪ Respective Midland DHB education and training programmes promoted to NGO sector ▪ Māori employed within NGO sector enrolled in respective Midland DHB leadership programmes ▪ CTA funding disseminated to unregulated workforce 	Midland DHB's/ Tumu Whakarae	2011

2.2 Strategic Direction Two: Managing Chronic State Disease Management including Oranga Kai Oranga Pumau

Statistics and health data evidence that Māori on average have a disproportionately high health need relative to the rest of the population. In particular health data indicates that diabetes, cardiovascular disease (CVD), cancer, COPD and mental health issues are major contributors to death and illness for Māori.⁸ The health inequalities that Māori contend with are the direct result of, lower rates of access to the wider determinants of health, differences in quality of care upon accessing health services, institutional, racism and engagement in harmful behaviours.⁹

The Midland region has developed a number of strategies to address the growth of chronic disease. Māori participation in these developments has been inconsistent and in some cases real strategies for real outcomes contributing to Māori health gain are not as explicit or specific as would be expected. The issue of chronic disease spans the entire spectrum of health from health promotion/education, early intervention and chronic disease state management. The ability of Māori to participate across these developments consistently is sometimes comprised by issues relating to capacity and resource. What is proposed therefore is the development of a standard Māori health gain template for regional chronic disease management planning.

⁸ Aligns to Māori health priorities stocktake (refer page 9 Midland Region Māori Health Plan 2008)

⁹ Aligns to Waikato DHB Reducing Inequalities Action Plan 2007-2011

Strategic Direction Two: Managing Chronic State Disease Management including Oranga Kai Oranga Pumau

Objective	Tasks	Outcome	RESP	TIME
To establish kaupapa Māori services which support the management of chronic disease Whānau Ora Māori Community Health Workers	<ul style="list-style-type: none"> To share the information across the Midland DHB group in regard to the piloting of services which support a kaupapa Māori approach to chronic disease state management 	<ul style="list-style-type: none"> To share information in regard to the Māori cardiovascular rehabilitation programme run through Te Kohao Health To share information in regards to Te Kahui Hauora, Hunga Manaaki kaupapa cancer support services in Rotorua Establish a kaupapa Māori Cancer support service in Waikato DHB district based upon key learnings from Te Hunga Manaaki. 	Waikato DHB/ Lakes DHB	2010
	<ul style="list-style-type: none"> To evaluate and share key findings relating to the Whānau Ora Māori Community Health Worker positions 	<ul style="list-style-type: none"> Develop a register of Whānau Ora initiatives contracted within Midland DHB's and PHO's Publish register and distribute to Midland DHB's through Māori health divisions 	Waikato DHB/ Midland Tumu Whakarae	2011
Health Promotion and Prevention	<ul style="list-style-type: none"> Focus on prevention and promotion activities and link to HEHA strategy and activities 	<ul style="list-style-type: none"> Share information in regard to HEHA activities that are successful within various districts Workforce education and development activities at a local level 	All DHBs	Ongoing
Improving Access	<ul style="list-style-type: none"> Share in strategies that focus primarily on improving access to inpatient, outpatient, NGO and PHO services 	<ul style="list-style-type: none"> To share information related to activities that focus on improving access to services and support to implement these activities in other DHBs 	All DHBs	Ongoing

2.3 Strategic Direction Three: Māori Provider Capacity Development

The Midland DHB's group supports the development of Māori led organisations in health. Building Māori provider capacity is about meeting Māori preference for service delivery and ensures a kaupapa Māori approach to health promotion, education and early intervention central to the attainment of *Whānau Ora*. Provider development is about ensuring that Māori have an option and choice to access kaupapa Māori health services. The approach is clinically sound and culturally responsive embracing both Western medical services as well as traditional Māori health assessment and interventions (rongoa/ mirimiri/ karakia). Māori provider development is about ensuring that Māori can deliver health services rather than simply be recipients of health services. The approach is holistic and places as much emphasis on health and wellbeing as much as it does on treating poor health.

In a fiscally constrained environment the changing face of health service delivery is placing increasing pressure on Māori providers to keep pace with changing technology, expectations of the communities they serve, and national quality assurance standards. The need to develop a strategy that ensures the ongoing sustainability and performance of Māori providers is an important objective for the Midland DHB's group.

In particular the Midland DHB group in co-operation with the Midland Tumu Whakarae group will establish a district wide and regional approach to building Māori provider capacity in planning and seek to obtain funding so as to be able to effectively action key goals and objectives which have been collectively agreed to by each respective DHB and the Māori providers within each of their districts. The approach will explore the benefits of establishing share service arrangements or alliances across kaupapa Māori services.

Strategic Direction Three: Māori Provider Capacity Development

Objective	Tasks	Outcome	RESP	TIME
Allocation of MPDS funding	<ul style="list-style-type: none"> Allocation of MPDS funding to local Māori providers to support provider capacity development 	<ul style="list-style-type: none"> MPDS funding allocated to support Māori provider development MPDS funding allocated to support the implementation of District Wide Māori Provider Development Plan 	MOH/ Midland DHB's Tumu Whakarāe	Annual report (2008-2011)
Consolidation of Māori providers	<ul style="list-style-type: none"> Establish targets for funding increase for Māori providers in each Midland DHB Review existing programmes that aim to Build the capacity and capability of Māori Provider's within the Midland region. Develop a publication "Building the Capacity and Capability of Maori Health providers. 	<ul style="list-style-type: none"> Targets which indicate a funding increase to Maori providers integrated into all Midland DHB District Annual Planning (DAP) Funding increase targets reported against and funding targets attained Publication "Building the Capacity and Capability fo Māori Health Provider's ion the Midland region. 	Midland DHB's and Midland/ Tumu Whakarāe	2009
Māori provider workforce profile	<ul style="list-style-type: none"> To develop a Midland Māori provider workforce profile within Midlands region Develop a consistent approach to the collection of workforce profile data within the Midland Region 	<ul style="list-style-type: none"> Māori provider workforce profile established 	Midland DHB's/ Midland Tumu Whakarāe	2010

2.4 Strategic Direction Four: Monitoring Performance

The development of systems, processes and targets in planning, funding (prioritisation), research and projects which measure performance against the dual goals of reducing health inequalities and the attainment of Māori health gain is a priority for the Midland DHB group. While the range of targets and measures put in place at a local level is extensive at a regional level three areas have been identified as potential areas for collaboration. Mechanisms that can be employed at a regional and local level include:

- (1) He Ritenga: A Cultural Audit Tool - (endorsed for national adoption by Tumu Whakarae and Te Kete Hauora)

- (2) Key Performance Indicators (KPI's) – with a specific focus on KPI's that measure improvements in:
 - Improving access to health services
 - Differences in quality of care upon access (equity)
 - Health gain
 - Reducing health inequalities
 - National Health target areas
 - Working across sectors
 - Building Māori workforce capacity
 - Building Māori provider capacity

- (3) Data Collection – specifically as it applies to information that relates to:
 - Ethnicity recording
 - Resource allocation
 - Resource allocation
 - Access points – entry and exit points
 - Referral sources
 - Waiting lists
 - Utilisation

Strategic Direction Four: Monitoring Performance

Objective	Tasks	Outcome	RESP	TIME
Regionally consistent approach to Māori Health Audits	<ul style="list-style-type: none"> ▪ To implement He Ritenga Māori Health Audit Tool as the approved tool of Tumu Whakarāe across all Midland DHB's ▪ Work collaboratively with Health Share to implement He Ritenga 	<ul style="list-style-type: none"> ▪ He Ritenga Māori Health Audit Tool action plans developed within DHB's that will show the implementation of He Ritenga across all Midland DHB's ▪ All Midland DHB's have Māori Health Action Plans in place 	Tumu Whakarāe	2010
Establishing key performance indicators (KPI's) that support attainment of Māori health hain and reducing inequalities	<ul style="list-style-type: none"> ▪ Establish a regional Māori Health Planning template that has key performance indicators that measure: <ul style="list-style-type: none"> • Improving access to health services • Differences in quality care upon access • Health gain • Reducing health inequalities • Targets health priority areas • Working across sectors • Building Māori workforce capacity • Building Māori provider capacity 	<ul style="list-style-type: none"> ▪ Shared Māori health key performance indicators (KPI's) framework developed by Midland Tumu Whakarāe forum integrated into Midland DHB's ▪ KPI's integrated into regional Māori Health Planning template 	Midland DHBs/Tumu Whakarāe	2009
Data Collection	<ul style="list-style-type: none"> ▪ Develop a regional data collection template that collates information that relate to National Health targets and Primary Care (SIA Funding, Referrals to secondary services). ▪ Monitoring of workforce and service-related ethnicity data quality across all Midland DHBs 	<ul style="list-style-type: none"> ▪ Data collection template developed and used to track progress in relation to Māori health ▪ Not more than 0.5% 'not stated' ethnicity recorded by each DHB 	Midland DHBs/Tumu Whakarāe	2010

2.5 Strategic Direction Five: Community and Iwi Development

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

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

Strategic Direction Five: Community and Iwi Development

Objective	Tasks	Outcome	RESP	TIME
Regionally consistent approach to Māori Health Audits	<ul style="list-style-type: none"> To apply He Ritenga Māori Health Audit Tool as the approved tool of Tumu Whakarae across all Midland DHB's Work collaboratively with Health Share to implement He Ritenga 	<ul style="list-style-type: none"> He Ritenga Māori Health Audit Tool being implemented across all Midland DHB's All Midland DHB's have Māori Health Action Plans in place 	All DHBs	2010
Iwi/ Māori Health Plans/Strategies	<ul style="list-style-type: none"> Assist in the development of Iwi Health Plans or their equivalent 	<ul style="list-style-type: none"> To increase the awareness of local issues as they relate to health and create local solutions 	All DHBs	Ongoing

NB: Taranaki are developing a Taranaki Māori Health Strategic Framework and Iwi participate in this.

2.6 Leveraging Māori Potential

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

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

Māori being Māori

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

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

Māori traditional healing

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

¹ Sourced from He Korowai Oranga (MOH) National Māori Health Strategy 2001

Strategic Direction Six: Leveraging Māori Potential

Objective	Tasks	Outcome	RESP	TIME
Māori Models of Care (MOC)	<ul style="list-style-type: none"> Shared knowledge around Māori MOC and implementation within different District Health Boards 	<ul style="list-style-type: none"> Decrease duplication and encourage sharing of knowledge 	All DHBs	Ongoing
Developing Māori Potential in the area of Health	<ul style="list-style-type: none"> Use of Whānau Ora framework to develop Māori models of care, knowledge and evaluation 	<ul style="list-style-type: none"> Whānau Ora concepts woven through models of care 	All DHBs	Ongoing
Development of Rongoa Māori Services	<ul style="list-style-type: none"> Shared knowledge around the development of services 	<ul style="list-style-type: none"> Development of Rongoa services within the Midland DHB that are supported and work in unison with mainstream clinical services 	All DHBs	Ongoing

PART THREE

Midland Demographic Scan

3.0 The Midland Scan

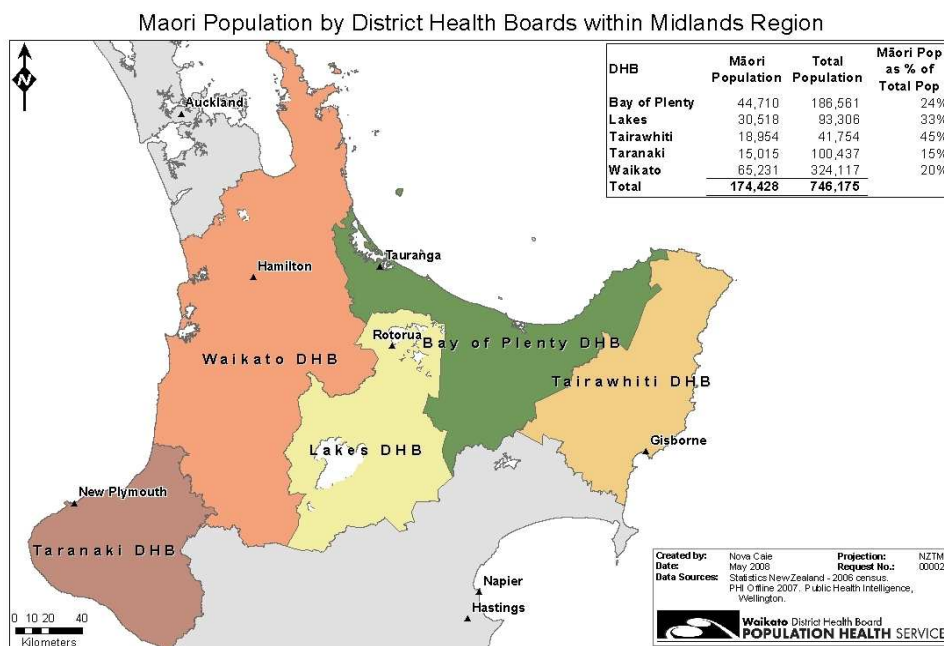
This section provides a brief environmental scan of the Midland region as it relates to Māori health. This section will detail:

- The Midland DHB region
- List the Iwi within Midland DHB region
- Provide demographics relating to the size and age composition of the Māori population within Midland region
- Data relating to Māori levels of deprivation
- Data relating to Māori health status within Midland

3.1 The Midland Region

The Midland region covers a large geographic area and encompasses Tairāwhiti DHB, Taranaki DHB, Lakes DHB, Waikato DHB and Bay of Plenty DHB. This area is viewed by many as the power house of Māoridom, based on the size of the Māori population and the large number of Iwi that reside within its boundaries. A map which details the boundaries of the Midland region and the five DHB's located within these boundaries is provided below:

Figure 1



3.2 The Iwi within the Midlands DHB region

Many Iwi are located within the Midland region. While the tribal boundaries of each Iwi are not uniform with either the region or even DHB districts it is still relevant to identify what Iwi exist within Midland. The formally recognised Iwi groups that are located with the Midland region are identified in conjunction with their respective DHB's below.

Tairāwhiti DHB

Ngāti Porou, Ngāi Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki.

Lakes DHB

Lakes DHB sits within part of the rohe or Te Arawa waka. In this rohe there are two major Iwi: Te Arawa, which covers the Rotorua Lakes area and Ngāti Tuwharetoa, which covers Taupo and Turangi. In the extreme western ends of Lakes DHB is Mangakino who are of Ngāti Kahungunu ko Wairarapa Iwi and to the east is Kaingaroa who are Ngāti Manawa.

Bay of Plenty DHB

Waitaha, Tapuika, Tuwharetoa-ki- Kawerau, Tuhoē, Ngaiterangi, Ngāti- a- Ranginui, Te Whanau-a- Apanui, Te Whanau-a-Te Ehotu, Ngaitai, Whakatohea, Ngāti Pukenga, Ngāti Makino, Ngāti Manawa, Ngāti Whakaue ki Maketu, Ngāti Rangī, Ngāti Rangitīhi, Ngāti Whare, Ngāti Awa, Ngāi Tai

Waikato DHB

Waikato, Hauraki, Ngāti Maniapoto, Ngāti Raukawa.

Taranaki DHB

Ngāti Tama, Ngāti Mutunga, Te Atiawa, Ngāti Maru, Taranaki, Ngaruahinerangi, Ngāti Ruanui, Nga Rauru.

3.3 Demographics

Data obtained from the 2006 Census indicates that within the Midland region some 174,428 people identify as Māori. Tairāwhiti DHB district has the highest proportion of Māori within its population, 45% identifying as Māori (18,954). Waikato DHB district has the largest total number of Māori equating to some 65,231 people which constitutes 20% of the total population. Taranaki DHB has the smallest number of Māori (15,015) but in percentage terms matches the percentage that Māori make up within the national population (15%). The Midland region is therefore across all localities an area with a large and significant Māori population.

The Māori population's composition within the Midland region aligns with national trends, and is a mostly young population. The youthful composition of the Midland Māori population indicates potential

health gain via a robust primary health sector approach that focuses on prevention or early intervention. Trends also indicate that a significant proportion of the Māori population within Midland is starting to age moving into the 55years+ age range. This is likely to have a considerable impact on the demand for health services by Māori in the near future given the earlier onset of disease for Māori within the 55yr+ age range. The age composition of the Māori population within the Midland region by DHB district is provided below.

Table 2 : Age ranges of Māori population within Midland

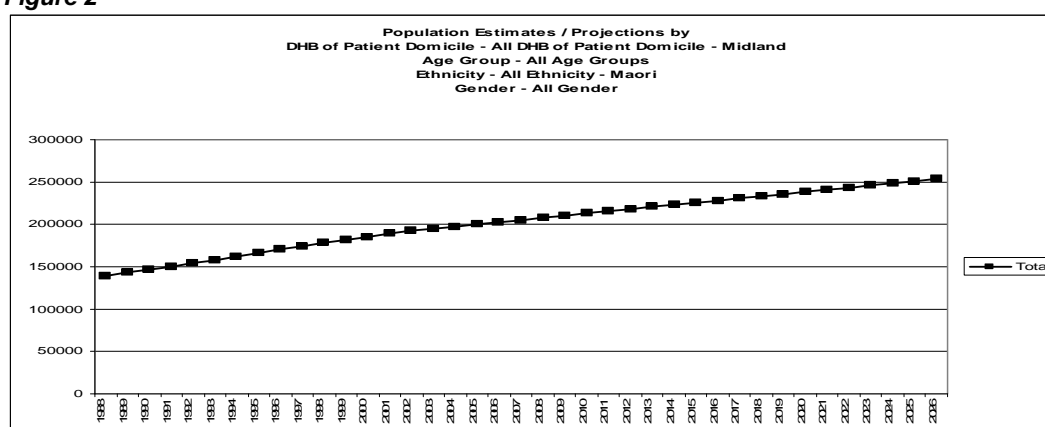
Number	0-14 years	15-24 years	25-44 years	45-64 years	65+ years	Total
Waikato	23,778	12,354	17,772	10,269	2,829	67,488
BOP	16,200	7,314	11,859	7,734	2,313	45,624
Tairāwhiti	6,804	3,141	5,100	3,564	1,197	19,767
Lakes	10,968	5,256	8,376	5,094	1,452	31,374
Taranaki	5,649	2,802	4,155	2,397	717	15,828
Midland	63,399	30,867	47,262	29,058	8,508	180,081

Percent	0-14 years	15-24 years	25-44 years	45-64 years	65+ years
Waikato	35.2	18.3	26.3	15.2	4.2
BOP	35.5	16.0	26.0	17.0	5.1
Tairāwhiti	34.4	15.9	25.8	18.0	6.1
Lakes	35.0	16.8	26.7	16.2	4.6
Taranaki	35.7	17.7	26.3	15.1	4.5
Midland	35.2	17.1	26.2	16.1	4.7

Source: Public Health Intelligence, Ministry of Health – taken from: Robson B, Harris R. (eds). *Hauora: Māori Standards of Health IV. A study of the years 2000-2005*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.

The Māori population within the Midland region is predicted to increase over coming years and is projected to be over 250,000 individuals by 2026 as detailed in the graph below.

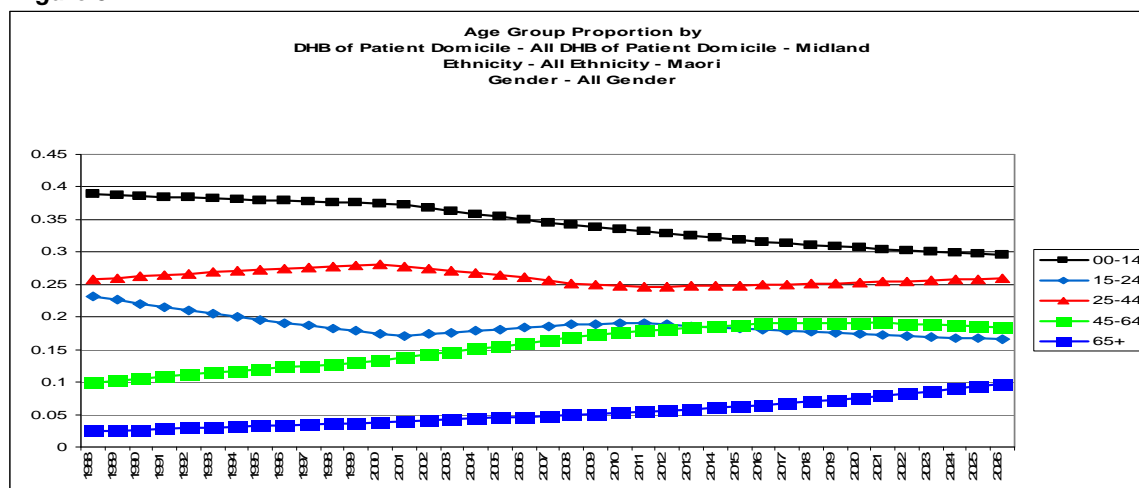
Figure 2



The age composition of the Māori population within Midland is also important as it helps to identify what health priorities exist specific to different age ranges (i.e. rangatahi will have specific health priorities relative to the needs of Kaumatua). The age range also determines what kind of intervention

each segment of the Māori population is most likely to require in health priority areas. For instance in the areas of cancer or diabetes the focus for tamariki and rangatahi could be on prevention, for pakeke, early detection and for Kaumatua the focus may be more on chronic disease state management. Across all DHB's there is a common focus to target reducing the impact and incidence of cancer, diabetes, cardiovascular disease and mental health and addictions for Māori. The projected growth in different age ranges for the Māori population within Midlands is provided below.

Figure 3



Source: TAS HNA Data

The graph shows that while the Māori population within Midlands region remains mostly young there is a trend towards an aging of the Māori population as a whole. The numbers of Māori over 55yrs+ is also starting to increase. This is consistent with and aligns to national trends.

3.4 Lower socio-economic circumstance

While in recent times there has been an improving trend both nationally and regionally in terms of Māori economic development with “unemployment rates being halved over the last 10 years, and larger numbers of Māori entering and attaining tertiary education,”¹⁰ there is also a range of indicators that identify a growing Māori underclass. The lower socio-economic position of many of our whānau is a product of the poverty cycle and can also be linked to the effects of colonisation.¹¹ National data evidences that despite improvements in socioeconomic status over the last ten years, over half of the Māori population lives in the three most deprived deciles.¹² The lower socio-economic circumstance that many Māori have to contend with is evidenced by a range of indicators, some of which are listed below:¹³

¹⁰ Aligns to Ministry of Social Development, The Social Report 2007

¹¹ Aligns to Waikato DHB Reducing Inequalities Action Plan 2007-2011

¹² Sourced to New Zealand Deprivation Index 2006

¹³ Aligns to Ministry of Social Development, The Social Report 2007

- The median income (half earn more, half earn less than this amount) for Māori in New Zealand was \$20,900, compared with \$24,400 for all New Zealand.
- The unemployment rate for Māori in New Zealand was 11.0%, compared with 5.1% for all of New Zealand.
- Crime: Māori are greatly over-represented in the criminal justice system. Since 1995 Māori have made up almost half the prison population despite representing only 11.6% of the total New Zealand population aged 15 years and over.
- Fifty point two percent (50.2%) of Māori in New Zealand lived in a household they did not own and paid rent, compared with 29.6% of all New Zealand.
- Indicators show that Māori children are heavily over-represented in those groups that tend to have poor life outcomes – children from low income and/or single- parent families, children with poor health and educational outcomes, and unemployed youths.¹⁴
- A large proportion of Māori leave school with no formal qualifications. According to the 2006 Census of Population and Dwellings, 43.5% of Māori men aged 15 years and over said they had no qualifications. Only 5.6% had a university degree (or Level 7 Qualification) or higher.¹⁵

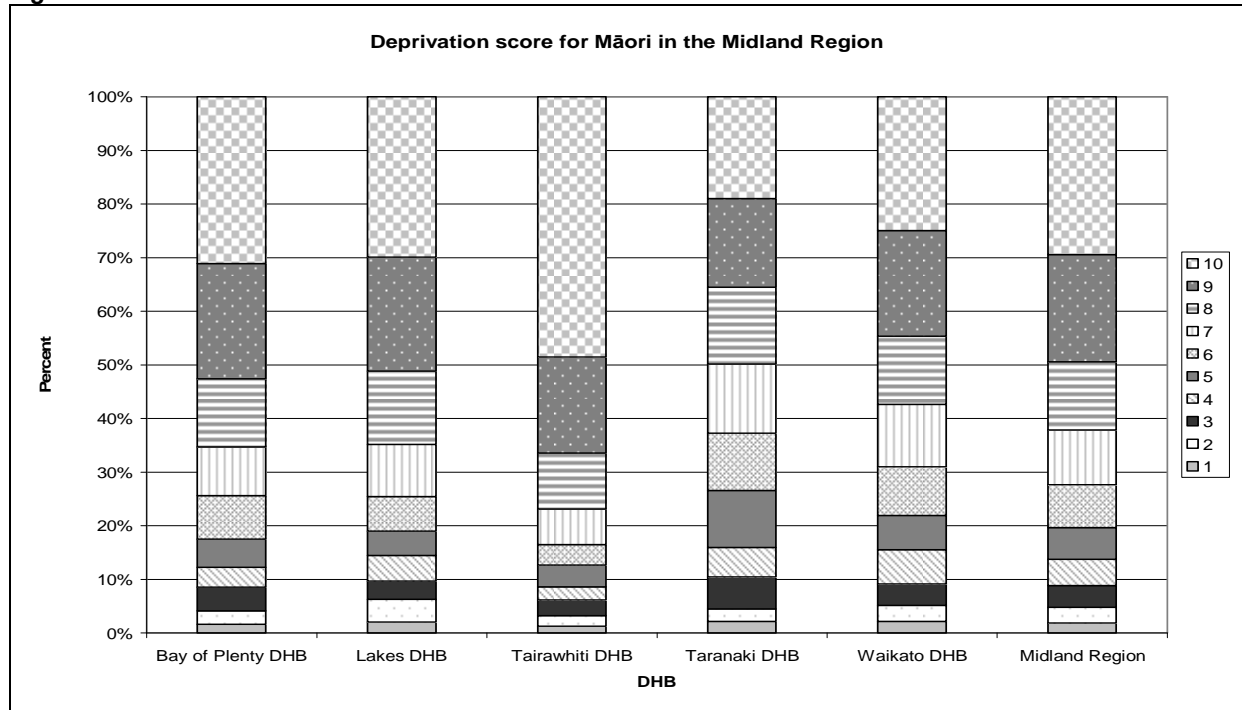
International and national research indicates that people who live in areas of high deprivation are more likely to suffer from poorer health than those who don't. Deprivation acts as a barrier to accessing health services, and can impact on knowledge of what is available and confidence to seek support upon accessing health services. People who live in lower socioeconomic circumstance struggle to live healthy lives because they do not have the same rates of access as everyone else to the wider determinants of health such as adequate housing, social support, employment and safe environments. The graph and table below show that for the Midland region as a whole, half of all Māori live in an area of high deprivation (decile score of 9 and 10). The proportion of Māori in high deprivation across the different DHB's differs, with 35% of Māori in Taranaki living in areas of high deprivation, compared to 67% of Māori in Tairāwhiti.¹⁶

¹⁴ Aligns to Ministry of Social Development, The Social Report 2007

¹⁵ Aligns to Ministry of Social Development, The Social Report 2007

¹⁶ New Zealand Deprivation EP 2006

Figure 4



Sources: Salmond, C., Crampton, P. & Atkinson, J. (2007). *NZDep2006 Index of Deprivation*. Wellington: Department of Public Health, University of Otago, Wellington.

Table 3: Māori Population by NZ DEP within Midland Region

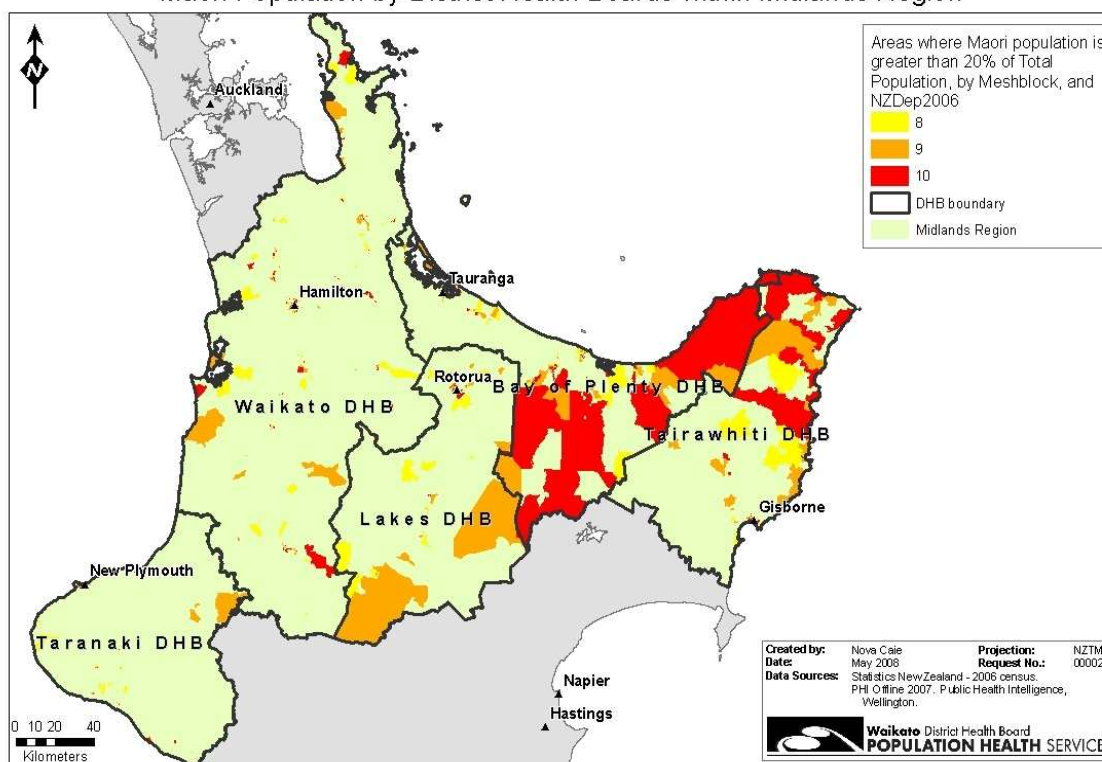
Decile	1	2	3	4	5	6	7	8	9	10
Bay of Plenty DHB	1.6	2.5	4.4	3.7	5.3	8.1	9.1	12.7	21.5	31.1
Lakes DHB	2.0	4.3	3.4	4.7	4.5	6.4	9.8	13.6	21.3	29.9
Tairawhiti DHB	1.3	2.0	2.9	2.5	4.1	3.8	6.7	10.4	17.9	48.5
Taranaki DHB	2.2	2.3	6.0	5.4	10.6	10.7	12.9	14.3	16.6	19.0
Waikato DHB	2.2	3.0	4.0	6.4	6.4	9.1	11.6	12.7	19.7	24.9
Midland Region	1.9	2.9	4.0	4.9	5.9	8.0	10.2	12.7	20.0	29.4

Sources: Salmond, C., Crampton, P. & Atkinson, J. (2007). *NZDep2006 Index of Deprivation*. Wellington: Department of Public Health, University of Otago, Wellington.

The lower socio-economic circumstance of Māori within the Midland region mirrors national trends. The map below shows those areas within Midland that have a Māori population above 20% whom live in the three most deprived areas. The map indicates that many whānau within the Midland region contend with high levels of deprivation, and that in particular within Tairawhiti and Bay of Plenty DHB districts deprivation is evident within communities which are significantly or predominantly Māori.

Figure 5

Maori Population by District Health Boards within Midlands Region



Importantly while deprivation is a major driver of poor health for Māori it is not the only factor that should be considered. Evidence shows that at all levels of deprivation Māori have poorer health than non-Māori. While this is concerning, what is even more concerning is that Māori whom live in the least deprived circumstance have poorer health than non-Māori whom live in the most deprived circumstances.

3.5 Māori Health Status:

Māori have the poorest health of any ethnic group in the country.¹⁷ The poor health status of Māori both at a national and Midlands region level is evidenced by a range of health indicators some of which are provided below:¹⁸

- Māori asthma admission rates were twice those of non-Māori among females and 73% higher amongst males
- Rates of admission for COPD were over four times higher than non-Māori for females and nearly three times higher for Māori males
- Despite having over twice the risk of death from ischaemic heart disease, Māori males were admitted to hospital at a rate only 19% higher than non-Māori males
- Māori are two to three times at a higher risk than non-Māori of ischaemic stroke and intracerebral haemorrhage
- Stroke admissions were twice as high for Māori woman compared to non-Māori woman

¹⁷ Sourced from He korowai Oranga, (MOH) National Māori Health Strategy 2001

- Among females, Māori admission rates were higher than those for non- Māori for lung, breast, cervix, and stomach cancers, and lower for colorectal cancer
- Amongst Māori males, lung cancer and stomach cancer admission rates are considerably higher for Māori than non-Māori
- Overall cancer incidence remains 9% higher for Māori relative to non-Māori, and mortality rates are 77% higher for the period 2000- 2004
- Māori females were 37% more likely than non-Māori females to be admitted to hospital for mood disorders and Māori males 59% more likely than non-Māori.
- Māori males had the highest suicide rates followed by non-Māori males, Māori females and non-Māori females

The following tables identify the leading causes for death and hospitalisation rates for Māori within the Midland region.

Table 4: Leading Causes of Mortality 1988-2004 (NZ HIS)

Leading Causes of Mortality - 1998-2004	Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Waikato	Total
Cancer	16%	26%	35%	9%	14%	16%
Circulatory System Diseases	15%	22%	35%	7%	12%	15%
Diabetes	39%	44%	62%	16%	30%	35%
External Causes	33%	38%	51%	16%	27%	30%
Mental Health	5%	6%	12%	2%	7%	6%
Respiratory Illnesses	17%	23%	28%	8%	14%	16%

Mortality to diabetes and external causes (includes intentional self harm, e.g. suicide, road traffic accidents) was significantly high across the Midland region when compared with other leading causes of mortality. The age proportion of mortality was consistent at 45-64 years and 65+ years across the region.

Table 5: Hospitalisation of Māori within Midland Region 2000-2006 (NZ HIS)

Hospitalisation 2000-2006	Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Waikato	Total
Respiratory system	8594.00	6246.00	4139.00	2316.00	10866.00	32161.00
Circulatory system	4641.00	3536.00	2269.00	1497.00	5325.00	17268.00
Mental disorders	4250.00	1274.00	887.00	757.00	3490.00	10658.00
Cancer - Malignant	1900.00	1664.00	1125.00	621.00	2519.00	7829.00
Diabetes (Type 1 & 2)	901.00	457.00	367.00	277.00	1356.00	3358.00

The above hospitalisation data shows that the number of Māori hospitalisation was the highest for respiratory illnesses, such as chronic obstructive pulmonary disease (COPD) and asthma among Māori children aged 00-14 years of age.

¹⁸ Hauora Māori Standards of Health 2000- 2005 (volume four)

Although the mortality among Māori was significantly high for diabetes, there were significantly low numbers of hospitalisation. The Bay of Plenty shows significantly higher numbers of hospitalisation for mental health disorders than other areas.

Hospitalisation volumes indicate that equitable access to hospital based services remains an ongoing issue for Māori relative to non-Māori given their disproportionate high health need. The age proportion and the age standardised rates indicate that when Māori access hospital based services they often present at a latter stage than non-Māori and with a greater range of co-morbidities.

3.6 Summary of key Findings

In summary the Midland demographic scan evidences the following key findings:

- Māori have the poorest health of any ethnic group in the country
- The poor health status of Māori within Midlands aligns to national trends
- 174,428 people identify as Māori within the Midland region
- The Māori population within Midland is mostly young but a significant proportion is becoming aged 55years+
- The Māori population within Midland is growing and is projected to be over 250,000 people by 2026
- Over half of Māori whom live in the Midland region live in an area of high deprivation (deciles 9 and 10)

Conclusion

In conclusion the priority given to Māori health by the Midland DHB's group is based upon five key drivers:

- Te Tiriti o Waitangi the founding document of our nation
- A commitment to support Iwi and Māori development in the area of health
- The size and projected growth of the Māori population within Midland
- A disproportionate health need for Māori relative to the rest of the population
- A commitment across all Midland DHB's to reduce health inequalities for Māori

Improving the health and wellbeing of Māori requires a shared commitment, a co-ordinated approach which supports sustainable change. The Midland DHB Regional Māori Health Plan 2008-2011 provides a practical foundation for the Midland DHB's group and their respective Māori Health Units to work in co-operation at a regional level to promote opportunity for Māori health gain.

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