

# Oranga Pumau ~ Maori Health Strategy



October 2005



**MIDCENTRAL DISTRICT HEALTH BOARD**  
Te Pae Hauora o Ruahine o Taranaki

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# 1. INTRODUCTION

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Oranga Pumau is a five year strategy that sets out the direction and actions for Te Pae Hauora o Ruahine o Tararua–MidCentral District Health Board (MidCentral)–to improve Maori health and reduce inequalities.

Oranga Pumau will take whanau, hapu, iwi and the Maori community on a journey to whanau ora. Oranga Pumau is consistent with MidCentral’s vision for the District, and contributes to the six key goals to achieve that vision:

*“the people of our district enjoy the best possible health and independence.”*

The six goals of MidCentral’s Strategic Plan are:

- Strong public health and primary health care services
- Effective early intervention and rehabilitation services
- Integrated health and disability support services
- Responsive rural health services
- A collaborative, skilled workforce
- Effective and efficient healthcare services.

Oranga Pumau has been developed in a manner that aims to align Maori health development in MidCentral District with He Korowai Oranga–the national Maori health strategy and to ensure synergies with overall DHB development.

The strategy aims to improve the health and wellbeing of whanau. Oranga Pumau describes the idea that positive changes in Maori health need to be stable and enduring in order to be built upon.

Te Pae Hauora o Ruahine o Tararua’s vision for Maori health in MidCentral District is:

*Whanau ora: Maori families  
supported to achieve their maximum  
health and wellbeing*

*Kia ora ko te whanau: me tautoko  
nga whanau, Maori kia tino hauora  
ai, kia noho ora ai ratou*

## **1.1. Our Strategies to Achieve Whanau Ora**

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Activities to achieve whanau ora in MidCentral District will be channelled through four strategies. These strategies, although built directly from the pathways of He Korowai Oranga, represent the unique nature of the District:

- Enhanced iwi and Maori community capacity to contribute to whanau ora
- A collaborative skilled Maori health workforce
- Commitment to the health of MidCentral's community
- Focusing on the whanau.

## **1.2. He Korowai Oranga**

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Oranga Pumau is built from He Korowai Oranga, which reflects an expectation that there will be a gradual reorientation of the way that Maori health and disability services are planned, funded and delivered in New Zealand. (The He Korowai Oranga diagram is set out in Appendix 1.) It outlines how funders of health and disability services should work to achieve whanau ora by:

- working together with whanau, hapu, iwi and Maori communities to develop strategies for Maori health gain and appropriate health and disability services
- involving Maori at all stages of the prioritisation process
- affirming Maori approaches to health and disability.

Oranga Pumau is about building healthy Maori families within their communities. Its aim is to support and work with the direction that has been set by the Ministry of Health strategy documents in particular:

- The New Zealand Health Strategy
- He Korowai Oranga: Maori Health Strategy
- Whakatataka: Maori Health Action Plan 2002-2005
- The Primary Health Care Strategy.

### **1.3. MidCentral District Health Board Key Documents**

Along with national strategies Oranga Pumau incorporates the Board's own key documents, which include:

- District Strategic Plan
- District Annual Plan
- Treaty of Waitangi Policy
- MidCentral Health's Maori Health Framework
- Primary Health Care Strategy
- Investment Plan.

Oranga Pumau is focused on targeting outcomes that will have an impact on Maori living in MidCentral District; Maori make up 15.2% of the population. (Ethnicity data is set out in Appendix 2.) A challenge for MidCentral will be to examine and use diverse ways to achieve its goal of improved Maori health. This will mean working with whanau and iwi/Maori health providers and their communities to better understand their needs, to recognise the things that work, and to ensure that there are resources to support initiatives.

This Maori Health Strategy provides for small achievable steps for MidCentral to follow so that it can be effective in meeting these priorities. It recognises that achievements need to show evidence of best practice models that work within the community. It also provides a platform that will strengthen the working relationship between health and local government, and ensure communities are actively involved in the way MidCentral develops programmes and services.

## 2. TE WAHANGA TUATAHI: LOOKING BACK

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Whanau want to be healthy in physical, emotional, spiritual, social and economic terms. They want their mokopuna to be nurtured within hapu and iwi, well educated, healthy, employed, economically self sufficient, competent in te reo Maori and able to walk boldly and confidently in both the non Maori and tangata whenua worlds. Their vision for the future is positive and they believe that they will be able them to achieve this.

This section looks to the past to throw light on the strengths of the traditional whanau and the challenges faced by many whanau today.

### 2.1. The Traditional Whanau

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In traditional Maori times, the whanau was the place where initial teaching and socialisation of things Maori took place. More than an extended family social unit, the whanau was based on kinship ties, shared a common ancestor, and provided an environment within which certain responsibilities and obligations were maintained<sup>1</sup>.

Makereti<sup>2</sup> lived prior to European colonisation. In her book *The old-time Maori* she described what it was like to live in a kainga. Makereti described the whenua (land) as being protected and rivers, forests, and hills as important places that provided shelter and food and were given special names. The names were a way of recording history and reminded people about ancestors or events from many years ago. A single person did not own the land, it was shared among the many relatives from generation to generation. People had to respect the land and respect each other.

Whanau would often combine and build a kainga. They would build near land suitable for cultivation and food gathering. Children and their whanau did not live in one kainga all year round, they would move around to harvest birds, catch fish, or gather seafood. The kainga would almost always have a whare puni—a meeting house used to welcome people or hold hui.

Maori had a system of laws and rules in the same way that we have a system of laws and rules today. Everybody knew what those laws and rules were, and that they would probably be punished if they misbehaved. Tohunga were the experts, they spent many years training in the lore of their hapu/iwi.

Children were treasured by all the whanau. Grandparents helped care for children. It was important for children to learn the value of cooperation at an early age.

Makereti said that harsh living conditions meant that the whole whanau worked together and supported each other to survive. Children had to share in the work and do

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<sup>1</sup> Durie, M. H. (1994). *Whanau/Families and Healthy Development*. Paper Presented to the Fifth Annual Conference of the New Zealand College of Clinical Psychologists, Hamilton. Massey University: Department of Maori Studies.

<sup>2</sup> Makereti. 1986. *The old-time Maori*.

things such as fetch water. Children had to learn about hunting, gathering food, making their clothes, and recognising plants and animals. This was as valuable as school work is today. Kuia and Koroua were respected as the holders of knowledge and kaitiaki (guardians) of the younger generation.

At night, children would hear stories from their parents and grandparents–this taught them about the history of their whanau and hapu. There were no books or writing–instead, songs and stories were important. Carving was also a vital way of passing on history. Many carvings would be given special names and many of them contained significant messages–they were passed on from one generation to another.

## **2.2. Changes in Whanau**

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Urbanisation during the 1950s to 1980s, coupled with colonisation, led to the evolution of different family lifestyles amongst whanau. The consequence of urbanisation meant that many Maori were isolated from the traditional structures and experiences associated with the whanau, hapu and papakainga.

John Bradley<sup>3</sup> described the changes in whanau and Maori society and the influences that have contributed to those changes since iwi Maori settled in Aotearoa. He offers four whanau generational stages of adaptation to the urban setting: from traditional through to migrant, marginal and adapted. He explores in detail the years when Maori were leaving the rural areas and the dramatic changes in the nature of whanau.

He recognised that the changes in whanau have occurred within a historical context that has reshaped the foundations of Maori society through the process of colonisation.

## **2.3. The Causes of Negative Change in Whanau**

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The changes in the nature and structure of whanau have both contemporary and historical causes, and can be attributed to the complex interaction of many factors. These may include:

- The breakdown of the traditional way of life through colonisation
- A reduction in the use of te reo Maori, traditional beliefs, values and philosophy and replacement with the English language, and other religions, values and philosophies
- The breakdown of traditional social structures, and the loss of identity for many Maori
- Removal of Maori laws and rules and replacement with European laws and rules

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<sup>3</sup> Bradley J. 1995. *Before you tango with our whanau you better know what makes us tick*. An indigenous approach to social work. In Te Komako Vol II Number 1:27-29.

- Isolation from spiritual energy associated with an appreciation and awareness of the connectedness of all things described in Te Ao Maori
- Emphasis on physical energy associated with material possessions and physical satisfaction
- Movement of internal whanau leadership and responsibility for wellbeing from an internal function to an external state controlled function
- Urbanisation and associated isolation of Maori throughout cities
- Extreme hardship experienced by many Maori
- The adoption by Maori individuals and whanau of European values and the move from collective responsibility and interdependence to concern with individual ownership and individual wealth and independence.

## 2.4. The Modern Whanau

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The aim for contemporary whanau will be that they are all nurtured within a wider network of hapu, iwi and Maori communities and that they have the resources that they need including skills, knowledge and experience to move forward and achieve their goals.

The literature relating to contemporary whanau outlines different types of whanau and the functions of whanau. Durie<sup>4</sup> holds a view that “whanau are more than simply an extended family network.” He says that the term whanau has been broadened in more recent times to include a number of non-traditional situations where Maori with similar interests but not direct blood relationships form a cohesive group.

“No matter how defined, whanau adopt behaviours that enforce mutuality, reciprocity, and shared responsibility within a Maori cultural context. More than simply a system of support, a whanau provides opportunities for identity to be strengthened and for Maori styles of communication and behaviour to be reinforced.”<sup>5</sup>

## 2.5. The Needs of Whanau

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The ability of the whanau to provide for five primary needs can be aligned with the wellbeing of the whanau. Durie<sup>6</sup> points out that whanau wellbeing does not mean that individuals should have no life outside whanau networks. The balance between healthy individuation and whanau interaction is a key consideration for wellbeing. He states that strengthened whanau ties may be seen as evidence of a successful outcome for Maori, and undue emphasis on self sufficiency may be an undesirable outcome.

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<sup>4</sup> Durie in Whaia te Whanaungatanga: *Oranga Whanau: The Wellbeing of Whanau, the Public Health Issues*. Ministry of Health: Wellington. 1998.

<sup>5</sup> Ibid.

<sup>6</sup> Durie M. 2001 *Mauriora*: 244.

Durie<sup>7</sup> identifies the five primary needs that are satisfied by the whanau. These are:

- Manaakitanga—the roles of protection and nurturing
- Tohatohatia—the capacity of whanau to share resources
- Pupuri taonga—the role of guardianship in relation to whanau physical, human resources and knowledge
- Whakamana—the ability of the family whanau to enable members’
- Whakatakoto tikanga—the ability of whanau to plan for future necessities.

## 2.6. Whanau Dysfunction

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As described by Makereti, the traditional whanau worked together in order to survive. The conditions were harsh and whanau had to work hard with each member sharing in the mahi for the wellbeing of the whanau. At the same time, the whanau held a world view that included a spiritual, emotional and physical awareness of the interconnectedness of the whanau to others, to the past, present and future, and to their environment.

Many modern whanau have not developed this deep awareness of their place in the world. Associated with this loss through the process of colonisation is a plethora of negative Maori statistics to indicate the poor status of Maori and therefore whanau health and wellbeing. Durie<sup>8</sup> outlines patterns of whanau dysfunction in Mauriora.

## 2.7. Strengths of Whanau

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He Korowai Oranga states that whanau development is about supporting whanau to identify their own strengths and fostering the conditions required to build on those strengths.

There are a range of strength based approaches in practice in modern times including a large number of Maori health frameworks that contribute to our knowledge about the strengths of whanau. Such frameworks as Te Whare Tapa wha<sup>9</sup>, Te Pae Mahutonga<sup>10</sup> and Te Wheke<sup>11</sup> both provide for positive and holistic approaches to building health and wellbeing.

Essentially as we develop our understanding and application of the strengths of whanau we will find many examples of building strengths with whanau in MidCentral District. These are being applied on a daily basis by iwi/Maori health providers, some mainstream health providers, whanau, hapu, iwi, and Maori communities for themselves.

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<sup>7</sup> Durie M. 2001 Mauriora.

<sup>8</sup> Durie M. 2001 Mauriora: 211.

<sup>9</sup> Durie M. 2001 Mauriora.

<sup>10</sup> Durie M. 1999 Te Pae Mahutonga: A model for Maori health promotion.

<sup>11</sup> Ibid.

From another perspective there is a range of social work theory around family strengths. One of these is the strengths based<sup>12</sup> social work approach which may have synergies with ‘the strengths of whanau’. The approach builds on family strengths and resources as the best means of achieving sustainable change for families and their children. The beliefs about families include:

- Families know more about their situation than anyone
- Families have dreams and aspirations for their members
- Families are able to formulate their own goals and solutions
- Families tend to maintain solutions they create
- Families can enhance and improve the wellbeing of their children, with assistance and support
- The most effective solutions will be found in partnerships among parents, workers, supervisors and other community partners.

It will be important that a shared view of the strengths of whanau and how to build on these strengths is developed and applied, and that these are necessarily based within kaupapa Maori frameworks.

*“Often when we are searching for the strengths of a whanau we have to go wider and wider in the whanau to find strengths (eg, strong whanau member willing to take role of leadership in whanau). Once we find that strength we then try to pull that strength back into the core of the whanau”*  
– A provider perspective.

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<sup>12</sup> From Spol 209 lecture notes, Victoria University referenced to Berg-Weger, Marla et al. 2001. Strengths-based practice with family caregivers of the chronically ill: qualitative insights. Families in Society: the Journal of contemporary human services v82 i3 [EA]

### **3. WAHANGA TUARUA: LOOKING FORWARD**

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#### **3.1. Te Pae Hauora o Ruahine o Tararua's Vision for Maori Health**

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*Whanau ora: Maori families supported to achieve their maximum health and wellbeing*

*Kia ora ko te whanau: me tautoko nga whanau, Maori kia tino hauora ai, kia noho ora ai ratou*

Having whanau ora as MidCentral's overall goal recognises that whanau are the foundation of Maori society, and the wellbeing of whanau is vital to improving Maori health outcomes.

#### **3.2. Development Guided by He Korowai Oranga**

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He Korowai Oranga recognises that in working towards the aim of whanau ora, the health and other sectors will need to work together with whanau, hapu, iwi and Maori. Together they will need to provide for the development and maintenance of integrated health and social services (including Kaupapa Maori services), and the appropriate tools and resources to assist individuals and their whanau to make their own positive choices.

#### **3.3. Overarching Outcomes for Whanau**

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These outcomes have been drawn from He Korowai Oranga and incorporate key policy directions as set out in MidCentral's District Strategic Plan. They also build on the work developed to date by MidCentral Health's Maori Health Unit and the iwi/Maori health providers workforce that deliver services to our communities.

- Whanau are nurturing, and have a secure identity, high self esteem, confidence and pride
- Whanau have skills and knowledge and opportunities to achieve their own goals
- Whanau experience wellbeing physically, spiritually and emotionally and have control over their destinies
- Whanau exercise their rights, are free from harm and actively involved in and valued in their community of choice
- Whanau are able to participate in Te Ao Maori as well as the wider New Zealand society
- Whanau have the necessary physical, social and economic means to participate fully and to provide for their own needs.

He Korowai Oranga maintains that whanau ora can be achieved through the actions of the whanau themselves, and the combined actions of the Ministry of Health, District Health Boards, iwi/Maori health providers, mainstream health providers, the Maori community, the government sector, local authorities, health professionals and stakeholders. Whanau ora is the priority element considered by He Korowai Oranga to be central to Maori health improvement.

### **3.4. Maori Health Priorities**

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The Maori health priorities for MidCentral District are a combination of the priorities that have been articulated by whanau, hapu, iwi and Maori communities and the priorities highlighted through the 2001 District Health Needs Assessment.

Whanau, hapu, iwi and Maori community priorities are:

- Maori health workforce development
- Iwi/Maori health providers development
- Whanau, hapu, iwi and Maori community development
- Rongoa Maori services, expansion of range and increased integration across the service continuum
- Service delivery in te reo Maori and tikanga Maori
- Working partnership with the wider community
- Coordinate and case manage Maori health across primary/secondary care sectors

Health needs assessment priorities included:

- Reducing smoking
- Improving nutrition and reducing obesity
- Increasing physical activity
- Reducing the incidence and impact of cardiovascular disease
- Reducing the incidence and impact of cancer
- Reducing the incidence and impact of diabetes
- Minimising alcohol and drug use
- Minimising the risk of gambling
- Improving mental health and wellbeing; reducing depression thus reducing the rate of suicide.

### 3.5. Strategies to Achieve Whanau Ora

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Activities to achieve whanau ora in MidCentral District will be channelled through four strategies. The strategies for achieving whanau ora are built directly from the pathways of He Korowai Oranga while representing the unique nature of the District.

Strategy One	Enhanced iwi and Maori community capacity to contribute to whanau ora
Strategy Two	A collaborative skilled workforce
Strategy Three	Commitment to the health of our community
Strategy Four	Focusing on whanau

Emphasis in carrying out the strategies will be on:

- Continue to promote good health in Maori communities through targeting the environment or settings in which they live
- Continuing to build on current Maori health and disability gains
- Improving Maori health and reducing Maori health disparities
- Further support for iwi/Maori health providers and increased funding of Kaupapa Maori programmes
- Whanau participation in their own development
- Collaboration of mainstream and Maori across the local and central government sectors
- A strong Maori presence at all levels within Primary Health Organisations.

### 3.6. Focusing on Maori Health

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There are three key reasons that MidCentral is focusing specifically on Maori health as well as the health of the wider New Zealand community:

- A responsibility to build Maori health capacity and recognise Maori health aspirations and approaches to health, in addition to, and also as a means of, addressing health inequalities
- The very high health need in the Maori population
- Growing evidence, particularly in the mental health area, about the importance of culture in health.
- Work towards reducing inequalities in health.

The ethnicity data related to socioeconomic indicators by ethnicity for MidCentral District (see Appendix 2), the District's Health Needs Assessment (see Appendix 3),

and the health behaviours, survey findings for MidCentral District all indicate a very high level of health need in the Maori population.

The need to focus on Maori health is reflected in the New Zealand Public Health and Disability Act, which states (sec 4) “In order to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Maori, the Act provides for mechanisms to enable Maori to contribute to decision making on, and to participate in the delivery of, health and disability services.”

Recognition of Maori culture does not mean other cultures should not also be recognised in health care, however Maori culture does hold a unique position as the indigenous culture of New Zealand.

In moving toward whanau ora, Oranga Pumau recognises a number of principles, namely that MidCentral will:

- ensure that Maori are able to access services when they are needed<sup>13</sup>
- ensure that Maori models for wellness and care are provided as options for Maori seeking cultural safety and good health<sup>14</sup>
- ensure that capacity building and service expansion of iwi/Maori health providers is a priority in reducing health disparities
- work towards improved intersectoral communication and relationships with key government departments and non government organisations.

### 3.7. Funding Directions

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MidCentral is committed to improve the health of Maori in its District, and to this end has prioritised Maori health in its Investment Plan as well as in other key documents. There will be increased emphasis in the funding of Kaupapa Maori providers in the following areas of health:

- Disease State Management–MidCentral District Health Board will extend coverage across the full geographical area

*Question 1.* Health of Kuia and Koroua–Improve their quality of life and longevity

*Question 2.* Health of Rangatahi–This is an investment in our future

*Question 3.* Health Promotion–Prevention is better than cure

*Question 4.* Disability–For quality of life and dignity

*Question 5.* Oral Health–Access to services is limited in rural areas and uptake by Maori in general is low.

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<sup>13</sup> Ministry of Health. *He Korowai Oranga–Maori Health Strategy*. Wellington: 2002.

<sup>14</sup> Ibid

### 3.8. Health Determinants

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Oranga Pumau recognises that when considering the health of Maori, wider health determinants must be taken into account. Health determinants are those factors that determine or strongly influence health outcomes such as housing, education, unemployment, income and the environment. They create causal pathways that make particular outcomes more likely - almost predictable - for indigenous populations. They are important in any planning for Maori health because they bring the relationship between government policy, medical practice, the wider social environment and health outcomes into the discussion.

Influencing health determinants can be achieved through health promotional activities. MidCentral's Public Health Directorate advises that one of the distinguishing features of health promotion is that it targets populations and the environment or settings in which communities live. Important features that can guide Oranga Pumau include:

- Taking a holistic approach to health
- Views health as wellbeing, not just the absence of disease
- Acknowledges that social determinants of health underpin the health of individuals and communities
- Acknowledges that health is not just the responsibility of the health sector
- Believes that community development is an effective way to improve health
- Aims to address/reduce inequalities.

Maori have high rates of smoking and other behavioural risk factors that contribute to poor health. Genetic disposition to diseases such as diabetes and rheumatic fever contributes to the excess burden of disease in Maori. Recent research developments in the area of health determinants of health models have adopted a holistic approach evident in the early Maori health models.

## 4. WAHANGA TUATORU: MOVING FORWARD TOGETHER

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Having whanau ora as our overall goal recognises that whanau are the foundation of Maori society, and the wellbeing of whanau is vital to improving Maori health outcomes. This approach acknowledges the interdependence of people, that health and wellbeing are influenced and affected by the ‘collective’ as well as the individual, and the importance of working with people in their social contexts, not just with their physical symptoms.

The pathways of He Korowai Oranga identify steps that will lead to whanau ora over time. Working with whanau, hapu, iwi and Maori communities to:

- assist them identify and achieve their priorities, incorporating Maori models of health into service delivery
- build Maori capacity to participate at all levels of the sector
- strive to improve the effectiveness and quality of services for Maori, including reducing access barriers of all kinds and recognising the importance of cultural factors in health care
- collaborate with other sectors to address wider determinants of whanau health outcomes will all contribute to whanau ora.

The pathways are consistent with the different levels for intervention in the Reducing Health Inequalities Framework as well as holistic Maori health models such as Te Whare Tapa Wha, Te Pae Mahutonga and Te Wheke.

### 4.1. Strategies to Achieve Whanau Ora

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Strategy One	Enhanced iwi and Maori community capacity to contribute to whanau ora
Strategy Two	A collaborative skilled workforce
Strategy Three	Commitment to the health of our community
Strategy Four	Focusing on whanau

Reorienting health services and initiatives around whanau ora as well as individual health need and diseases requires significant changes in the way we think about health interventions. Iwi/Maori health providers and communities have worked in a whanau based way for a long time, and many present priorities aim for gradual change in the mainstream health sector.

Five year priorities and key actions for these four strategies are described in the following pages.

## Strategy One: Enhanced Iwi and Maori Community Capacity to Contribute to Whanau Ora

This strategy brings capacity building together with Maori leadership development to enhance iwi and Maori community capacity to contribute to achieving whanau ora. The emphasis is on MidCentral supporting and fostering whanau, hapu, iwi and Maori community development initiatives in a sustainable way. This will assist whanau, hapu, iwi, and Maori communities to have the resources they need—including human skills, capital, knowledge and experience in order to develop their own health plans and in turn develop Maori health leadership in MidCentral District.

### **Leadership**

Oranga Pumau supports whanau, hapu and iwi having control over the direction and shape of their institutions, communities and development. The strategy also supports the development of Maori leadership with an emphasis on the health sector.

### **Manawhenua Hauora**

A major aspect of enhancing iwi and Maori community capacity to contribute to whanau ora is engagement with iwi. This occurs through Manawhenua Hauora, a consortium of iwi representatives who are tangata whenua in MidCentral District: Ngati Raukawa, Rangitaane, Muaupoko and Ngati Kahungunu.

Manawhenua Hauora has had a formal Memorandum of Understanding (MoU) partnership agreement with MidCentral since April 2001. The MoU sets out the responsibilities of both parties to the agreement and has a workplan which both partners have negotiated. Both the MoU and the workplan are reviewed annually.

### **Maori Community**

Engagement with whanau hapu and Maori communities occurs on a regular basis through different meeting, places and settings. The strategy will encourage and support engagement with Maori communities through a range of activities.

### **Capacity Building<sup>15</sup>**

Capacity building supports whanau, hapu, iwi, Maori communities and Maori organisations to develop in their own way to increase their ability to solve local issues and achieve their own goals.

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<sup>15</sup> Sourced from Te Puni Kokiri website.

## Five Year Priorities

- MidCentral supports and fosters whanau, hapu, iwi and Maori development of community led initiatives towards Maori leadership.
- Whanau, hapu and iwi and Maori communities have access to information to inform their health planning for the future.
- Service delivery in te reo Maori with tikanga Maori is supported and grown.
- MidCentral attends whanau, hapu and iwi forums, and works collaboratively to improve the overall health of the Maori community.
- MidCentral provides expertise and resources, and works with both mainstream and iwi/Maori health providers to develop Maori health.
- MidCentral supports programmes that contribute to building Maori health leadership.

## Key Actions

- Identify whanau, hapu, iwi and Maori community led initiatives for ongoing support.
- Identify barriers and opportunities to support and grow service delivery in te reo Maori and tikanga Maori.
- Increase iwi and Maori community participation in decision making.
- Align Maori health plans with iwi and Maori community development priorities.
- Undertake information technology training with iwi groups.
- Support programmes that build leadership within whanau, hapu, iwi and Maori communities (eg, taiaha, tikanga Maori).
- Improve range and scope of traditional Maori healing services accessed by whanau.

## Strategy Two: A Collaborative Skilled Maori Health Workforce

A collaborative skilled workforce for Maori health is necessary to achieve whanau ora. There are national shortages of Maori health staff across all professions that impinge on MidCentral as on other District Health Boards. These shortages centre on General Practitioners (GPs), primary health care nurses, and iwi/Maori health providers, particularly in rural areas.

### **Workforce Needs Assessment**

MidCentral has completed a workforce needs assessment of the District. The key concept underpinning the project was that of 'workforce' which was defined as the number and skill mix of health providers available within the District. The analysis confirmed the need for attention to recruitment, training, support, and retention of the Maori workforce and increased cultural capability of the non Maori workforce.

The focus of the needs assessment was essentially on providers in the primary health care sector as disability services were excluded from the review because MidCentral did not have disability contracts at the time. Iwi/Maori health providers expressed a need for more staff to meet community need. Gaining the trust of Maori clients was seen as taking time but would lead to positive outcomes in addressing health issues and problems. The availability of locum cover for GP services was an issue for iwi/Maori health providers. All of the providers were satisfied with their access to peer and individual supervision.

### **Maori Health Workforce Strategy**

Oranga Pumau objectives focus on the implementation of the Maori Health Workforce Strategy and the continued development of the Maori workforce. The strategy has incorporated the following:

- Implementation of best practice models and systems to attract the best people (eg, 'Models of Care' approach)
- Alignment of human resource policies and procedures with He Korowai Oranga "Developing the Maori Workforce"
- A comprehensive communication strategy across the health sector
- Explicit recognition and remuneration for cultural competencies
- Ways of ensuring robust Maori health data collection
- Working with the Public Health Workforce Strategy.

## Working Together

Oranga Pumau will aim to support MidCentral District's health workforce to work together in a manner that will benefit all whanau. A key part of working together will be for health professionals at all levels and across the range of services involved in the care of a whanau member to focus on sharing their information, skills, knowledge and expertise in the interests of providing the best care.

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*Ki mai koe ki ahau, he aha te mea nui o tenei ao?*

*Maaku e ki atu, he tangata, he tangata, he tangata.*

*If you ask me what is the most important thing in this world, my reply is this,*

*It is people, it is people, it is people.*

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## Five Year Priorities

- Continue to assess and address workforce issues for Maori.
- Address gaps in workforce relating to Maori health with emphasis on primary health care.
- Recruit and retain a collaborative and skilled workforce
- Support the health workforce in MidCentral District to work together collaboratively in the interests of providing the best care for whanau.
- Explore and apply innovative workforce initiatives.
- Assess and address Maori disability and mental health workforce needs.
- Identify opportunities to enhance Maori health workforce across the professions and services.

## Key Actions

- Implement the Maori Health Workforce Strategy.
- Align Maori health plans with Maori health workforce development needs.
- Improve the range and scope of traditional Maori healing services accessed by whanau.

## Strategy Three: Commitment to the Health of MidCentral's Community

This strategy is focused on MidCentral's commitment to the health of its community: Staying healthy, returning to full health and being supported with an ongoing illness. The emphasis is on effective services for Maori, in both 'for Maori by Maori' services and mainstream services.

### **Synergies**

An important part of this strategy is to ensure that Oranga Pumau includes synergies with the key health development strategies for MidCentral over the next five years. This will ensure that Maori health development occurs as a core part of overall development. These strategies include the implementation of MidCentral's Primary Health Care Strategy, MidCentral's Information Services Strategic Plan, and MidCentral's service plans for health priority areas such as cancer.

In addition the following areas are targeted:

- Mainstream services development to work with whanau in a positive way that builds on the strengths of whanau
- Improve access for whanau to health and disability services.

### **Iwi/Maori Health Providers**

MidCentral District has a comparatively large number of iwi/Maori health providers providing a range of services to Maori and non Maori people (refer to Appendix 4). These providers are very important in the primary health sector and community based areas, which are closest to whanau, and in disability support and mental health areas.

MidCentral is committed to assisting iwi/Maori health providers to build their own capacity in working with whanau toward whanau ora.

MidCentral will work with Primary Health Organisations and iwi/Maori health providers to develop service pathways within the Primary Health Organisation environment.

### **Focused Health Plans**

Oranga Pumau recognises that it is imperative that focused health plans continue to consider Maori health development as a core part of implementation.

## Primary Health Care

MidCentral's vision for primary health care in 2014 is that together MidCentral, health service providers, Maori and the community will have created an outstanding health system. This system will be characterised by a total commitment to the health of MidCentral's community—helping people to stay healthy and return to full health and supporting people with an ongoing illness.

MidCentral's Primary Health Care Strategy sets out three commitments:

- Question 6.* A commitment to quality—the main driver for change and measurement by which MidCentral judges its success
- A commitment to providers—our health providers have become a treasured asset in our community
  - A commitment to community—MidCentral's community is involved more than ever in the health system. The community voice has been effective in realigning the health care system to a community perspective.

It is essential that Maori health is considered as a core part of the implementation of the Primary Health Care Strategy.

## Investment

The increase in investment on Kaupapa Maori programmes is proposed in He Korowai Oranga and Whakatataka. MidCentral will increase its Kaupapa Maori spend to 15% of sustainable income to reflect its Maori population.

MidCentral will develop investment pathways for iwi/Maori health services through the development of the service plans. Funding support will be provided to mainstream services where Maori are known to access and utilise these services.

## Information Systems Strategic Plan

Maori models of health emphasise the importance of integrating information about health with the wider social and economic context. Current health information systems are fragmented with different providers using different standards and information technology systems that impede—rather than facilitate—the integration of health care. Presently, MidCentral has no specific systems to effectively support models for Maori health. Gaps in data collection hinder sound analysis, policy and strategy development, and decision making—key issues for the Information Systems Strategic Plan to effectively support Maori health.

Maori providers do not have access to update or use ethnicity and other demographic components of National Health Index (NHI) records, yet collection of this information is crucial to improving NHI data quality.

## **Five Year Priorities**

- Kaupapa tuatahi guides Primary Health Organisation management to be effective for Maori.
- Improve effectiveness of primary health care, and secondary and tertiary services for Maori.
- Invest in kaupapa Maori health services.
- Support iwi/Maori health providers development.
- The level of service coordination between primary health, secondary and tertiary care is improved to ensure that services are accessible and available.
- The quality of Maori health information is improved and available to provider, iwi, hapu, and Maori communities.
- Focused health plans are developed for Maori.

## **Key Actions**

- Ongoing review of MidCentral's Primary Health Care Strategy implementation to ensure effectiveness of primary health care and service coordination for Maori.
- Prioritise and invest in kaupapa Maori health care.
- Identify and undertake actions to improve effectiveness of secondary services for Maori.
- Implement Information Services Strategic Plan—actions for Maori.
- Continue to develop focused health plans that identify actions for effectiveness to Maori.

## Strategy Four: Focusing on the Whanau

A key component of achieving whanau ora will be to take intersectoral approaches and focus them on the whanau. This will include taking a lifespan approach, expressing and modelling the strengths of whanau and working across sectors.

A cross sectoral approach is critical to ensuring that Maori whanau and communities are better able to take control over the circumstances affecting them, and to improve the health and wellbeing of whanau.

### **Strength Based Approaches**

Whanau development is about supporting whanau to identify their own strengths and fostering the conditions required to build on those strengths. This has synergies with strength based approaches that have gained popularity in the social area.

Some of the factors to be aware of when talking about whanau include:

- A strength based approach must be encapsulated within whanau ora rather than being described separately
- The diverse nature of whanau and Maori society necessitates multiple models and approaches to reach all of the different whanau
- Many whanau experience extreme dysfunction and deprivation
- Many whanau experience high levels of whanau ora
- Maori identity, tribal and Maori community structures, tribal culture and knowledge are essential for whanau wellbeing.

### **Working Across Sectors**

He Korowai Oranga directs the health and disability sector to take a leadership role across the whole of government and its agencies to achieve the aim of whanau ora by addressing the broad determinants of health and organising services around the needs of whanau rather than sectors or providers.

Effective development and care of whanau should take into account economic and social situations, cultural frameworks, values and beliefs. It should acknowledge whanau rights to high quality and safe health services. Prerequisites to improved whanau ora include:

- affordable, appropriate, available and effective education, income and housing
- affordable, appropriate, available and effective health and disability services
- ability to participate in te ao Maori

- ability to participate in New Zealand society as a whole
- a healthy environment.

Barriers to addressing these prerequisites include:

- unsafe working conditions with little job control
- unemployment
- inadequate housing
- crime
- high disparities in income and wealth
- unfavourable economic conditions
- violence
- discrimination
- institutionalised racism.

Improvements in whanau ora may also lead to positive outcomes for whanau in other areas, such as education and employment.

## **Whanau Members**

Whanau members have distinct roles within the whanau. Kuia and Koroua are traditionally the kaitiaki of the younger generations. In modern times Maori may begin to take on the values of non Maori seeing Kuia and Koroua as a burden. Maori women play a pivotal role in enhancing and maintaining whanau wellbeing. However, their situation is often precarious in terms of wellbeing. Maori men are identified as being at particular risk in relation to their physical and mental health. These whanau members are primary caregivers of tamariki Maori and are critical for their development. Many Maori children are identified as 'at risk' because of their whanau situation. Maori children carry the aspirations for a revitalised Maori society and culture. Maori children need to be nurtured in the traditional way, to be seen in all the beauty and vitality of their whole being and their connection to the past and the future. Examples of the strengths and needs of whanau members are outlined here with some areas for support.

- *Tamariki health – potential, explorers, learning and energy*

Health Issues	Hearing and oral health are highlighted as health need areas for tamariki Maori in MidCentral District.
Strengths	Positive, open, fast learning, energy, cheeky, resilient, flexible, confident and trusting.
Needs	Health checks, wellness, promotion of healthy lifestyles, advice for parents, safety assurance.
Examples of Support	Well child, child safety, injury prevention and family violence prevention.

- *Rangatahi – flexible, risk takers, physical strength and ability*

Health Issues	Highlighted as issues for this age group are smoking, and suicide (13% of suicides in MidCentral District are Maori).
Strengths	Risk takers/role models, energetic, vital, innovative, strong value systems.
Needs	Sexual health, and alcohol and drug services, education on pregnancy, mental health and safety (suicide prevention).
Examples of Support	Utilise rangatahi to teach rangatahi as role models; promote positives of sports, dance, arts performance and learning.

- *Pakeke – providers, nurturers, skilled, hardworking, strong and fun*

Health Issues	Smoking prevalence is higher than non Maori.
Strengths	Nurturers, workers for whanau, protectors, versatile, role models.
Needs	Health education and promotion towards reducing disease, illness and smoking.
Examples of Support	Target specific needs, take prevention measures, enlist brokers to service access and delivery to open the pathways, think about different gender needs.

- *Kuia and Koroua – holders of wisdom and knowledge*

Health Issues	Major diseases in terms of illness and death in older Maori are diabetes, cancer and cardiovascular diseases. For this group the situation is less favourable than for non Maori in MidCentral District and slightly more favourable than for Maori nationally.
Strengths	Leaders, guardians, nurturers, glue of whanau, safe haven.
Needs	Home based community support.
Examples of Support	Improved access to primary health care services.

## Five Year Priorities

- Maori health service contracts and specifications are consistent with Maori world view and align with the Treaty of Waitangi and He Korowai Oranga.
- Maori health models and local expressions of whanau ora are implemented in health service development across MidCentral District.
- Strengths of whanau explored, a shared view described and used to inform service delivery in MidCentral District (traditional Maori and modern Maori world view).
- Sustainable intersectoral initiatives are in place to contribute to whanau ora.
- Research on whanau ora is initiated and undertaken (strengths/lifespan/intersectoral).
- MidCentral's Health of Older People Strategy improves health of Kuia and Koroua
- Life span health (Pakeke, Rangatahi, and Tamariki) developed and implemented with Maori as core group.

## Key Actions

- Engage with iwi, hapu and Maori to describe local expressions of whanau ora and use these to inform health service development across MidCentral District.
- Engage with iwi, hapu and Maori communities to identify and describe the strengths of whanau to inform service delivery in MidCentral District (traditional Maori and modern Maori world view).
- MidCentral's Health of Older People Strategy is implemented to improve the health of Kuia and Koroua.

- Work collaboratively with other sectors to identify opportunities to contribute to whanau ora.
- Identify opportunities and contribute to whanau ora research (strengths/lifespan/intersectoral).  
Continue involvement in Central Region District Health Boards' whanau ora project.

## 5. WAHANGA TUAWHA: MAKING ORANGA PUMAU HAPPEN

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Oranga Pumau provides a framework for MidCentral’s journey towards whanau ora—to look both to the future and the past to envisage healthy and vibrant whanau. Oranga Pumau recognises the importance of using momentum in terms of synergies with other projects, as well as MidCentral District creating its own momentum for change.

Whanau, hapu, iwi and Maori communities must be supported to achieve their own aims and aspirations for whanau ora. The outcomes, measures, and actions contained in Oranga Pumau form the foundation of monitoring performance within each of the strategies that contribute to our community journey to whanau ora.

## Strategy One: Enhanced Iwi and Maori Community Capacity to Contribute to Whanau Ora

### Outcomes

- Maori health in MidCentral District has strong leadership underpinned by whanau, hapu, iwi and community development.
- Iwi and Maori community have enhanced capacity.
- Te reo Maori and tikanga Maori are used in health service delivery for whanau.
- Health of whanau, hapu and iwi is improved through collaboration.
- Key Maori health gain areas and inequalities for MidCentral District are identified.

### Potential Measures

- Level of investment in Maori health services.
- Level of investment in rongoa Maori services.
- Level of investment in community led initiatives.

### Actions – Year 2006

1. Begin process of facilitating the capability for hosting information, communication and technology for iwi groups.
2. Continue to engage in consultation with whanau, hapu, iwi and Maori.
3. Begin stocktake of whanau, hapu, iwi and Maori community development in MidCentral District.
4. Build a network data base of key Maori community groups/agencies that and support whanau in the community.
5. Identify options to support and grow service delivery in te reo Maori.
6. Consider Ministry of Health Maori Disability Strategy—ways to contribute to increased independence of disabled members of whanau, hapu, iwi and Maori.
7. Work collaboratively with Maori Radio, Marae, Kohanga and Kura Kaupapa to spread positive messages.
8. Hold regular meetings between MidCentral's Board and iwi.

## **Actions – Years 2007 and 2008**

9. Create a database of whanau, hapu, iwi and Maori community led development initiatives
10. Align Maori health action plans with whanau iwi, hapu, Maori community development priorities.
11. Support an increase in health promotion initiatives in partnership with iwi/Maori.
12. Investigate the range of traditional Maori healing services in MidCentral District and options to strengthen access for whanau Maori to traditional Maori healing.
13. Evaluate PHO outcomes against Kaupapa Tuatahi.

## **Actions – Years 2009 and 2010**

14. Further review Maori Health Action plans, and evaluate and alter where necessary to align with iwi/Maori health priorities.
15. Review satisfaction and success of Manawhenua Hauora Memorandum of Understanding arrangements.
16. Continue to support te reo Maori and tikanga Maori service delivery.
17. Review the implementation of Oranga Pumau, the Maori Health Strategy against the outcomes listed in He Korowai Oranga and the National Action Plan, Whakatataka.
18. Select and implement options to improve scope and range of access for whanau Maori to traditional Maori healing.
19. Select and implement options to contribute to increased independence of disabled Maori.

## Strategy Two: A Collaborative, Skilled Maori Health Workforce

### Outcomes

- Whanau have access to a range of quality kaupapa Maori and culturally appropriate mainstream services.
- There is increased in the number of Maori working in health service delivery.
- Contract deliverables of Maori providers are clear and unambiguous.
- Innovative initiatives for Maori health workforce development are supported.
- Full implementation of the Maori Health Workforce Strategy.

### Measures

- Number and proportion of Maori nurses/general practitioners working in MidCentral District.
- Number and proportion of Maori nurses/doctors/psychologist/psychiatrist/working for iwi/Maori health providers.
- Level of Maori Provider Development Service funding to iwi/Maori health providers.
- Level of investment in Maori health workforce development.

### Actions – Year 2006

20. Meet six monthly with iwi/Maori health providers to discuss service issues.
21. Assess Maori disability workforce needs in MidCentral District.
22. Assess the feasibility for establishing health scholarships for Maori wanting to work in the health sector. Scholarships will target undergraduate/post graduate studies and include mental health nursing and health training in general.
23. Draft Maori workforce plan for Enable New Zealand.

### **Actions – Years 2007 and 2008**

24. Continue to increase the role and relationship with local Maori through Manawhenua Hauora and by direct contact with Maori communities.
25. Progressively implement the Maori Health Workforce Strategy in accordance with the timeline.
26. Review MidCentral's current health strategies for Maori health. Check and evaluate the relationship with Maori.
27. Make further funding available for Maori health research.
28. Finalise and implement a Maori Workforce Plan for Enable New Zealand.

### **Actions – Years 2009 and 2010**

29. Effect system changes so Maori providers have access to use or update ethnicity and other demographic components of National Health Index records.
30. Provide further support for joint ventures between iwi and MidCentral.
31. Improve the current participation rate of Maori at all levels of service delivery.
32. Review the performance measures of Primary Health Organisations with respect to Maori participation.

## Strategy Three: Commitment to the Health of MidCentral's Community

### Outcomes

- Primary health care is effective for whanau.
- Whanau are able to access appropriate services when required and in a timely manner.
- Whanau members that are healthy are provided with the tools to stay well.
- Whanau members that are unwell are identified promptly and receive appropriate, information and tools to return to wellness.

### Measures

- Maori service utilisation data from MidCentral Health.
- Maori service utilisation data from Primary Health Organisations.

### Actions – Year 2006

33. Implement processes to review effectiveness of care pathways within secondary services for Maori.
34. District wide service plan implementation will support increased investment in Maori provider development and service expansion.
35. Identify inequalities and develop a plan to address these.
36. Review all Whanau Ora contracts to clarify service specifications, negotiate mutually agreed volumes and targets, and modify reporting and monitoring procedures.
37. Invest in kaupapa Maori services.
38. Review implementation of Maori action plans by mainstream services.
39. Develop monitoring framework for Oranga Pumau.
40. Complete a needs analysis of iwi/Maori health providers to determine their capacity and service needs.
41. Work with PHOs and iwi/Maori health providers to deliver funding pathways to support Maori health in the District.

## **Actions – Years 2007 and 2008**

42. Review of Primary Health Organisation services' effectiveness for Maori is completed.
43. Conduct closer monitoring of mainstream health providers and Primary Health Organisations through data and financial analysis.
44. Improve the current effectiveness of services to whanau, hapu and iwi by assessing and reviewing MidCentral's own performance against the inequalities framework and the NZ Health Strategy.
45. Review the Maori Health Service Plan.
46. Links are developed with Maori disability providers and iwi in their areas.
47. Implement mobile dental services for adolescents at iwi provider sites across MidCentral District.
48. Ensure the monitoring Maori health monitoring framework is actively used by the District to measure Maori health gain.

## **Actions – Years 2009 and 2010**

49. Ensure Maori have appropriate utilisation of referred–laboratory, pharmaceuticals, and radiology services.
50. Ensure MidCentral's Information Services Strategic Plan has specific systems to effectively support models for Maori health.
51. Develop a framework to measure Maori and mainstream provider performance on achieving health outcomes for Maori and to reduce the levels of health disparities between populations.

## Strategy Four: Focusing on the Whanau

### Outcomes

- Maori health models and local expressions of whanau ora inform health service development across MidCentral District.
- Examples of the strengths of whanau are identified and described to inform service delivery in MidCentral District (traditional Maori and modern Maori world view).
- Kuia and Koroua, Pakeke, Rangatahi and Tamariki health is improved.
- Health strategies for other whanau member life stages are developed (Tamariki/Rangatahi/Pakeke).
- Intersectoral initiatives to contribute to whanau ora are identified and/or initiated.
- MidCentral participates as an active member in intersectoral meetings in the District.
- Whanau ora research opportunities are identified and initiated (strengths/lifespan/intersectoral).

### Measures

- Information available on the health status of Kuia and Koroua, Pakeke, Rangatahi and Tamariki.
- Level of involvement and investment in intersectoral initiatives that contribute to whanau ora.

### Actions – Year 2006

52. Continue involvement in Central Region District Health Boards' whanau ora project—redesign whanau ora service specifications.
53. Identify research opportunities to contribute to whanau ora.
54. Initiate project that explores and generates a shared view of the strengths of whanau, accompanied by examples of care.
55. Identify options for local level intersectoral work.
56. Establish database of intersectoral initiatives in MidCentral District. Develop/extend existing initiatives of providers.

## **Actions – Years 2007 and 2008**

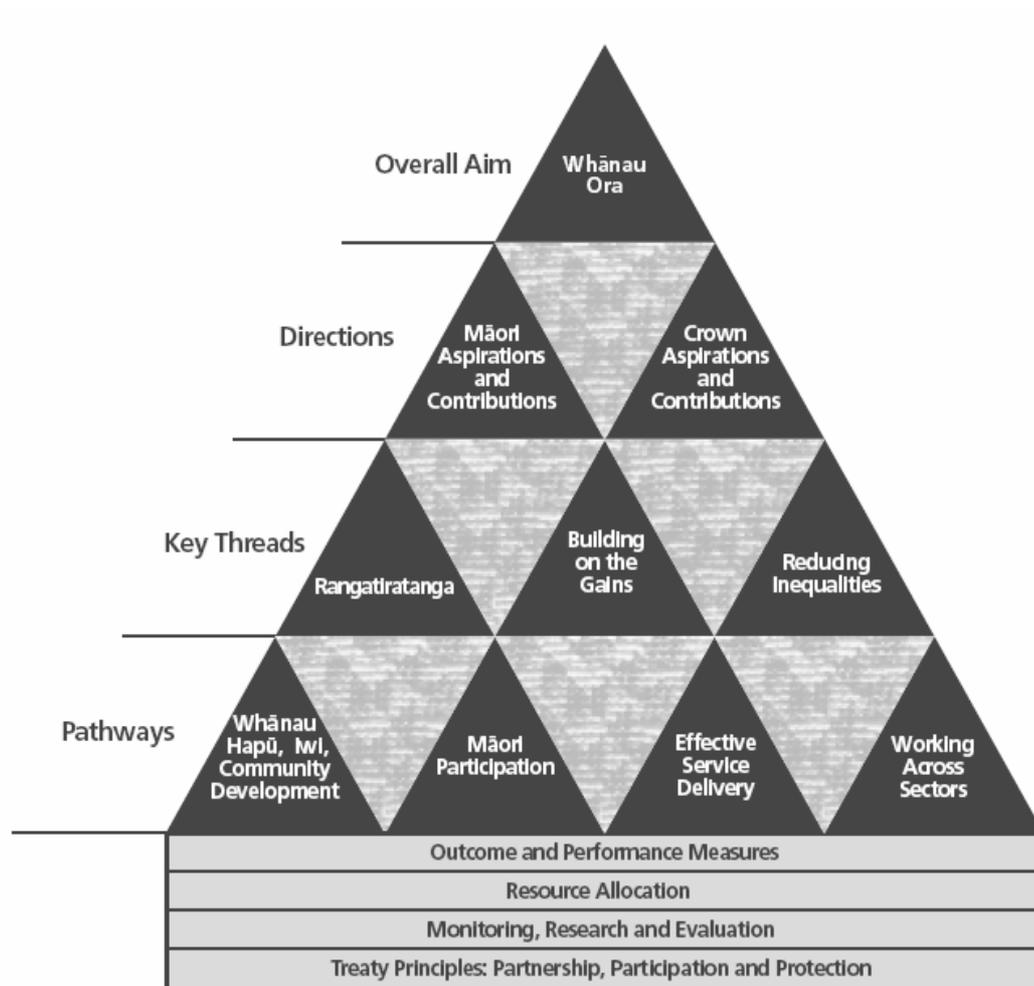
57. Improve and develop a process to coordinate the range of care and services between Maori providers working in health, education and social services.
58. Maintain/establish a working group to drive integrated approaches for whanau in MidCentral District; the Group will design intersectoral initiatives for integrated services in the District.
59. Capture the stories of whanau and promote these in the community.
60. Support application of strengths of whanau across the District.
61. Develop or extend providers/networks that build initiatives across the sector.

## **Actions – Years 2009 and 2010**

62. Examine the key learning from communities/providers on whanau ora.
63. Ensure Kuia and Koroua health strategies are implemented.
64. Ensure Maori health models and local expressions of whanau ora inform health service development across the District.
65. Scope review of application of the strengths of whanau.

## Appendix 1 He Korowai Oranga Diagram

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## Appendix 2 Ethnicity Data

*Table 1. Ethnic Distribution by Territorial Local Authority (TLA)*

	Total	European		Maori		Pacific		Asian	
		N	%	N	%	N	%	N	%
Manawatu	27510	24576	89.3	3369	12.2	366	1.3	267	1.0
Palmerston North	72036	59316	82.3	9426	13.1	2172	3.0	4332	6.0
Horowhenua	29820	24549	82.3	5793	19.4	918	3.1	663	2.2
Tararua	17859	15369	86.1	3159	17.7	204	1.1	174	1.0
Kapiti Coast(part)	7758	5934	76.5	1875	24.2	216	2.8	273	3.5
MidCentral District	154983	117468	75.8	23625	15.2	3039	2.0	5352	3.5

Source: 2001 Census

Note:

For TLA figures, multiple responses for a single person are allowed. For MidCentral's figures, the MoH hierarchy of ethnicities is used to assign one ethnicity per person.

*Table 2. Maori and Total Population Socio-Economic Indicators by TLA*

	No telephone (%)		No vehicle (%)		Unemployment rate (%)		No qualifications (%)		Median equivalised household income (\$)	
	Maori	Total	Maori	Total	Maori	Total	Maori	Total	Maori	Total
Manawatu	8.9	2.8	8.4	6.3	15.2	5.9	37.2	28.8	30,477	34,668
Palmerston North	7.8	2.9	12.0	10.2	16.0	8.4	29.7	20.7	30,305	34,668
Horowhenua	10.4	4.7	13.6	11.5	17.9	9.3	42.4	35.3	26,539	27,524
Tararua	12.9	4.6	13.7	9.0	13.7	5.3	42.8	34.2	28,021	34,080
Kapiti Coast(part)	10.4	4.7	13.0	10.2	NA	NA-	33.3	29.8	NA	NA
MidCentral District	9.5	3.5	12.2	9.6	NA	NA	35.8	26.8	NA	NA

Notes:

Qualifications: proportion of 15+ yrs population

Unemployment rate: Proportion of persons unemployed divided by the total persons in the labour force

Phone access and vehicle access: proportion of households

Equivalised household income: Calculated using the Jensen scale, where a Maori household has been defined as a household in which at least one household member has stated they were Maori.

NA = Not Available

Source: 2001 Census

## Appendix 3 The Health Needs Assessment<sup>16</sup>

The health needs assessment for MidCentral District created a picture of health needs using both qualitative and quantitative methods.

Maori have the highest health needs of any ethnic group in MidCentral District, as shown by health status and health determinants (socio economic) statistics. Nearly all measures of health for Maori in MidCentral District are similar to or lower than the national averages for Maori. Of note is the lack of information on primary health care services and the difficulty of measuring the health disparities between Maori and other groups.

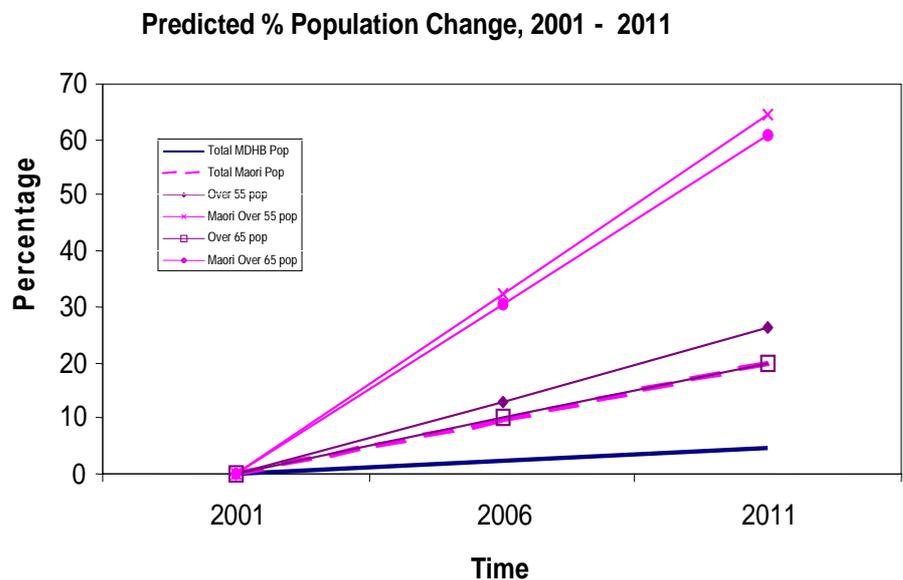
### He Korowai Oranga

He Korowai Oranga lists 20 population health objectives for Maori. In all areas where comparative data is available, there is a disparity between the health of non Maori and Maori (in many areas numbers are too low to make conclusions).

### Maori Population

According to Census 2001 results, Maori population in MidCentral District is 15% of the total of 155 000. This percentage is slightly higher than the national figure of 14%.

Significant growth is expected in the total Maori population over the next 10 years, which will be particularly noticeable in the proportion of older Maori. Because both Maori and the older population have high health needs, the increase in Maori, and older Maori in particular, is an important consideration for future planning and delivery of health services.



Maori incomes in MidCentral District are poorer than Maori incomes nationally and are around 60% of non Maori incomes in the District. The Maori unemployment rate is two to three times higher than the non Maori rate.

<sup>16</sup> MidCentral DHB 2001 Assessment of Health Needs. Palmerston North

## **Tamariki Health**

In terms of child health the infant mortality rate appears to be similar to the national rate and the sudden infant death syndrome rate is trending down along with the rest of the country. Low numbers limit analysis for tamariki, however hearing and oral health are highlighted as health needs areas for tamariki Maori.

## **Rangatahi Health**

The fertility rate is lower than the national rate with sexual and reproductive issues more favourable for MidCentral District's rangatahi than nationally. Suicide is highlighted as an issue for this age group with 13% of suicides in the District being Maori. Smoking is also highlighted for this group.

## **Pakeke**

Smoking prevalence is higher than non Maori with the incidence of injury similar to non Maori and sexual and reproductive health favourable.

## **Kuia and Koroua**

Major diseases in terms of illness and death in older Maori are diabetes, cancer and cardiovascular diseases. For all of these the situation is less favourable than for non Maori in MidCentral District and slightly more favourable than for Maori nationally.

## **Disease**

The most significant causes of death for Maori in MidCentral District were diseases related to the circulatory system (heart related), cancer, and the respiratory system. There is a known relationship that links deprivation, ethnicity and socioeconomic status to poor health. Key indicators of poor health for Maori in the District are:

- A higher incidence of stroke, diabetes, and readmission for rheumatic fever and morbidity factors between illnesses. There is evidence of under utilisation by Maori of secondary services despite a likely higher incidence of illness in the community<sup>17</sup>.
- The high vitrectomy rate for people with diabetes (better eye screening). There are known high rates of asthma admission for Maori children and of childhood diseases preventable by immunisation, and a high incidence of dental caries amongst Maori<sup>18</sup>.
- Injuries for Maori are about the same as for non Maori and lower than for Maori nationally.
- Poor ethnic data collection in primary care. This limitation means that the cofactors between diseases are not properly captured through

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<sup>17</sup> MidCentral District Health Board. Draft Annual Plan 2001/02. Wellington: MidCentral District Health Board. Page 37.

<sup>18</sup> Ibid Page 37.

primary/secondary care admission rates. Diabetes amongst Maori is on the increase. Diabetes is a concern as there are comorbidity factors (eg, cardiovascular disease, renal failure, smoking rates) to this illness.

- Known diseases like circulatory (heart), cancer and respiratory illness<sup>19</sup> (eg, asthma related) show a higher than usual death rate for Maori.
- Hospital admission rates support the high incidence of this illness in MidCentral District, and also show that the problem is much worse for Maori.

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<sup>19</sup> Ibid Page 22.

## Appendix 4 Iwi/Maori Health Providers

Maori health service providers play a vital role in the delivery of health services to Maori people and others in their communities. In the past decade there has been a significant growth in both the number of Maori providers and services that they provide. MidCentral's key documents support the further growth and development of Kaupapa Maori services. The current iwi/Maori health providers and the services that they are contracted to deliver are listed below.

PROVIDER	SERVICE TYPE	CONTRACT TYPE
Best Care (Whakapai Hauora) Charitable Trust	Maori health Mental health Primary health care	Reproductive and sexual health service–free contraception Alcohol and drug services Whanau Ora Tamariki Ora–Well Child Maori disabilities liaison Problem gambling
Te Kete Hauora O Rangitane o Tamaki Nui a Rua	Maori health Mental health	Tamariki Ora Whanau Ora Mental health/alcohol and drug Asthma education
Te Runanga O Raukawa Inc.	Maori health Mental health Primary health care Intersectoral community action for health	Whanau Ora Tamariki Ora–Well Child Maori liaison Maori mobile disease state management Mental health/Alcohol and drug Free contraceptive service Community health worker, Otaki
Te Wakahuia Manawatu Trust	Maori health	Tamariki Ora–Well Child services Maori mobile disease state management
He Puna Hauora	Maori health	Tamariki Ora–Well Child Services in Kura Kaupapa and Kohanga Reo
Te Whanau Manaaki O Manawatu Trust	Mental health	Alcohol and drug services
Whaioro Trust Board	Mental health	Rangatahi work rehabilitation/employment and education support service
TLC–Te Mura Matauranga	Maori health	Home based support
MuaUpoko Tribal Authority	Maori health	Kaumatua exercise programme

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