



TE MATAU-Ā-MĀUI

MAI

MĀORI HEALTH STRATEGY 2014 -2019

JULY 2014



OUR VISION

HEALTHY HAWKE'S BAY TE HAUORA O TE MATAU-Ā-MĀUI

Excellent health services working in partnership to improve the health and well-being of our people, and to reduce health inequities within our community.

OUR VALUES / BEHAVIOURS

RĀRANGA TE TIRA

Working together in partnership across the community

HE KAUANUANU

Showing respect for each other, our staff, patients and consumers

ĀKINA

Continuously improving everything we do

TAUWHIRO

Delivering high quality care to patients and consumers

*Front and back cover photos supplied by
Ngati Kahungunu Iwi Incorporated*

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FOREWORD

RUIA TAITEA, KIA TŪ KO TAIHAKA ANAKE

EXAMINE BEYOND THE EXTERIOR AND DELVE INTO THE UNDERLYING PRINCIPLES

At the conclusion of Tū Mai Rā, the Māori Health Strategy for Hawke's Bay District Health Board (HBDHB) in 2014, the reporting dashboard demonstrates a marked positive difference in the indicators that have been monitored by the Māori Relationship Board over the last five years. Services have been challenged to integrate where it makes sense, change their model of delivery so that whānau can better access services and work with other sectors to ensure a holistic approach to vulnerable whānau. There are still many challenges the health sector will face over the coming years, particularly due to increased social and poverty issues in Hawke's Bay and the Chatham Islands. We are continuing to work with other sectors to ensure the efforts and resource being spent on our people are well planned for, and monitored for outcomes.

Māori are continuing to lag in health gain with still more than a seven year difference in life expectancy between Māori and non-Māori. Long-term conditions, diabetes and cancer are still prevalent diseases for Māori and the focus remains on halting the statistics that have so long plagued our Māori community. Over the last five years we have been proactive in ensuring prevention and intervention services are available, and health promotion and health literacy prioritised to help whānau better understand their needs.

Within the next five years we have aligned to the HBDHB's Transform and Sustain Strategy which challenges us to think and work differently with 11 key intentions identified to assist us to make gains where we have lacked traction. We continue to take the consumer and Māori voice seriously and it is our intention that we strengthen the partnership between Iwi/Māori and the health sector over the coming years. Unless we have Māori engaged at each level of the health sector to assist us in planning and delivery of services, we will not achieve the goal of Whānau Ora outlined in this strategy.

Each and every person working across the sectors in Hawke's Bay and the Chatham Islands has a role and responsibility to prioritise the acceleration of improvement in Māori health. We are quickly moving toward one in two babies born in Hawke's Bay being Māori, so we cannot afford to waste any more time and resource. We look forward to working with you all to ensure our goal of Whānau Ora is realised.

NGAHIWI TOMOANA
CHAIRMAN
Ngati Kahungunu Iwi
Incorporated



JOHN NEWLAND
CHAIRMAN
Health Hawke's Bay
- Te Oranga Hawke's Bay



KEVIN ATKINSON
CHAIRMAN
Hawke's Bay District
Health Board



EXECUTIVE SUMMARY

This strategy has been developed by Hawke's Bay District Health Board (HBDHB) and Health Hawke's Bay – Te Oranga Hawke's Bay Primary Health Organisation (HHBPHO) in collaboration with Ngāti Kahungunu Iwi Incorporated and our Māori communities. It guides the district health sector in the pursuit of improved Māori health.

The introduction gives a brief overview of the legal, cultural and policy context of the strategy. This is followed by a section that links the Hawke's Bay health sector vision to the key components of the strategy. In alignment with Transform and Sustain, the Hawke's Bay health sector strategy 2013-2018, this strategy provides a framework that will guide the sector in responding to our population, delivering consistent high-quality health care, and being more efficient through more effective partnerships with our Māori communities.

The elements of the strategy emphasise system level improvements that aim at working more within community structures, better engaging Māori whānau and consumers, enhancing collaboration across government and non-government services, and supporting provider capacity and capability development. In doing so, this strategy will drive better access by Māori to health and well-being knowledge and services. Better access will help to accelerate improvements in health and well-being and, ultimately, to Whānau Ora.

In Appendix 1, we have provided some detailed profiles of the Māori communities across Hawke's Bay district to demonstrate the complexity of existing relationships and to highlight some important statistical factors from the 2013 census. These profiles are followed by some historic information about the Hawke's Bay commitment to Māori health and well-being (Appendix 2), a selection of references to key policies affecting Māori health (Appendix 3), and a monitoring framework for the first-year health priorities (Appendix 4)

BACKGROUND

The name of this strategy derives from a sequence of growth and development leading to better health outcomes for Māori. Tū Mai named by Ngāti Kahungunu Iwi Chair, Ngahiwi Tomoana, was HBDHB's second Māori health strategy following 'Healing our Spirits'. The name Tū Mai derived from the Ngati Kahungunu haka Titiro Titiro, composed in the 1800s. The haka exhorts our people to overcome adversities by transforming themselves and making heroic and unprecedented efforts, and in relation to health, seeks to overturn our current health plight and to aim our sights higher than we have in the past. Tū Mai reaffirmed who we are as Māori and as Ngāti Kahungunu.

The next strategy was named Tū Mai Rā. That depicts the strength of the people to stand true as did our ancestors. In relation to Hauora, it calls for an overturn of our current health status from illness to wellness with Māori taking leadership to achieve this. This current strategy 'Mai' means 'To bring forth' and relates to Māori taking responsibility for their own health at a whānau, hapū and iwi level. Mai focuses on engaging better with whānau, delivering consistent high quality care and more efficient use of resources. Finally, Mai seeks to work toward an integrated health sector that takes responsibility for responding to the needs of Māori in the way they prefer services and care.

INTRODUCTION

KO TE MANA HAUORA, KO TE MANA TANGATA THE HEALTH OF THE PEOPLE IS THE STRENGTH OF THE PEOPLE¹

The HBDHB encompasses four² of the six Taiwhenua of Ngāti Kahungunu Iwi (see Figure 1) plus the Chatham Islands. This strategy is about our ongoing commitment to the health and well-being of Māori living in those areas.

Te Tiriti o Waitangi guarantees equitable health and social outcomes for everyone, and all Government agencies have a role in making sure that happens. The role and expectations of District Health Boards (DHBs) is emphasised in the New Zealand Public Health and Disability Act, 2000 (NZPHD Act) and our DHB partners with HHBPHO to co-ordinate the delivery of publicly funded health care and wellness support services.

Ngāti Kahungunu Iwi Incorporated (NKII), the rūnanga (governing council) with the mandate to represent the people of Ngāti Kahungunu, is the governing body for all aspects of Iwi development in Hawke's Bay district. As the local Iwi/ Māori health relationship partner, NKII nominates and approves appointments to a Māori Relationship Board that provides advice and input to HBDHB discussions and decisions about how the health system works for Māori health and well-being. The HBDHB and HHBPHO are responsible through their respective boards for governance of this strategy.

This Māori Health Strategy - Mai - provides a framework for strengthening the opportunities for the health system to engage with Māori to drive improvements in quality and efficiency that will accelerate improvements in Māori health and well-being in Hawke's Bay.

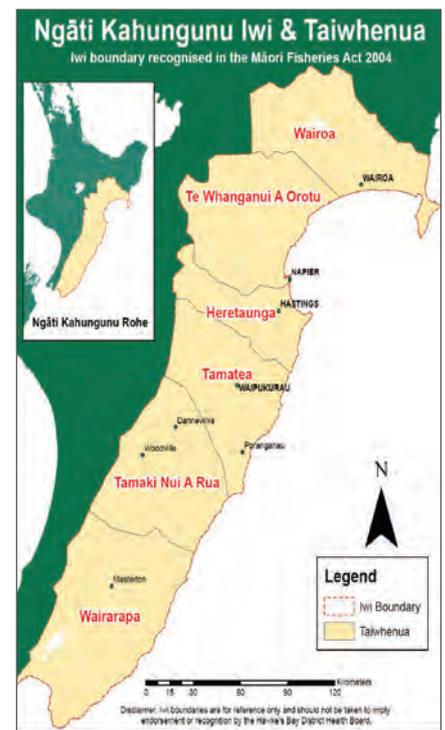


Figure 1: The six taiwhenua of Ngāti Kahungunu Iwi

¹ Source: Hawke's Bay District Health Board. (2011)

² The four Taiwhenua of Ngāti Kahungunu that are included in the Hawke's Bay District Health Board district are: Wairoa, Te Whanganui a Orotu, Heretaunga and Tamatea

POLICY CONTEXT

A number of policies and strategies of a wide range of stakeholders influence how we develop initiatives and activity to support our Māori Health Strategy. The community profiles in Appendix 1 illustrate the complexity of the Māori community that the system serves. While those profiles may change over time as new connections form and reform, there are a number of enduring policies and strategies that this strategy is aligned to from the start. Other key policies and a link to more detail about them are listed in Appendix 3.

TE TIRITI O WAITANGI

Te Tiriti o Waitangi is New Zealand's founding document. The requirement for the health system to honour Te Tiriti o Waitangi is embodied in the New Zealand Health and Disability Act 2000. DHB responsibilities are based on:

- **Partnership** - working together with Iwi, hapū, whānau and Māori communities to develop strategies for improving the health status of Māori.
- **Participation** - involving Māori at all levels of the sector in planning, developing and delivering of health and disability services that are put in place to improve the health status of Māori.
- **Protection** - ensuring Māori well-being is protected and improved, and safeguarding Māori cultural concepts, values and practices. This includes the reduction of Māori health disparities by improving access to services and health outcomes for Māori.

TE ARA TOIORA O NGĀTI KAHUNGU³

Te Ara Toiora is the well-being strategy for the people of Ngāti Kahungunu. The strategy aims to eliminate barriers that inhibit the well-being of whānau; encourage a seamless service environment for whānau; provide opportunities for whānau to gather knowledge for well-being; and develop well-being matauranga initiatives and strategies to progress and enhance whānau, hapū and iwi well-being. NKII and HBDHB are committed to working together to realise improvements in Māori health for the well-being of the communities of Hawke's Bay. This commitment and relationship is emphasised in the Hawke's Bay health sector's current strategy, Transform and Sustain, in which the first key intention is "Transforming our engagement with Māori".

³Te Ara Toiora o Ngāti Kahungunu. www.kuhungunu.iwi.nz

HE KOROWAI ORANGA: THE MĀORI HEALTH STRATEGY

He Korowai Oranga (HKO) was published in 2002 to be read as an extension to the New Zealand Health Strategy and the New Zealand Disability Strategy, which are equally relevant to Māori as to any other New Zealanders. The national strategy is currently under light review by the Ministry of Health who have confirmed that the strategic direction and focus will not change. HKO provides more detail on how Māori health objectives will be achieved, and exists as a strategy in its own right. Recognising whānau as the foundation of Māori society, the kaupapa (purpose) behind HKO is two-fold:

1. Affirming Māori approaches by supporting Māori-led initiatives to improve the health of whānau, hapū and iwi; and
2. Improving Māori outcomes through improving health services for Māori.

HKO emphasises three key threads (rangātiratanga; building on the gains; and reducing inequalities), and four pathways (development of whānau, hapū, iwi and Māori communities; Māori participation in the health and disability sector; effective health and disability services; working across sectors).

At the time of writing, HKO was being refreshed by the Ministry of Health and first consultation with Tumu Whakarae had been held.

TE TIRITI O WAITANGI SETTLEMENTS

Treaty Settlements' groups in Hawke's Bay district have been mandated to negotiate on behalf of their respective iwi/hapū. HBDHB engaged with a Tiriti Settlement group Ahuriri District Health Trust in 2008. This was the first health related settlement in New Zealand and there have been many lessons for both parties during this time. We are using what we have learned to engage with other groups to better understand their aspirations and expectations for the delivery of health services in their respective districts. It is possible that additional claims may be lodged during the life of this strategy. As part of the Transform and Sustain Strategy, HBDHB will keep a watching brief on Tiriti developments to ensure we align with the claimant groups and work closely with them to support their health plans for the future through our activities.

DHB OPERATIONAL POLICY FRAMEWORK

The business rules under which all DHBs operate includes some specific expectations in respect of DHB relationships with the district's Māori communities, and understanding of the systems and processes that are required.



HAWKE'S BAY HEALTH SECTOR - TRANSFORM & SUSTAIN

Transform and Sustain is the Hawke's Bay health sector five-year strategy that commenced in July 2013. It focuses on improving responsiveness to population need, consistently delivering high-quality care, and maximising system productivity. Transform and Sustain requires a one-system approach that challenges the way we plan and deliver services ensuring that the whole population enjoy health services as they need them. A series of key intentions form the basis of the programme:

TRANSFORM AND SUSTAIN - KEY INTENTIONS

1. Transforming our engagement with Māori
2. Transforming patient involvement
3. Transforming health promotion and health literacy
4. Transforming multi-agency working
5. Transforming clinical quality through clinical governance
6. Transforming patient experience through better clinical pathways
7. Transforming through integration of rural services
8. Transforming primary health care
9. Transforming urgent care
10. Transforming out-of-hours hospital inpatient care
11. Transforming business models

THE NEXT FIVE YEARS FOR MĀORI HEALTH

THE VISION FOR THE HEALTH SYSTEM IN HAWKE'S BAY IS:

EXCELLENT HEALTH SERVICES WORKING IN PARTNERSHIP TO IMPROVE THE HEALTH AND WELL-BEING OF OUR PEOPLE AND TO REDUCE HEALTH INEQUITIES WITHIN OUR COMMUNITY

In December 2013, the Transform and Sustain programme was launched to step-up delivery of our vision by recognising and acting on population needs, working in partnership for quality health care and becoming more efficient at what we do.

Transform and Sustain highlights some challenges that the Hawke's Bay health system will focus on over the next five years and outlines a campaign of transformation that will lead to increased effectiveness – a more efficient system that maximises value for the population and reduces waste.

Mai is strongly aligned to Transform and Sustain to provide a framework for the health system's ongoing commitment to accelerating improvement in Māori health and well-being in Hawke's Bay. We look to HKO, the national Māori Health Strategy, in order to align the goals of our local efforts to the pathways and objectives laid down across the country, and we have held a series of focus groups with our Māori communities to ensure that the advice of whānau has been built into this framework for implementing our key intentions over the next five years.

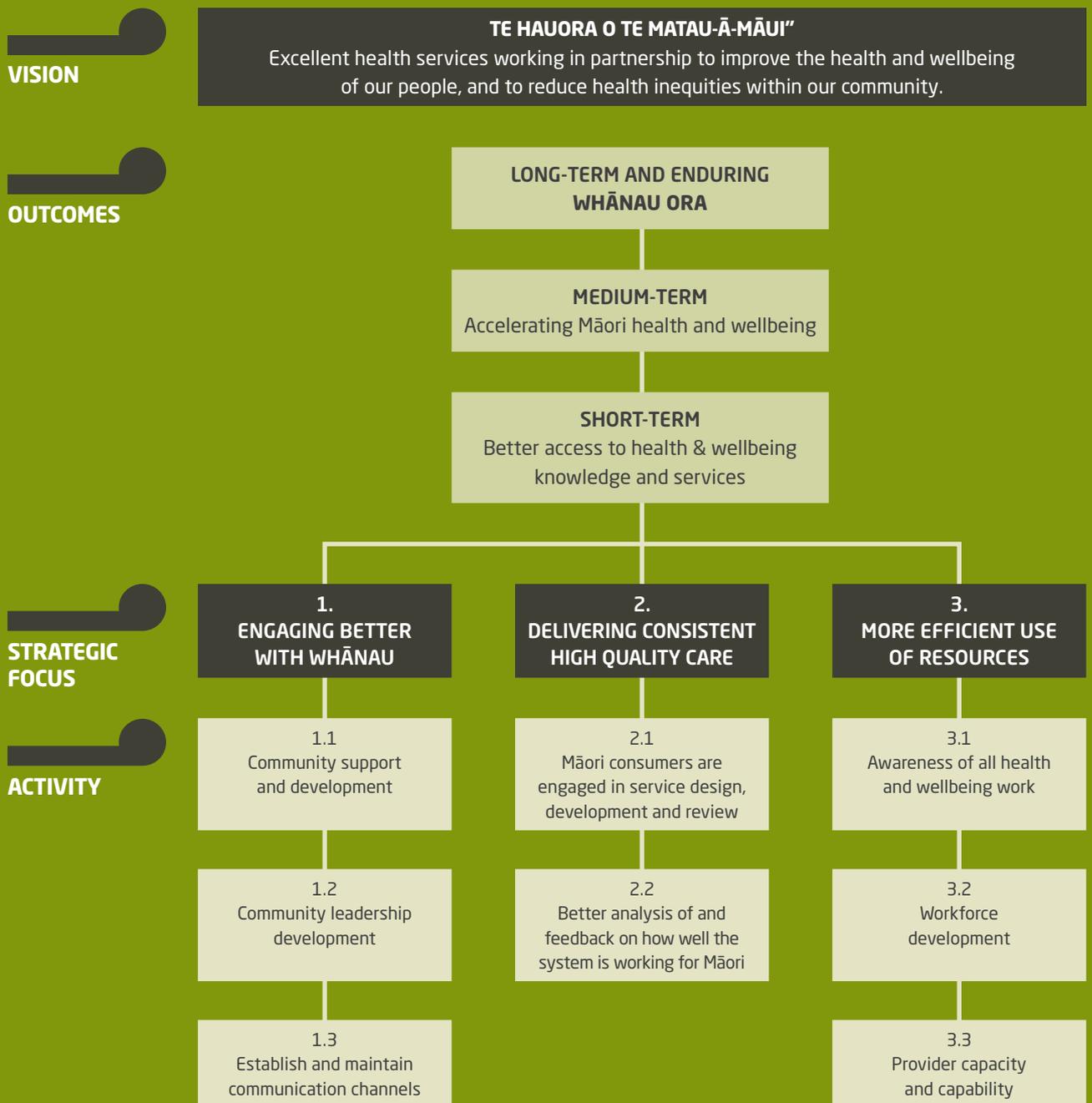
OVERVIEW

Better engagement with Māori, commitment to a Māori perspective of quality in service delivery, and driving efficiency in resource allocation will work together to result in better access to health and well-being knowledge and services. Better access will lead to accelerated improvement in the performance of Māori health and well-being and, ultimately to Whānau Ora. Access includes availability and use – improving access will be achieved through a greater understanding of the Māori world view of health and well-being, and a system that responds appropriately to Māori communities by involving those communities in developing their response. Our strategic focus areas are designed to drive better access by delivering on the challenges raised in Transform and Sustain. Through Mai we will be:

1. **RESPONDING TO OUR POPULATION** by co-ordinating and driving a proactive campaign to enable better engagement with whānau through community development, leadership and communication
2. **DELIVERING CONSISTENT HIGH-QUALITY HEALTH CARE** by supporting a continuous quality improvement cycle that will involve Māori communities in helping to embed a deeper understanding of, and greater commitment to, Māori health and well-being; and
3. **BECOME MORE EFFICIENT AT WHAT WE DO** by improving interagency collaboration, professional and cultural skills development, and strengthening first-line community based services.

Figure 2 (on the opposite page) shows the programme logic of Mai. The key elements are discussed in more detail below.

Figure 2: An overview of the Māori Health Strategy





Auntys Garden, Waipatu Marae (photo supplied by Ngati Kahungunu Iwi Incorporated)

MONITORING

Monitoring of strategic performance is a key component of strengthening our engagement with Māori and is reflected in a number of areas in Mai. The cycle of improvement includes: research; planning; implementation; and, monitoring. Commonly referred to as “plan-do-study-act”, continuous improvement or Ākina requires us to be proactive in monitoring and evaluation, and this can only be effective if we engage communities as an integral part of that process.

A monitoring framework for the first-year health priorities is shown in Appendix 4. This is consistent with the national Māori health indicators framework and is reported on quarterly. Monitoring of the strategic intent will be developed in order to assess the activity and outcomes of Mai over time.

NĀ TŌ ROUROU, NĀ TAKU ROUROU KA ORA AI TE IWI

WITH YOUR FOOD BASKET AND MY FOOD BASKET
THE PEOPLE WILL THRIVE



HBDHB Kaumatua, Turoa Haronga and Bill Stirling with Israel Dagg at the DHB Maara

OBJECTIVES

WHAT DOES THE MĀORI HEALTH STRATEGY MEAN FOR PEOPLE?

The Māori community in Hawke's Bay is far from homogenous – but it is the varying and overlapping commonalities that connect people to communities, and communities to each other. Mai will seek to purposefully identify communities of interest and ensure that they are connected into the common purpose of accelerating improvement in Māori health and well-being. Defining communities may begin at the rohe level - the defined district for HBDHB falls mostly within the Ngāti Kahungunu rohe, but also overlaps other iwi boundaries. Within the rohe it is possible to define geographical relationships between hapū, marae and taiwhenua, and between taiwhenua and rohe. However, social and familial relationships that comprise the totality of Māoridom are much more complex to understand. Appendix 1 includes maps of traditional boundaries to provide an overview.

For five years from July 2014, we continue to concentrate on accelerating improvement in Māori health across all these communities. Ultimately the goal for Māori health is Whānau Ora – the philosophy and the policy. The health sector fills a significant role in the pursuit of Whānau Ora and we monitor our contribution in part by tracking progress against annually agreed national, regional and local priority health indicators. Those indicators, agreed with the Ministry of Health, are designed to show if the health sector is achieving better health and well-being outcomes for Māori, and to show how those improvements are contributing to advancing equity. An important shorter-term objective at the heart of Mai is better access to health and well-being knowledge and services. It is only by improving access that Māori communities and the health sector will be able to partner for greater effectiveness.

WHĀNAU ORA - THE LONG-TERM AND ENDURING OBJECTIVE

The philosophy and policy of Whānau Ora begins with acknowledgement of whānau as the tahuu (backbone) of Māori society. A key principle of our transformation is that consumers and whānau are at the centre of care rather than any provider or care setting. As an objective, Whānau Ora embodies six key outcomes:

- Whānau self-management
- Healthy whānau lifestyles
- Full whānau participation in society
- Confident whānau participation in Te Ao Māori
- Economic security, and successful involvement in wealth creation
- Whānau cohesion (Taskforce Report on Whānau-Centred Initiatives 2010)

“THE DIFFERENCE WE NEED TO SEE IS ALL ABOUT WHĀNAU – IT IS ABOUT ALL OF US – FAMILIES, PROVIDERS AND GOVERNMENT AGENCIES WORKING TOGETHER TO ENABLE WHĀNAU TO CONNECT WITH ONE ANOTHER; BUILD THEIR CAPABILITY AND DEVELOP LEADERSHIP. THEIR OWN SOLUTIONS FOR THEIR OWN ISSUES. IT IS ABOUT BEING SELF-MANAGING – BACKING THEMSELVES; CREATING THEIR OWN PATHWAYS FORWARD.”

HON TARIANA TURIA, ASSOCIATE MINISTER OF HEALTH



Waitangi Day celebrations at Hawke's Bay Regional Sports Park, photo Duncan Brown, Hawke's Bay Today

ACCELERATING MĀORI HEALTH AND WELL-BEING - THE MEDIUM-TERM OBJECTIVE

Improvements in health and well-being are judged on two dimensions. Local and national research shows that Māori health status lags behind non-Māori and so we expect improvements to show a better result for Māori over time and, importantly, a reduction of any disparity.

Advancing equity in health outcomes is a key goal of the Hawke's Bay health system and we continue to strongly focus on improving equity for Māori as the main thrust of reducing inequalities in the district.

Headline indicators for the health system reflect our belief that length of life and absence of health risk are two important benchmarks. However, our dashboard of indicators reflects a much broader selection of key health priorities for Māori. We used a consistent set of indicators over the period of Tū Mai Rā, allowing us to make an assessment over time about improvements in absolute health status as well as comparing relative rates for Māori and non-Māori in some cases. We will continue to use this approach and expand our ability to compare nationally, and within Hawke's Bay, by producing an annually agreed Māori Health Plan.

ANNUAL MĀORI HEALTH PLAN

Each year of Mai, we will run a process that generates agreement on the Māori Health Plan for the forthcoming year. We will align with Transform and Sustain, and add local priorities that align to any national or regional framework, and to priorities identified by communities in discussion with them.

The work programme that underpins the Annual Māori Health Plan will be negotiated annually with specific service groups. In this way, the Annual Māori Health Plan will reflect the national and local priorities and will include a set of activities or initiatives that are part of work programmes across a number of services. This process will ensure that our Māori Health Plan is consistent with Mai, with local sector strategies and is integrated across services rather than being a stand-alone and separate service plan in itself. Figure 3 shows how these connections work.

The Annual Māori Health Plan is produced every 12 months between November and April for the 12 month period beginning the following June. It includes the performance expectations and targets for key health status indicators and sets monitoring requirements for the health system. A robust annual process will improve our responsiveness to emergent issues and opportunities. Appendix 4 shows the priorities and monitoring framework for the first year of Mai.



Figure 3: Connecting service plans to the Annual Māori Health Plan

BETTER ACCESS TO HEALTH AND WELL-BEING KNOWLEDGE AND SERVICES - THE SHORT-TERM OBJECTIVE

“Another key challenge is to improve access to health services for Māori adults and children. For example, Māori were more likely to report an unmet need for primary health care in the past year, for a number of reasons (including cost). The health sector needs to ensure that health services are accessible, appropriate and responsive to Māori.”

THE HEALTH OF MĀORI ADULTS AND CHILDREN, NZ HEALTH SURVEY 2011/12

Improving access is the main short-term objective of Mai. Better access will come about as a result of action by individuals, whānau and the health system. Individuals and whānau make up communities and also make up the customers and suppliers of health and well-being services. Everyone must take responsibility for their contribution to the system. Better co-ordination of the system response to communities through engagement, quality of care and efficient use of resources will lead to a positive impact on access by Māori to health and well-being knowledge and services.

A SUSTAINABLE HEALTH SYSTEM IS ONE OF THE MAIN OBJECTIVES OF TRANSFORM AND SUSTAIN
- THE HEALTH SYSTEM STRATEGIC PLAN

“WITHOUT PUTTING TOO FINE A POINT ON IT, THE HIGHER BURDEN OF DISEASE EXPERIENCED BY MĀORI ALSO CREATES A BURDEN OF COST TO THE HEALTH SYSTEM IN RELATION TO HOSPITALISATIONS, THE COST OF HEALTH SERVICES FOR MORBIDITY AND THE PROVISION OF INTERVENTION SERVICES FOR THE MAJOR HEALTH CONDITIONS CONTRIBUTING TO THE HIGH RATES OF MĀORI MORBIDITY AND MORTALITY. BY COLLECTIVELY WORKING TO REDUCE MĀORI HEALTH INEQUALITIES WE ALSO REDUCE THE BURDEN OF COST TO THE HEALTH SYSTEM.”

ASSOCIATE MINISTER OF HEALTH, TARIANA TURIA - HEALTHCARE SUMMIT, 2013

STRATEGIC FOCUS

What we will focus on to achieve the objectives?

Over the period of Mai we will align with the efforts of the Transform and Sustain programme effecting change within the intention areas agreed. We will focus on engaging better with whānau, integrating consistent high quality care, and more efficient use of resources to deliver better value.

1. ENGAGING BETTER WITH WHĀNAU

TE KANOHI NGARO; WHĀKOREKORE NOA RĀ KOI NGARO ANA

THE UNSEEN FACE IS THOUGHT NOT TO EXIST⁴

Everyone who works in the health system in Hawke's Bay has a role to play in ensuring that Māori are able to access timely, appropriate, responsive and effective health care. Clearly Māori health and well-being is not the sole preserve of the health system and this component of the strategy will drive connectivity across all communities.

1.1. COMMUNITY SUPPORT AND DEVELOPMENT

Identifying communities and their connections is expected to highlight any aspects of support required by those communities in order to help them contribute to the objectives of Mai. Across Hawke's Bay there are a number of relatively small and significantly isolated communities – regardless of their size or location it is important that we engage them in a way that empowers those communities to own their health and well-being, care for themselves and advocate for support that is needed.

Community development is a core outcome of health promotion and health literacy which both help people to increase control over, and improve their health and well-being. Transform and Sustain includes an intention to transform health promotion and health literacy (Key Intention 3)

We will create better working relationships across the structures that influence Māori health and well-being, acknowledging the formal and informal roles that community-based entities can bring to a partnership. These include: iwi; hapū; Treaty settlement entities; Māori providers; individual marae; and key government agencies.

TRANSFORM & SUSTAIN,
2013

Individuals and communities must feel empowered to help themselves, either in self-care, environmental well-being or in advocacy for service.

TRANSFORM & SUSTAIN,
2013

"EVERYONE EXPERIENCES LOW HEALTH LITERACY AT SOME TIME OR OTHER, EVEN HEALTH WORKERS. IF YOU OR YOUR WHĀNAU ARE DIAGNOSED WITH A NEW CONDITION, THERE WILL BE A PERIOD OF TIME WHEN YOU WILL HAVE LOW HEALTH LITERACY WHILE YOU BUILD THE KNOWLEDGE AND SKILLS YOU NEED TO DEAL WITH THIS NEW CONDITION."

SUSAN REID, CONSULTANT

⁴ Source: Whānau Ora Tool. (2008)



1.2. COMMUNITY LEADERSHIP DEVELOPMENT

Integration and coordination of community networks will require acknowledgement and development of formal and informal community leadership. Formal community leadership is easy to recognise and will follow automatically from correctly identifying formally structured community stakeholders. Those leaders must be engaged so that they can be supported to maximise their sphere of influence. Informal community leaders are more difficult to identify but are, perhaps, more critical in the pathway to community connectivity. Recognising informal leadership requires us to identify those people who have community influence and standing so they can be harnessed to advance strategic goals. Those people must also be supported to maximise their spheres of influence without compromising the strength of impartiality and respect that informal standing confers.

Through identifying and developing community leaders, we will transform patient and whānau involvement, which is **Key Intention 2 of Transform and Sustain**. These leaders will play a pivotal role in connecting community networks to each other, and to health and well-being initiatives.

1.3. ESTABLISH AND MAINTAIN COMMUNICATION CHANNELS

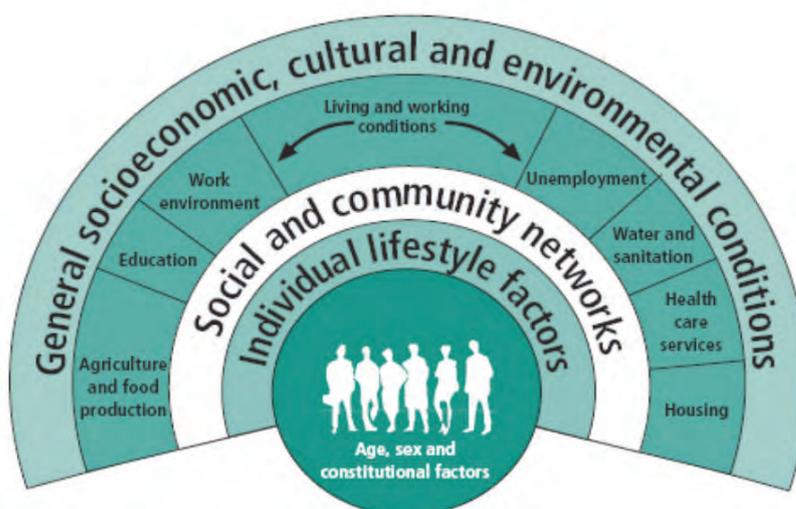
Good communication is a vital component of engagement. Advancing technology and better identification of communities presents an opportunity for improving communication.

KO TE KAI O TE RANGĀTIRA, KO TE KORERO

THE FOOD OF THE CHIEF IS COMMUNICATION

Focusing on improving communication demonstrates application of our sector values raranga te tira (working with each other) and he kauanuanu (in a respectful manner).

To enhance engagement of the system with our communities, we will drive improved communication by all agencies that impact on the living and working conditions of whānau. Through transforming health promotion and health literacy (Key Intention 3) there will be more regular communication linked to imparting information and developing knowledge about all the social determinants of health and well-being. These determinants are shown in Figure 4 with whānau at the centre, and include individual lifestyle factors, social and community networks, living and working conditions, and the general socio-economic, cultural and environmental conditions.



Source: Dahlgren G, Whitehead M. Tackling inequalities in health: what can we learn from what has been tried? Background paper for "The King's Fund International Seminar on Tackling Health Inequalities". Ditchely Park, Oxford: King's Fund; Reproduced with permission of the authors.

WHO 05.111

Figure 4: The social determinants of health

2. DELIVERING CONSISTENT HIGH-QUALITY HEALTH CARE

2.1. MĀORI CONSUMERS ARE ENGAGED IN SERVICE DESIGN, DEVELOPMENT AND REVIEW

The need for significant improvement in Māori health status requires that Māori health is considered in all service planning and development, and this is affected by a population health/Whānau Ora approach to our work.

Participation is a fundamental Te Tiriti o Waitangi principle and is a requirement of the health system in terms of our Operational Policy Framework. Rules and regulations aside, the best way of ensuring an effective response to Māori communities is to engage them in service design, development and review. Transforming patient involvement (Key Intention 2) recognises that consumer communities are integral to analysis of their own challenges, and to implementing solutions that are meaningful to them and supported by them.

Transform and Sustain includes: transformation in respect of better clinical pathways (Key Intention 6); integration of rural services (Key Intention 7); primary health care (Key Intention 8); and urgent care (Key Intention 9). These are all service level transformations and we will ensure that Māori consumers are well engaged in that mahi (work plan).

2.2. BETTER ANALYSIS AND FEEDBACK OF HOW WELL THE SYSTEM IS WORKING FOR MĀORI

The work programme in our Annual Māori Health Plan will be developed around a national framework for monitoring Māori health with some locally identified performance indicators that reflect local issues. While that monitoring is useful in tracking our progress towards targets set in the Māori Health Plan, there is a need for wider and more regular dissemination of information that can be used by people in the community to drive improvement.

This component of the strategy envisages better information over and above that collected for monitoring frameworks or dashboards alone. Better information also means stories about whānau experiences, and details about activity that is logically connected to the indicators being reported in the Annual Māori Health Plan. This will be helped by involving Māori consumers (Key Intention 2), and will result in a flow of information that is more useful to communities in the planning and execution of appropriate action and delivery on 2.1 above.

Delivering high quality care is about making sure that we use all our resources in the best way, with the patients and their family/whānau at the centre of that care. The best care is appropriate, convenient and precise – the patient gets exactly what they need, delivered as soon as possible and without error or undue waiting.

TRANSFORM & SUSTAIN,
2013

3. BEING MORE EFFICIENT AT WHAT WE DO

A more integrated single system is at the heart of Transform and Sustain. Better integration enables a more appropriate response to our population, leads to an improvement in quality of care and drives system efficiency. For Māori, whānau is the tahuhu (backbone) of Māori health and initiatives need to reflect the roles and responsibility of the wider whānau, hapū and iwi in achieving and maintaining personal health. By integrating Māori views of health and well-being into service development, we are most likely to accurately identify the key issues for Māori, the right influencers for the programme, potential multi-sector partners and the priority population group for any development. By bringing these aspects together, we will be clearer about whānau responsibility and the associated risks and opportunities of any proposal. This will drive more efficient solutions.

3.1. AWARENESS OF HEALTH AND WELL-BEING WORK

Our intention to transform multi-agency working (Key Intention 4) is closely linked to our commitment to the Whānau Ora policy. Over the period of Mai we will better understand the connectivity of our communities so that communities will be aware of all the health and well-being work that is relevant to them.



Figure 5: Whole-of-Government health and well-being framework

Intersectoral partnerships with communities are important for affecting a community level whole-of-Government response to reducing inequalities. This can be achieved by working together on all of the structural determinants of Whānau Ora. Figure 5 depicts this approach.

Outside of whole-of-Government relationships, there are also key community connections with workplaces, schools, community and social centres, service providers, places of worship, etc that make up a plethora of inter-related and potentially co-supportive environments that must be brought in to the kaupapa (purpose) of engaging with whānau.

3.2. WORKFORCE DEVELOPMENT

The health system has an obvious need for a skilled workforce to ensure Māori receive health services of consistent quality, that are integrated and working towards the common goals. There is a general intention in Hawke's Bay to increase the Māori workforce across all government agencies. Under the organisational development component of Transform and Sustain, we intend to increase Māori staff representation in the health system too.

Tūruki Māori Workforce Strategy (Tūruki)

Tūruki was originally developed in 2008 with reviews in 2011 and 2014. The strategy focuses on developing a district-wide workforce that is responsive to needs of Māori. The programme includes contestable funding for study and professional development.

The key approaches to workforce development under the Tūruki programme include:

- Co-ordinating financial and mentoring support for health workforce training
- Carrying out "gaps analysis" research to identify areas where there are high numbers of Māori patients, but low numbers of Māori staff so that support for training can be prioritised to those areas
- Providing support to the Primary and Non-Government Organisation (NGO) sectors for improving strategic development of workforce plans and service responsiveness resulting in better alignment across the district
- Improving data systems in the DHB, HHBPHO and NGOs for recording and reporting ethnicity data in relation to workforce
- Ensuring compliance with organisational requirements for cultural competency through monitoring and support for use of the Treaty of Waitangi Responsiveness Framework across the health sector.

For the existing workforce, an important aspect of health literacy is effective communication between health professionals and Māori and their whānau. Cultural competency must be vigorously promoted to address the effects of misunderstanding or bias on Māori health outcomes.

"PATIENT CULTURES AFFECT THE WAY THEY UNDERSTAND HEALTH AND ILLNESS, HOW THEY ACCESS HEALTH SERVICES AND HOW THEY RESPOND TO HEALTH CARE INTERVENTIONS. THE PURPOSE OF CULTURAL COMPETENCE IN THE HEALTH CARE SETTING IS TO IMPROVE THE QUALITY OF HEALTH CARE SERVICES IN NEW ZEALAND."

DR DAVID JANSEN, GP



Te Ara Hou Kapa Haka 2012 (photo supplied by Ngati Kahungunu Iwi Incorporated)

3.3. PROVIDER CAPACITY AND CAPABILITY

Over the last three years, and particularly since the inception of the Whānau Ora policy, a number of smaller providers of Māori health services and their contracts were merged, or formed alliances and collectives as required by HBDHB. Sustainability often forces this situation, but it is important that capacity and capability is matched to need and that providers are supported to develop skills in areas that can help them to survive where it makes economic sense to do so. Transform and Sustain includes a key intention to transform business models and we will work within our own organisations and across funded providers of services to ensure that their capacity and capability is aligned to business models that support strategic objectives.

We will look for better ways to allocate resources to where they are needed and to incentivise people to use them in the most appropriate way. New business models must develop partnerships, enhance trust and confidence in the services, and support accountability for performance and an understanding of what drives resource use.

TRANSFORM & SUSTAIN,
2013



Smile Week for dental education, photo Sam Ryan, Hawke's Bay Today

CONCLUSION

As a health system we must make the shift from transactional to transformational change. We are placing patients and whānau at the centre of one unified health system to partner with us for better health and well-being. Mai provides an approach that purposefully engages our Māori communities into the work that we do so that our partnership is more effective. Through a more effective partnership we will build the processes and structures that will support our overall goal of Whānau Ora, ensuring Māori have the health services and knowledge they require to meet the Iwi aim of "Kahungunu living longer".

HE AHA TE MEA NUI O TE AO?
HE TANGATA! HE TANGATA! HE TANGATA!

WHAT IS THE MOST IMPORTANT THING IN THE WORLD?
IT IS PEOPLE! IT IS PEOPLE! IT IS PEOPLE!

APPENDICES

APPENDIX 1

COMMUNITY PROFILES

NGĀTI KAHUNGUNU IWI

NGĀTI KAHUNGUNU IWI is represented by six different taiwhenua and respective marae below. Kahungunu has the second largest tribal land mass in Aotearoa and the third largest Māori affiliation.

HBDHB boundaries are inclusive of Takapau in the Tamaki Nui a Rua taiwhenua to Wharerata Ranges east of Wairoa. The Health Board's district also includes Wharekauri, the Chatham Islands. Each taiwhenua is representative of the marae and hapū in the area.

Statistics New Zealand Census 2013 report that in the HBDHB region:

- There are 34,977 Māori
- Māori are 23% of the district's total population
- Ngāti Kahungunu are 47.6% of Hawke's Bay Māori residents

It is important to acknowledge and work with all Iwi authorities and to provide services to all Māori residents in the HBDHB district.

The following sections describe the taiwhenua boundaries and the related iwi authorities that exist in the taiwhenua. In acknowledging the iwi authorities, it is important to understand the Tiriti o Waitangi settlements that are occurring throughout the district as an opportunity for health services to support the aspirations of local iwi.

Information related to the population and health services is also provided for each taiwhenua.

KO TE AMORANGI KI MUA, KO TE HAPAI O KI MURI



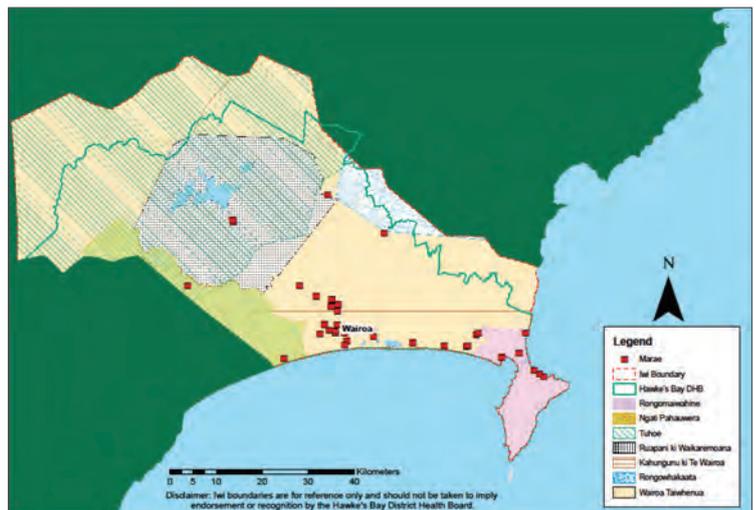


WAIROA

TE WAIROA HOPUPU HONENGENENGE MATANGIRAU

From the Waikare river in the south, Waikaremoana in the west to the Wharerata ranges in the east, the Wairoa District is considered the gateway to the East Coast. Well known for the river from which it takes its name, Wairoa has a wealth of natural resource available for the community to enjoy. The river of many bending and boggy corners is likened to the journey of life in that you need to navigate the challenges to avoid risks and maintain your well-being.

The tribal dynamics of the Wairoa district are reflective of the geography and size of the district. Whilst Kahungunu is prominent in the centre of the district, Rongomaiwahine are in Mahia, Ngāti Rakaipaaka in the Nuhaka area, Ruapani along the northern ranges leading to Ngai Tuhoe in the Waikaremoana area that links to Ngāti Pahauwera in the Raupunga and Mohaka area. Ngāti Pahauwera and Ngai Tuhoe have settled their Waitangi Tribunal Claims. Ruapani are in process as are the rest of the local Iwi under the umbrella of Te Tira Whakaemi.



HEALTH SERVICES

Te Whare Maire o Tapuae (TWMoT) is the Whānau Ora Collective for the Wairoa district. The collective is representative of the local Hauora, Te Hauora o Te Wheke a Nuku (Mahia), Kahungunu Executive (Wairoa) who also provide social services, Nga Kaitiaki Hauora o Waikaremoana and Ngāti Pahauwera Hauora. Also a part of TWMoT is the local education provider Wairoa Waikaremoana Trust. Based in the Wairoa township is Manaaki House, a specialist alcohol and drug service and Te Whare Maioha is a mirimiri and rongoa clinic.

General Practices serving the community are Queen Street Medical Centre and, with recent renovation of the Wairoa Integrated Family Health Centre, Ron Jane's surgery and the Wairoa Medical Centre are now located on site. Co-location is intended to provide greater integration to specialist clinics, video link health care and a rural health education centre.

Wairoa District

MĀORI POPULATION

- 13.3% of all Māori in Hawke’s Bay live in the Wairoa District as at 2013.
- The Māori population at 4,689 makes up nearly 60% of the Wairoa District population.
- There are 3,888 Māori males and 4,002 Māori females in Wairoa District Māori population..
- 30.4% of Wairoa District Māori population is under the age of 15 years compared to 16.3% in the non-Māori Wairoa population, 21.8% in the total Hawke’s Bay population and 20.4% in the total New Zealand population.
- There are signs however, that the Māori population in Wairoa District is ageing. Between 2006 and 2013 the 65+ age group increased 20.4% whilst the children (0-14 yrs) age group declined by 10%.
- 9.7% of the Wairoa District Māori population is aged 65 years or over, compared to 6% of the total Hawke’s Bay Māori population.
- The total Wairoa population decreased 7% from 8,484 in 2006 to 7,890 in 2013.
- The Māori population decreased 2.4% in the same period.

EMPLOYMENT

- There are very high rates of unemployment in the Māori population. Nearly 17% of Māori in the labour force in Wairoa District are unemployed, compared to 7% in the total Hawke’s Bay labour force and 5.1% in the national labour force.

INCOME

- The median income for Māori in Wairoa District is \$19,400 compared to the national Māori median income of \$22,500 and is substantially lower (47% lower) than the total New Zealand median income of \$28,500.

EDUCATION

- 41% of Wairoa District Māori have no formal qualifications compared to 26.5% in the Hawke’s Bay population, 33% of Māori nationally and 21% for the total New Zealand population.
- 10.1% of Māori in Wairoa District have a post-school qualification compared to 25.1% for Māori nationally and 38.3% for the total New Zealand population.

OCCUPATION

- The most common occupational group for Wairoa District Māori is labourer. 40% of the Māori population 15 + stated their occupation as labourer, followed by 11% as professionals.

LANGUAGE SPOKEN

- 30.4% of Māori in Wairoa District indicated Māori as their spoken language compared to 24% for all Hawke’s Bay Māori and 21% for Māori nationally.

Figure 1

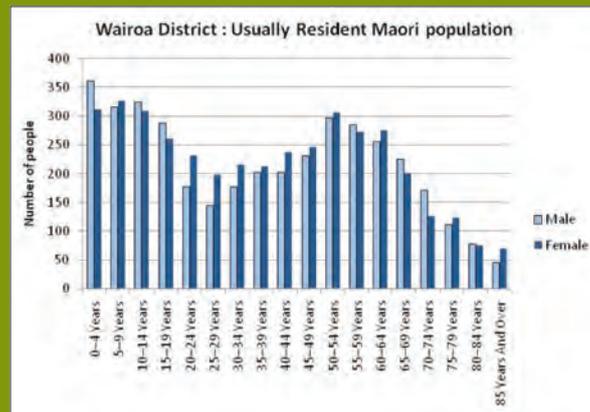


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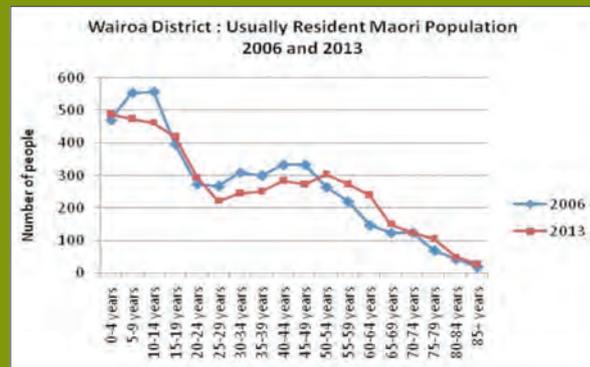


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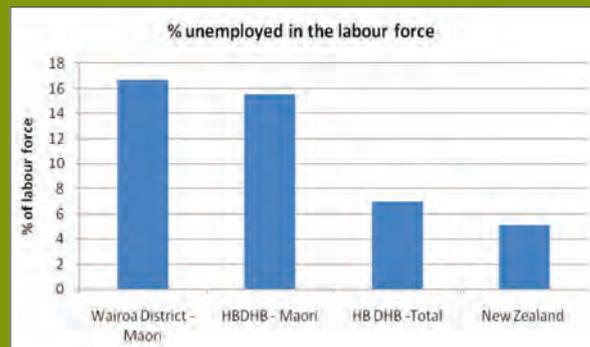




Photo by Richard Brimer

TE WHANGANUI A OROTU O AHURIRI

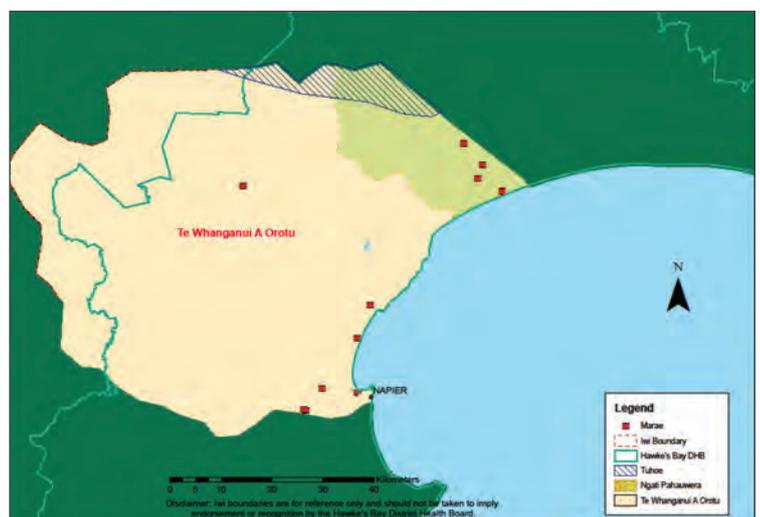
OTĀTARA KI TE TONGA, KOHUKETE KI TE URU, HEIPIPI KI TE RAKI, MATARUAHOU KI TE MOANA

The large bay of Orotu was named as such on being discovered by Orotu long before the arrival of Kahungunu. Heipiipi is one of the oldest Pa sites in Hawke's Bay and estimated to be around 400 years old. The 1931 earthquake reduced the size of the bay, where the Airport now lays on reclaimed land, and was always an important resource for Māori in Ahuriri.

The tribal dynamics within Te Whanganui a Orotu are that of numerous hapū affiliated to Ngāti Kahungunu and Ngāti Hineuru. Three Tiriti o Waitangi settlement groups are active with Maungahuru Tangitu having settled and Mana Ahuriri, and Ngāti Hineuru still in negotiation.

HEALTH SERVICES

Te Kupenga Hauora o Ahuriri are the Whānau Ora provider for the Ahuriri area providing a range of health and social services while Ahuriri District Health, Central Health and Te Taiwhenua o Heretaunga are also providing health services to the Ahuriri community. Large General Practices include: The Doctors; Maraenui Medical Centre; Taradale Medical Centre; and, City Medical. There are a number of smaller Practices and they are all supported by the Napier Integrated Family Health Centre, which is a leased facility run by HBDHB offering a range of specialist secondary outpatient services along with primary care and public health services.



Napier City

MĀORI POPULATION

- 29.8% of all Māori in Hawke’s Bay live in Napier City as at 2013.
- The Māori population at 10,428 makes up nearly 18.2% of Napier City’s population.
- There are 4,923 Māori males and 5,505 Māori females in Napier City in 2013.
- 36.1% of Napier City Māori population is under the age of 15 years compared to 21.8% in the total Hawke’s Bay population and 20.4% in the total New Zealand population. Māori make up 32.6% of all children (0-14) in Napier City.
- Over half the Māori population in Napier City is under the age of 25 years compared to 27.5% in the Napier City non-Māori population, 33.7% in the total Hawke’s Bay population and 34% nationally.
- Whilst there is only 5.3% of Māori in Napier City, 65 years and over, there are signs that the Māori population in Napier City is ageing. Between 2006 and 2013 the 65+ age group increased 48%.
- The Māori population in Napier City increased 6.3% between 2006 and 2013, compared to 3.2% growth in overall Hawke’s Bay Māori in the same period.

EMPLOYMENT

- Nearly 16% of Māori in the labour force in Napier City are unemployed, compared to 7% in the total Hawke’s Bay labour force and 5.1% in the national labour force.

INCOME

- The median income for Māori in Napier City is \$21,300 compared to the national Māori median income of \$22,500 and the total New Zealand median income of \$28,500.

EDUCATION

- 32.4% of Māori in Napier City have no formal qualifications compared to 26.5% in the Hawke’s Bay population.
- 14.2% of Māori in Napier City have a post-school qualification compared to 34% in the Hawke’s Bay population

OCCUPATION

- The most common occupational group for Napier City Māori is labourer. 25% of the Māori population 15 + stated their occupation as labourer, followed by 14.7% as professionals.

LANGUAGE SPOKEN

21.4% of Māori in Napier City indicated Māori as their spoken language compared to 24% for all Hawke’s Bay Māori and 21% for Māori nationally.

Figure 1

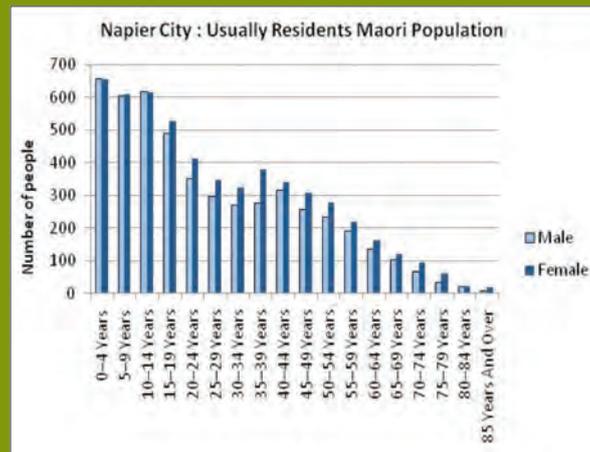


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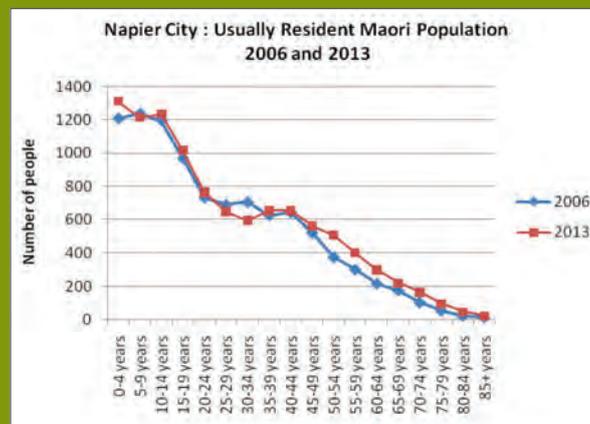
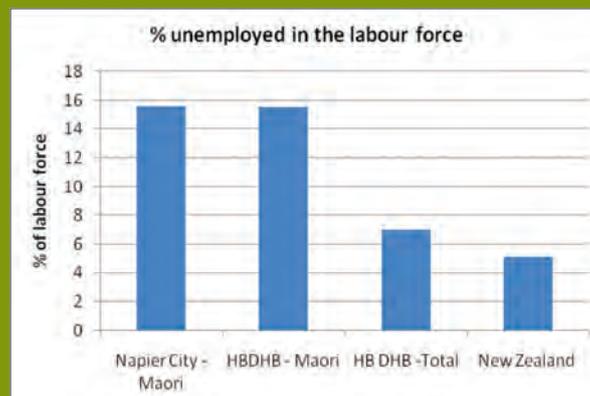


Figure 3





Action from a clash between famed Hawke's Bay Māori rugby clubs, MAC (with ball) and Tamatea, photo Glenn Taylor, Hawke's Bay Today

HERETAUNGA

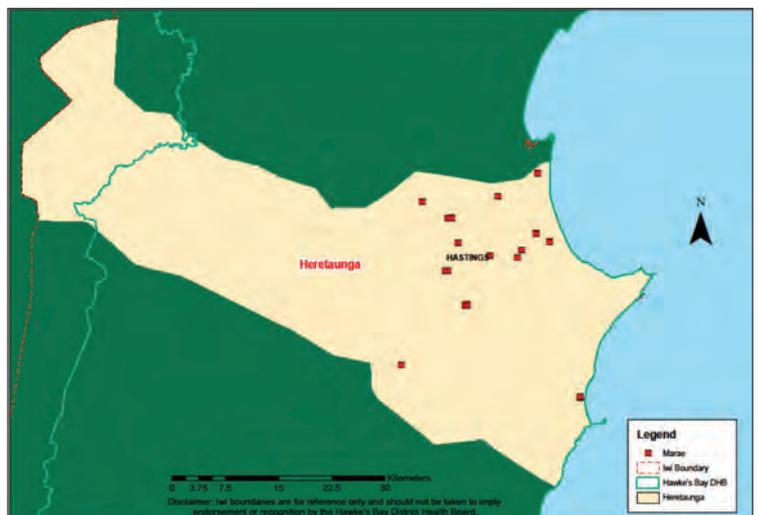
HERETAUNGA HAUKU NUI

Heretaunga is a district well known for its fertile lands. The analogy that could be drawn here is that these fertile lands not only manufacture quality produce, but also can support many people.

Hastings has the largest Māori population in the HBDHB district. The iwi dynamics are that of Ngāti Kahungunu with the marae and hapū well represented through Te Taiwhenua o Heretaunga. The Waitangi Tribunal claimant authority, He Toa Takitini, also represents the interests of hapū based in Tamatea taiwhenua.

HEALTH SERVICES

Te Taiwhenua o Heretaunga are the Whānau Ora provider in the Hastings district providing a broad range of health, social, employment and educational services, including a General Practice. Kahungunu Health & Community Services (Choices) provides health, social, education and justice services. Te Roopu Huihuinga deliver rongoa services throughout the region and Central Health are also delivering health services to this community. There are 12 General Practices across Hastings, Flaxmere, Clive and Havelock North, with high numbers of Māori enrolled at Hauora Heretaunga, Hastings Health Centre, The Doctors, Gascoigne Medical Centre and Totara Health Hastings and Flaxmere Practices.



Hastings District

MĀORI POPULATION

- Nearly half or 48.1% of all Māori in Hawke’s Bay live in the Hastings District as at 2013
- The Māori population at 16,821 makes up 22% of the Hastings District population.
- The Hastings District Māori population is a young population with 52% under the age of 25 years compared to 30% in the non-Māori population, 33.7% in the total Hawke’s Bay population and 34% nationally.
- Whilst there are only 5% of Māori 65 years and over in the Hastings District, there are signs that the Māori population is ageing. Between 2006 and 2013 the 65+ age group increased 40%, while the Māori children (0-14 yrs) age group in Hastings District continued to grow by 1.1%.
- The total Māori population in the Hastings District grew by 3.3% between 2006 and 2013 compared to 3.2% in the non-Māori population

EMPLOYMENT

- Unemployment rates in Hastings District are substantially higher for Māori compared to overall rates in Hawke’s Bay.
- 16.3% of Māori in the Hastings District labour force are unemployed, compared to 7% in the total Hawke’s Bay labour force and 5.1% nationally.

INCOME

- The median income for Māori in Hastings District is \$20,100 compared to the national Māori median income of \$22,500 and the total New Zealand median income of \$28,500.

EDUCATION

- 34.5% of Māori in Hastings District have no formal qualifications compared to 26.5% in the total Hawke’s Bay population, 33% of Māori nationally and 21% for the total New Zealand population..
- 13.1% of Māori in Hastings District have a post school qualification compared to 34% in the Hawke’s Bay population.

OCCUPATION

- The most common occupational group for Hastings District Māori is labourer. 32.8% of the Māori population 15 + stated their occupation as labourer, followed by 14.5% as professionals.

LANGUAGE SPOKEN

- 25% of Māori in the Hastings District indicated Māori as their spoken language compared to 24% for all Hawke’s Bay Māori and 21% for Māori nationally.

Figure 1

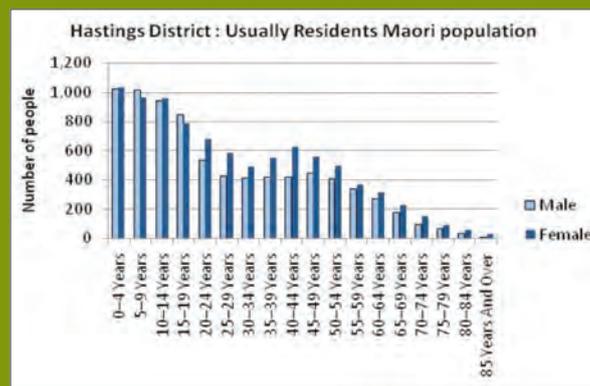


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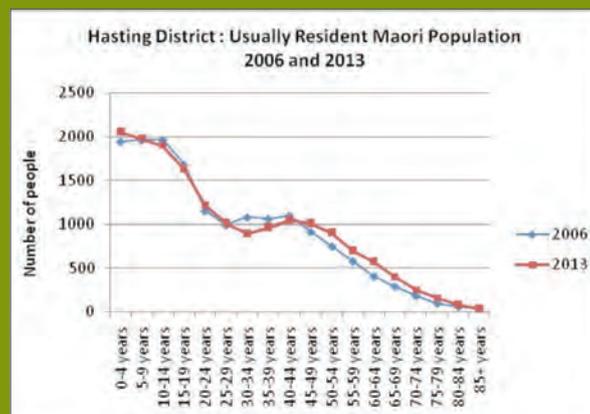
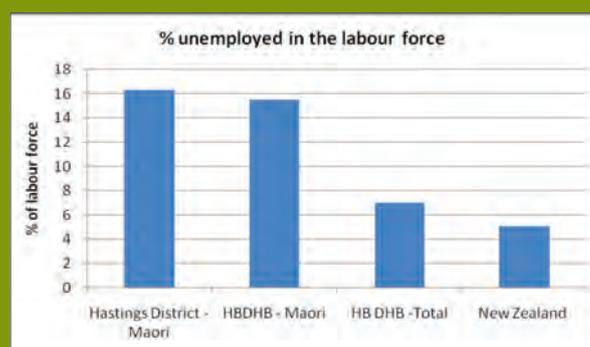


Figure 3





CHB world champion shearer Cam Ferguson on the stand, photo Duncan Brown, Hawke's Bay Today

TAMATEA

Taumatawhakatangihaokoauautamateaturipukakapikimaungahoronukupokaiwhenuakitanatahu

CENTRAL HAWKE'S BAY

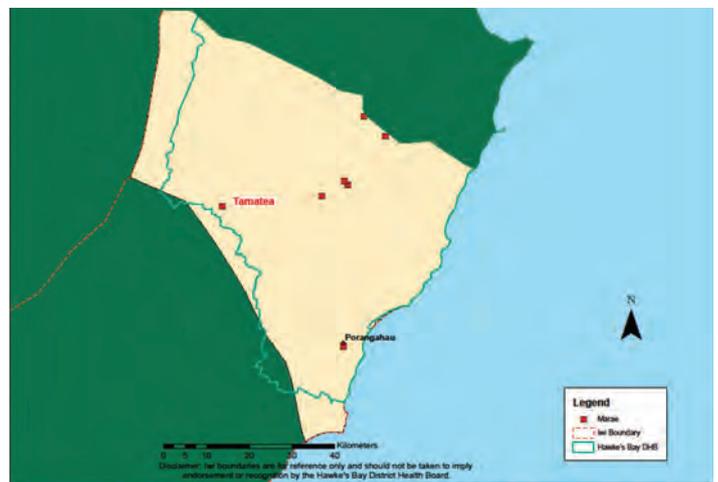
From Pukehou in the north, west to Takapau and south east to Porangahau, the Tamatea taiwhenua incorporates nine marae within its boundaries, including one community marae in Waipukurau. Te Taiwhenua o Tamatea is the organisation representative of the nine marae in Central Hawke's Bay.

HEALTH SERVICES

Central Health is the resident Māori Health provider in the Tamatea taiwhenua, providing a range of health and social services with a particular specialised focus on alcohol, drug and mental health services.

The Doctors in Waipawa and Tukituki Medical based at the Central Hawke's Bay Health Centre in Waipukurau provide General Practice services, and work with the Takapau Community Health nurse-led clinic to bring primary care services to the Takapau community. A funded transport service is available to the people of Porangahau and the wider district to enable access to these services.

The HBDHB operate the Central Hawke's Bay Health Centre with six hospital convalescent beds, a laboratory and other support services.



Central Hawke's Bay District

MĀORI POPULATION

- 7.8% of all Māori in Hawke's Bay live in the Central Hawke's Bay District as at 2013
- The Māori population at 2,712 makes up nearly 21.3% of the Central Hawkes Bay District population.
- Just over half of the Central Hawke's Bay District Māori population is under the age of 25 years compared to 25% of the non-Māori population, 21.8% in the total Hawke's Bay population and 20.4% in the national population.
- There are signs however, that the Māori population in Central Hawke's Bay District is ageing. Between 2006 and 2013, the 65+ age group increased 45.5% whilst the children (0-14 yrs) age group decreased by 2% and the 15-24 years decreased 13%.
- 5.3% of the Central Hawke's Bay District Māori population is aged 65 years or over, compared to 6% of the HBDHB total Māori population and 17.5% in the total Hawke's Bay population.
- The Māori population increased by 1.1% between 2006 and 2013.

EMPLOYMENT

- Just over 10% of Māori in the Central Hawke's Bay District labour force are unemployed, compared to 7% in the total Hawkes Bay labour force and 5.1% in the national labour force.

INCOME

- The median income for Māori in Central Hawke's Bay District is \$24,300 compared to the national Māori median income of \$22,500 and the total New Zealand median income of \$28,500.

EDUCATION

- 36.5% of Māori in Central Hawke's Bay District have no formal qualifications compared to 26.5% in the Hawke's Bay population.
- 11.72% of Māori in Central Hawkes Bay District have a post school qualification compared to 34% in the Hawke's Bay population

OCCUPATION

- The most common occupational group for Central Hawkes' Bay District Māori is labourer. 41.8% of the Māori population 15 + stated their occupation as labourer, followed by 11.4% as technician and trade workers.

LANGUAGE SPOKEN

- 21.1% of Māori in the Central Hawke's Bay District indicated Māori as their spoken language compared to 24% for all Hawke's Bay Māori and 21% for Māori nationally.

Figure 1

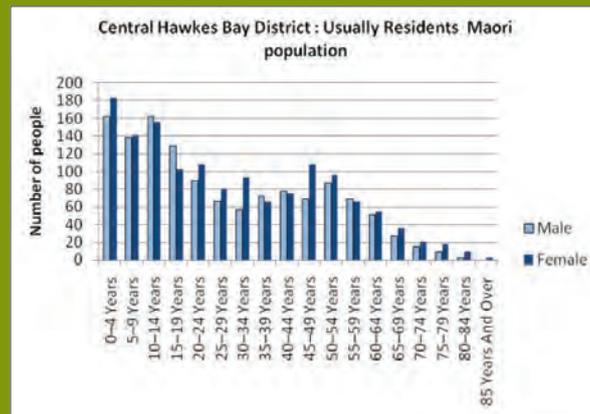


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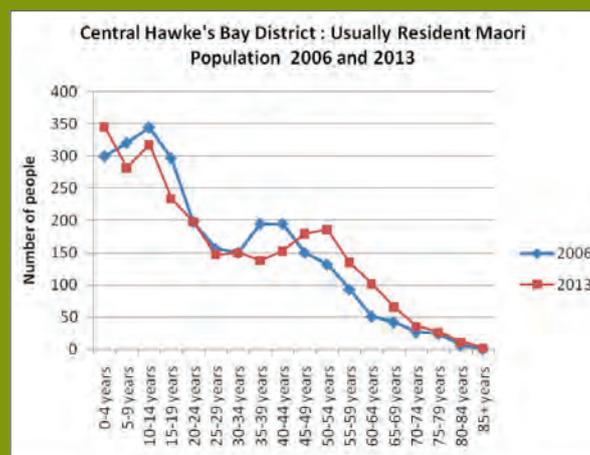
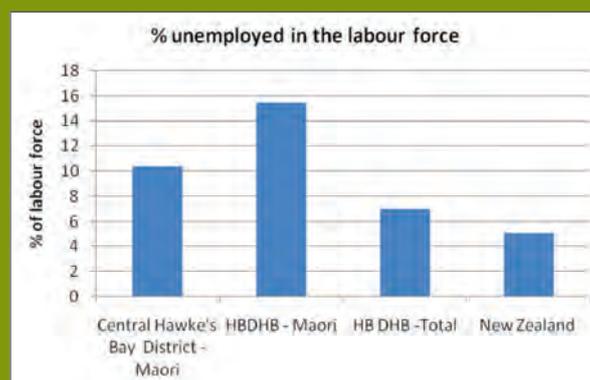


Figure 3





REKOHU / WHAREKAURI - CHATHAMS

HE RERENGA KOTUKU TAHI

Whilst the Chatham Islands are part of the HBDHB district, the Islanders access various services from other DHBs on Mainland New Zealand with approximately a two hour flight to Wellington, Christchurch or Auckland by Air Chathams. Boats taking supplies to the Island come from Timaru and Napier.

Tangata Whenua Ngāti Tama, Ngāti Mutunga and Moriori settled on the Island over 1000 years ago.

To interpret the data from Statistics New Zealand overleaf it is important to understand the complexity and challenges that Chatham Islanders face. The distribution of wealth is highly skewed with some thriving businesses. However, as with any community and particularly in a population of just 600, poverty is obvious with some whānau not being able to afford electricity and other basic necessities. The infrastructure on the Island dictates the nature of seasonal, part-time or casual employment. The cost of living is expensive with additional cost for shipping of groceries to the Island restricting access to fresh produce.

Education provides some challenges for the Island with secondary schooling options being correspondence or the costly exercise of sending their children to mainland New Zealand. Disconnection from whānau during this period provides a unique set of challenges for Chatham Islands whānau. With the implementation of Whānau Ora planning, the desire to revitalise te reo and create opportunities for economic growth is exciting.

HEALTH SERVICES

Ha o Te Ora o Wharekauri Trust is the Whānau Ora provider for the Islands delivering health and whānau development services. The Chatham Islands Health Centre is staffed and run by HBDHB providing a range of clinics and services, plus visiting specialists and referral to the mainland. On the whole, the Islanders appreciate the level of service received on the island and in Hawke's Bay. A recent report from the Ministry of Health highlighted a number of health service challenges and opportunities that provide some focus for the duration of this strategy.

Chatham Islands

MĀORI POPULATION

- The Māori population at 336 makes up nearly 64.2% of the Chatham Islands population
- There are 180 Māori males and 156 Māori females in the Chatham Islands Māori population in 2013
- 26% of the Chatham Islands Māori population is under the age of 15 years compared to 25% of the non-Māori population, 21.8% in the total Hawke’s Bay population and 20.4% in the total New Zealand population.
- 8% of the Chatham Islands Māori population is aged 65 years or over, compared to 6% of the total Hawke’s Bay Māori population.
- The overall Chatham Islands population is declining. The total population decreased 7% from 609 (2006 census) to 600 in 2013.
- The Māori population decreased 8% between 2006 and 2013.

EMPLOYMENT

- Māori unemployment rates in the Chatham Islands are lower compared to other areas in Hawke’s Bay.
- 3% of Māori in the Chatham Islands labour force are unemployed, compared to 15.5% in the Hawke’s Bay Māori labour force, 7% in the total Hawke’s Bay labour force and 5.1% nationally.

(Source: Statistics NZ Census 2013)

INCOME

- The median income for Māori in the Chatham Islands is \$33,800 which is substantially higher than the national Māori median income of \$22,500 and the total New Zealand median income of \$28,500.

EDUCATION

- 34.5% of Māori in the Chatham Islands have no formal qualifications compared to 26.5% in the Hawke’s Bay population, 33% of Māori nationally and 21% for the total New Zealand population.

OCCUPATION

- The most common occupational group for Chatham Islands Māori is labourer. 37.3% of the Māori population 15 + stated their occupation as labourer, followed by 8% as Technician and trade workers.

LANGUAGE SPOKEN

- 13% of Chatham Islands indicated Māori as their spoken language compared to 24% for all Hawke’s Bay Māori and 21% for Māori nationally.

Figure 1

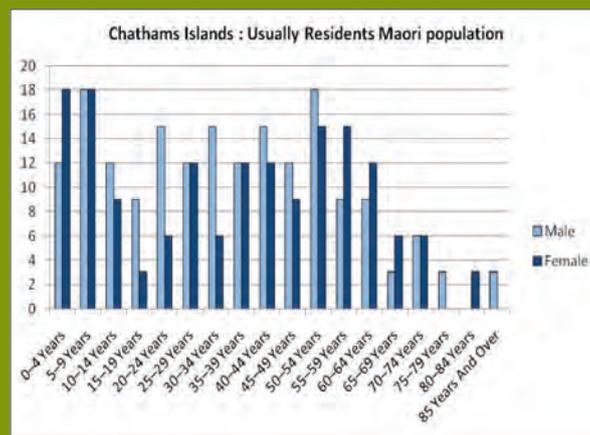


Figure 2

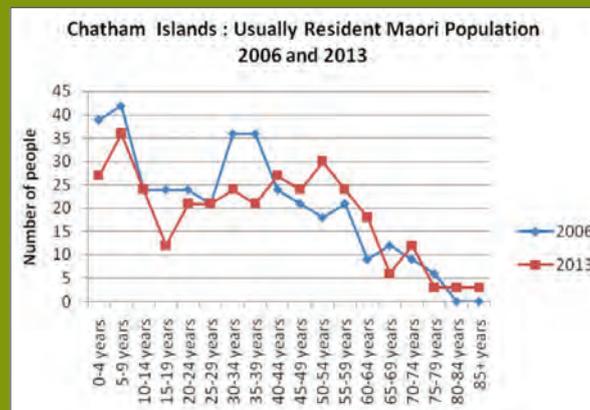
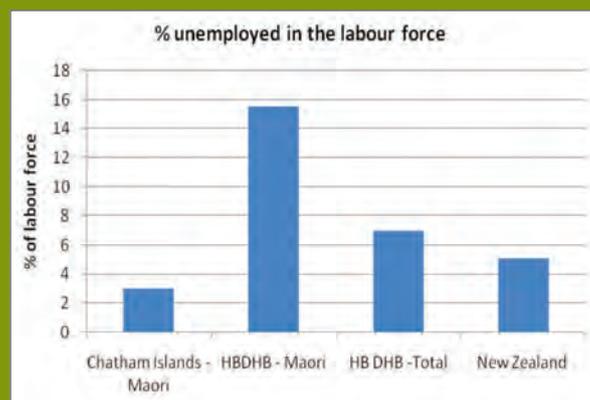


Figure 3





Matariki celebrations have become a feature of Hawke's Bay life, photo Duncan Brown, Hawke's Bay Today

APPENDIX 2

A COMMITMENT TO MĀORI HEALTH AND WELL-BEING

In 2011 we launched Tū Mai Rā, which was our Māori Health Strategy covering the period from July 2011 to June 2014. Tū Mai Rā was a continuation from previous commitments to Māori health. Te Ara Oritenga (2001) was a set of actions aimed at getting primary and secondary services to deliver more wellness services. 'Healing our Spirits' (2003) was the next phase, highlighting that whānau needed to take charge and make lifestyle changes with support from their whānau as well as the health system. At the end of 2006, an evaluation of 'Healing our Spirits' concluded that the key priority for the health system was to focus on reducing disparities in health status and Tū Mai was the strategic response. All health providers were jointly charged with contributing to improving the health and well-being of Māori and whānau. Tū Mai Rā continued with this focus and introduced a dashboard of measures that aligned to national priorities for Māori health that were determined by Te Kete Hauora – the Māori Health Directorate within the Ministry of Health. Some local priorities were added and a three-year work programme was introduced.

A recent review of Tū Mai Rā emphasised the importance of monitoring both overall improvements in health and the impact on health inequalities. Of the 20 indicators examined, with numbers large enough to allow analysis, 17 indicators showed improvements – increased coverage, reduced incidence of disease, reduced prevalence of risk factors, increased attendances at annual reviews, or increased enrolments. In addition, 16 of these indicators showed that inequality had reduced – meaning that the differences between Māori and non-Māori had decreased. However, despite the encouraging results, the review also showed that a number of the programmes anticipated in Tū Mai Rā were not implemented as planned. The reasons were varying, but highlighted a systemic issue relating to the way in which we engage Māori communities into the cycle of planning and improvement and the processes by which long-term planning leads to sustained implementation. In addition, the key area of concern raised by our communities in the review process related to access in general – that is access to knowledge and information about health and well-being, plus access to services and support.

This strategy takes Tū Mai Rā and its positive results forward. We are intent on accelerating performance in Māori health and well-being improvement and making some transformational changes to the system. We will maintain our historical commitment to keeping the focus on wellness using population health approaches, but we intend to make the system more effective so that we have combined and collaborative efforts from whānau, community and health service providers that result in better access to knowledge and services, accelerated improvement in Māori health and well-being and, ultimately, Whānau Ora.



Father and son, Tom and Campbell Makea have been winners at the Ngati Kahungunu Sports Awards, photo Glenn Taylor, Hawke's Bay Today

EHARA TAKU TOA, HE TAKITAHI, ENGARI, KO TAKU TOA, HE TOA TAKITINI

MY SUCCESS SHOULD NOT BE BESTOWED ONTO ME ALONE, AS IT
WAS NOT INDIVIDUAL SUCCESS BUT SUCCESS OF A COLLECTIVE
SAID HUMBLY WHEN ACKNOWLEDGED

APPENDIX 3 KEY POLICY INFLUENCES

He Korowai Oranga: The Māori Health Strategy

<http://www.health.govt.nz/publication/he-korowai-oranga-Māori-health-strategy>

Whānau Ora

Whānau Ora is both the objective of He Korowai Oranga and a policy.

<http://www.tpk.govt.nz/en/in-focus/Whānau-ora/>

Primary Health Care

<http://www.health.govt.nz/publication/primary-health-care-strategy>

Better, sooner, more convenient

<http://www.health.govt.nz/our-work/primary-health-care/better-sooner-more-convenient-primary-health-care>

Better Public Services

<http://www.ssc.govt.nz/better-public-services>

Ngāti Kahungunu Marae and Hapú

<http://www.kahungunu.iwi.nz/index2.html>

APPENDIX 4

PRIORITIES FOR 2014/15

HEALTH ISSUE	HOW WE WILL MEASURE IMPROVEMENT
DATA QUALITY	Improved accuracy of ethnicity reporting in PHO registers; more indicators reported by ethnicity
ACCESS TO CARE	More Māori enrolled in the PHO; reduced Ambulatory Sensitive Hospitalisations rates
MATERNAL HEALTH	Improved full or exclusive breastfeeding rates
CHILD HEALTH	Reduced rate of Sudden Unexplained Death of Infants (SUDI)
CARDIOVASCULAR DISEASE	More screening for CVD risk; High-risk patients receive angiograms quickly; patients who undergo coronary angiography have timely completion of national register data
CANCER	Improved rate of breast screening; improved rate of cervical screening
SMOKEFREE	Proportion of smokers (hospital, primary care and maternity services) provided with advice and help to quit; Less smoking amongst Year 10 students
IMMUNISATION	More infant immunisations; more seasonal influenza immunisations (65 years and over)
RHEUMATIC FEVER	Less rheumatic fever hospitalisations; no delay in treatment
ORAL HEALTH	More preschool enrolments in oral health service; reducing level of dental decay in Māori 5 year olds
MENTAL HEALTH AND ADDICTIONS	Reducing Mental Health Act; Section 29 community treatment orders Reducing the impact of suicide and self-harm behaviour
WHĀNAU ORA	Better support for Whānau Ora collectives
ACCESS TO OUTPATIENT CLINICS	Reducing rate of Māori "Did Not Attends" (DNAs) at outpatient clinics
SEXUAL AND REPRODUCTIVE HEALTH	Reducing the rate of pregnancy in early teenage years More Māori women engage with Lead Maternity Carer (LMC) services
PHYSICAL ACTIVITY AND NUTRITION	Progress of the Kahungunu Hikoi Whenua programme
DIABETES	More heart and diabetes checks; better diabetes self-management; more diabetes annual reviews
PREVENTION AND EARLY INTERVENTION	Action around wellness programmes
WORKFORCE	Increasing the number of Māori staff employed by HBDHB
ENVIRONMENTAL HEALTH	Submissions and assessments regarding environmental issues

GLOSSARY

BSMC	Better, Sooner, More Convenient
DHB	District Health Board
GP	General Practitioner
Hauora	Healthy
HBDHB	Hawke's Bay District Health Board
HHBPHO	Health Hawke's Bay – Te Oranga Hawke's Bay, the PHO
HKO	He Korowai Oranga – the national Māori Health Strategy
Interagency	Involving more than one Government agency and/or NGO
MoU	Memorandum of Understanding
MRB	Māori Relationship Board
MHS	Māori Health Service
MSD	Ministry of Social Development
NKII	Ngāti Kahungunu Iwi Incorporated
NGO	Non-Government Organisation
Oranga	Well-being
PHO	Primary Health Organisation
Rohe	Domain, tribal area
Tahuu	Backbone
Taiwhenua	District
Te Matau-Ā-Māui	Hawke's Bay
Whānau	Family, kin
Whole-of-Government	Across all Government entities

WHĀIA TE ITI KAHURANGI
KI TE TŪOHU KOE, ME HE MAUNGA TEITEI
PURSUE EXCELLENCE - SHOULD YOU STUMBLE, LET IT BE TO A LOFTY MOUNTAIN



Photo by Richard Brimer



For more information
scan the QR code or visit our website
www.hawkesbay.health.nz