

# **Whakatātaka Tuarua**

Māori Health Action Plan

2006–2011

Our thanks and acknowledgement to  
Erenora Puketapu-Hetet and whānau for permission to use on  
the cover her creation of a korowai taonga.

He Korowai Oranga literally translated means 'the cloak of wellness'. He  
Korowai Oranga: The Māori Health Strategy symbolises the protective  
cloak and mana o te tangata – the cloak that embraces, develops and  
nurtures the people physically and spiritually.

Whakatātaka is the weaving of strands called whenu  
or aho, forming a pattern and eventually a taonga such as a korowai.  
Whakatātaka: Māori Health Action Plan describes the actions to be  
implemented in order to achieve the aim of  
He Korowai Oranga.

Citation: Minister of Health and Associate Minister of Health. 2006.  
*Whakatātaka Tuarua: Māori Health Action Plan 2006–2011*: Wellington:  
Ministry of Health.

Published in December 2006 by the  
Ministry of Health  
PO Box 5013, Wellington, New Zealand

ISBN 0-478-30093-X (Book)

ISBN 0-478-30094-8

HP 4328

This document is available on the Ministry of Health's website:  
<http://www.moh.govt.nz>

# Foreword

E ngā whatu mauri o ngā tihi  
whakarongo kōrero

Ngā paritū kārangaranga, ngā tai  
aumihī

Ngā awa whakaterere taniwha tēnā  
koutou

Tēnā koutou katoa.

Koia nei te mihi aroha ki te huhua  
tangata i whai whakaaro, i tautoko i  
tēnei mahere.

Tātau katoa, tātau kā toa.



Hon Pete Hodgson



Hon Mita Ririnui

Whakatātaka Tuarua, the second Māori health action plan, demonstrates a maturing of He Korowai Oranga, the Māori Health Strategy. This plan provides evidence of a health and disability sector that has taken ownership of the strategy and incorporates initiatives from across a range of sector organisations. Whakatātaka weaves the strands of activities from across the sector into a single plan that can be monitored over time.

The overall aim of He Korowai Oranga is *whānau ora – Māori families supported to achieve their maximum health and wellbeing*. Continued support for He Korowai Oranga and *whānau ora* was evident throughout the consultation on Whakatātaka Tuarua. Placing *whānau* at the centre of public policy challenges the health and disability sector to recognise the interdependence of people, and, the importance of working with people in their social context. *Whānau ora* recognises the wide diversity of families within Māori communities.

*Whānau*, hapū, iwi and Māori communities have a pivotal role to play in achieving *whānau ora* through *whānau* development and community-led initiatives. In turn, the government remains committed to reducing Māori health and disability inequalities, to making more services available and appropriate, and to supporting whole-of-government initiatives. The success of initiatives targeting Māori health and *whānau ora* will provide a platform for the future.

We would like to thank all those involved for their contributions and leadership in the development of Whakatātaka Tuarua: Māori Health Action Plan 2006–2011.

A handwritten signature in black ink, appearing to read 'Pete Hodgson'.

Hon Pete Hodgson  
Minister of Health

A handwritten signature in black ink, appearing to read 'Mita Ririnui'.

Hon Mita Ririnui  
Associate Minister of Health

# Director-General's Overview

An overarching aim of the health and disability sector is the improvement of Māori health outcomes and reduction of Māori health inequalities. Leadership and leading by example in the sector is essential for ensuring this aim is met.

He Korowai Oranga and Whakatātaka Tuarua: Māori Health Action Plan 2006–2011 provide a framework for the Ministry, DHBs and key stakeholders to take a leadership role in improving Māori health outcomes. The action plan has the Ministry and DHBs taking lead roles for implementing actions because we are the agencies with primary responsibility and stewardship for ensuring specific actions occur.

The Ministry will take overall responsibility to lead, monitor, review and ensure progress is made on the action plan, and to foster collaboration and co-ordination across the sector. DHBs will provide leadership, through their roles as planners, funders and providers, and through engaging with their local communities to participate in the implementation of this action plan.

Clearly, the action plan will only be achieved through effective ongoing engagement and participation by whānau, hapū, iwi and Māori communities, providers and the wider health sector. Whakatātaka Tuarua recognises that improvements in Māori health outcomes and independence in disability is a sector-wide responsibility.

We look forward to working together to ensure Whakatātaka Tuarua: Māori Health Action Plan 2006–2011 makes an impact and contributes positively to whānau ora: Māori families supported to achieve their maximum health and wellbeing.



Stephen McKernan  
Director-General of Health

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# Introduction

## He Korowai Oranga

He Korowai Oranga, the Māori Health Strategy, was launched in 2002 (Minister of Health and Associate Minister of Health 2002a). It sets a new direction for Māori health development over 10 years, and provides guidance at a strategic level on ways to achieve Māori health improvements and eliminate health inequalities.

He Korowai Oranga was developed with the assistance of a Māori sector reference group and a focus group. Extensive consultation was also carried out, and the feedback we received helped shape the final strategy. The priorities and directions in He Korowai Oranga represent an amalgam of views about what directions should prove effective for Māori health. It is an integrating document, bringing together existing approaches to provide a strategic guide to key stakeholders. It is also a reference document, written at a general level to ensure that it remains relevant until 2010.

## Whānau ora

The overall aim of He Korowai Oranga is whānau ora: Māori families supported to achieve their maximum health and wellbeing. This requires an approach that recognises and builds on the integral strengths and assets of whānau.

The whānau – which may comprise kuia, koroua, pākeke, rangatahi and tamariki – is recognised as the foundation of Māori society. As a principal source of strength, support, security and identity, the whānau plays a central role in the individual and collective wellbeing of Māori.

The outcomes sought are that whānau members:

- experience physical, spiritual, mental and emotional health
- have control over their own destinies
- live longer and enjoy a better quality of life
- participate in te ao Māori and wider New Zealand society.

These outcomes are more likely when whānau:

- are cohesive, nurturing and safe
- are able to give and receive support
- have a secure identity, high self-esteem, confidence and pride
- have the necessary physical, social and economic means to participate fully and provide for their own needs
- live, work and play in safe and supportive environments.

He Korowai Oranga recognises that both Māori and the Government have aspirations for Māori health and will play critical roles in achieving the desired outcome for whānau.

Finally, He Korowai Oranga provides a framework for the public sector to take responsibility for its role in supporting the health status of whānau. This includes public policies that actively promote:

- whānau wellbeing
- high-quality education
- employment opportunities
- suitable housing
- safe working conditions
- improvements in income and wealth; and
- address systemic barriers, including institutional racism.

Figure 1: He Korowai Oranga overarching framework

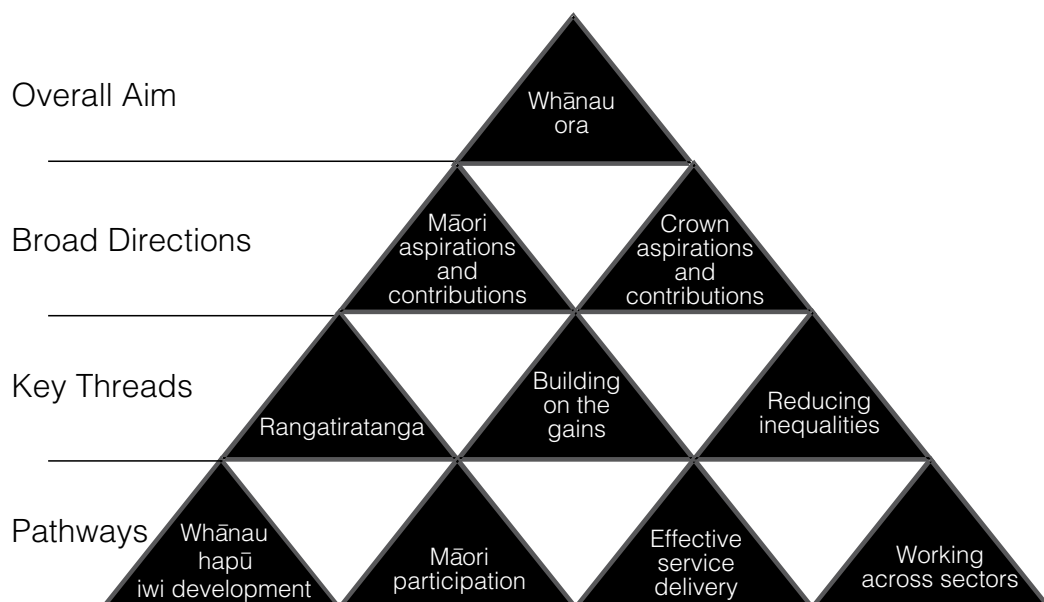


Figure 1 shows the structure for He Korowai Oranga. Three key threads are woven throughout the strategy:

- acknowledging whānau, hapū, iwi and Māori aspirations for rangatiratanga – control over the direction and shape of their own institutions, communities and development as a people
- maintaining and building on the gains already made in Māori health
- reducing the inequalities that exist between the health and wellbeing of Māori and other population groups.



Whānau ora will be achieved through actions along five pathways:

- Te Ara Whakahaere: Pathway Ahead – Implementing Whakatātaka.
- Te Ara Tuatahi: Pathway 1 – Developing whānau, hapū, iwi and Māori communities.
- Te Ara Tuarua: Pathway 2 – Increasing Māori participation throughout the health and disability sector.
- Te Ara Tuatoru: Pathway 3 – Creating effective health and disability services.
- Te Ara Tuawhā: Pathway 4 – Working across sectors.

## Whakatātaka: Māori Health Action Plan

Whakatātaka: Māori Health Action Plan 2002–2005 was released in November 2002 (Minister of Health and Associate Minister of Health 2002b). It outlined the Government's plan for implementing He Korowai Oranga.

Whakatātaka set out to achieve change at the systems level within DHBs; that is, such that all DHB activities are directed towards improving Māori health, rather than efforts being concentrated on ad hoc programmes and initiatives. It sought to build on the strengths and assets within whānau and Māori communities.

Whakatātaka identified that the whole health and disability sector is responsible for improvements in Māori health and disability outcomes and Māori development in the health and disability sector (Figure 2 shows the structure of the health and disability sector). Implementing Whakatātaka required a number of organisations and sectors to work collaboratively together.

Good progress across the health and disability sector has been made to implement He Korowai Oranga. Some lessons associated with the first Māori Health Action Plan have also emerged and these are highlighted in Appendix 2.

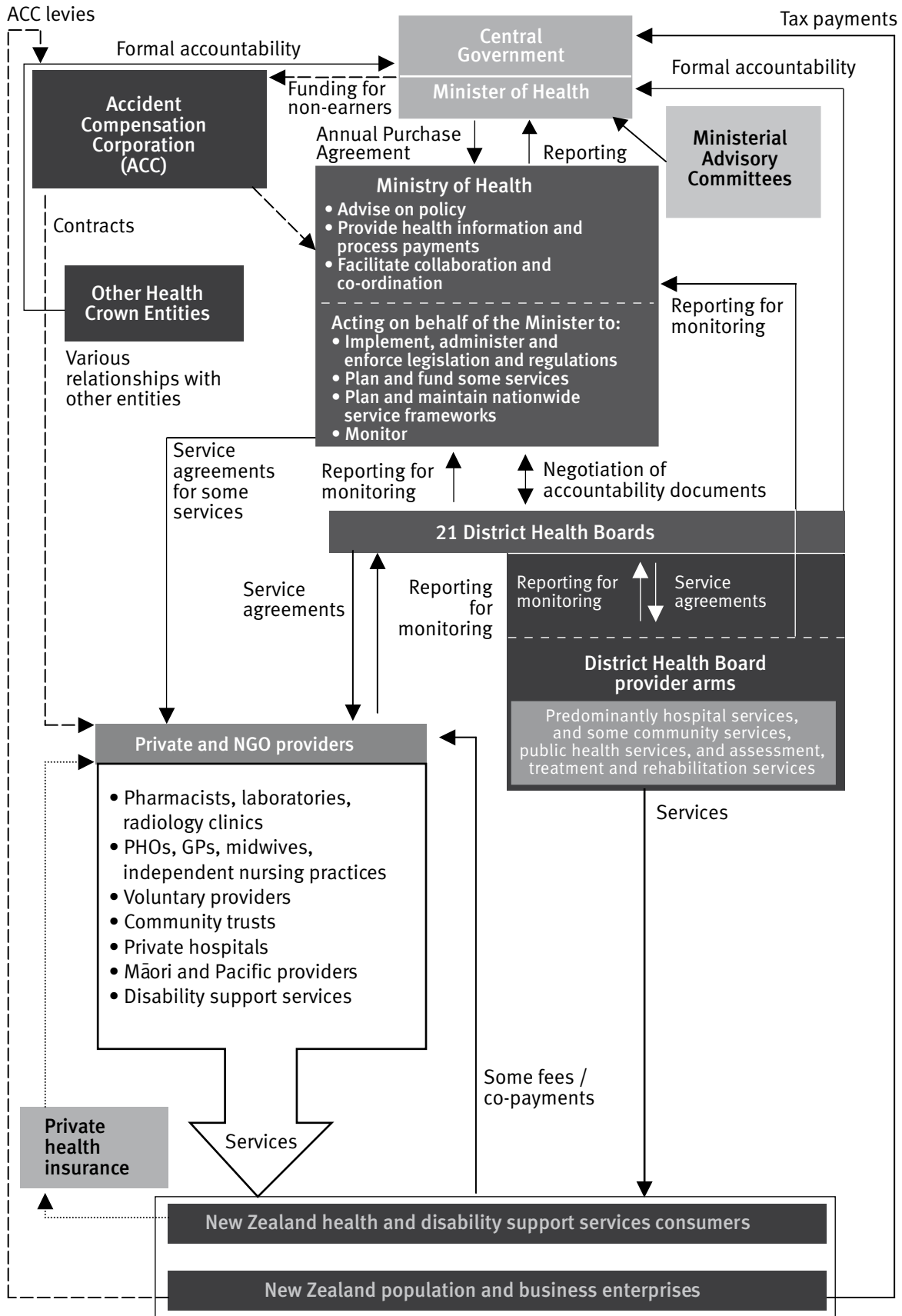
## Purpose of Whakatātaka Tuarua

Whakatātaka Tuarua aims to weave together existing and innovative activities across a number of health and disability organisations, and across other relevant sectors. It incorporates and builds upon initiatives drawn from Whakatātaka: Māori Health Action Plan 2002–2005 as well as other initiatives that have emerged recently.

In many cases the recommended actions in Whakatātaka Tuarua are designed to ensure that available resources are used efficiently and effectively, and that a co-ordinated effort is applied to addressing Māori health.

There are synergies between aspects of this Action Plan and some other government health strategies, plans and guidelines (Appendix 1). This recognises that aside from Whakatātaka, implementing He Korowai Oranga can also be achieved through other strategies and action plans. For example, Māori-specific Healthy Eating – Healthy Action outcomes and actions consistent with the pathways of He Korowai Oranga are detailed in the *Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: Implementation Plan 2004–2010* (Ministry of Health 2004b).

Figure 2: The structure of the New Zealand health and disability sector



# Priority Areas for Whakatātaka Tuarua

Enhancing the effectiveness of mainstream services in delivering and positively contributing towards improving Māori health outcomes remains an important priority for the Ministry of Health. To date, the Ministry of Health has put considerable effort into supporting Māori capacity building within the sector.

The focus of development efforts has shifted in recent years from increasing the number of Māori providers to building, strengthening and sustaining the quality of the services provided.

Alongside the work with Māori providers, an ongoing focus will remain on DHBs and mainstream providers to ensure greater effectiveness of the resources and initiatives aimed at improving Māori health outcomes. A high proportion of Māori continue to access mainstream services, and an overwhelming proportion of health and disability funding goes to mainstream providers. Therefore, these providers have a critical role in improving Māori health, and it is essential that mainstream services respond effectively to improve the health status of Māori.

As part of Whakatātaka Tuarua, the Ministry of Health has identified the following areas for priority attention:

- building quality data and monitoring Māori health
- developing whānau-ora-based models
- ensuring Māori participation: workforce development and governance
- improving primary health care.

## Building quality data and monitoring Māori health

### Building quality data

To be able to monitor Māori health effectively, high-quality ethnicity data has to be available. Collecting high-quality data ensures that the Government can track health trends and monitor performance effectively. However, inconsistent collection, recording and analysis practices in the health and disability sector have produced poor-quality ethnicity data. Many Ministry of Health strategies and documents – including *From Strategy to Reality* (Wave Advisory Board 2001), *He Korowai Oranga: Māori Health Strategy* (Minister of Health and Associate Minister of Health 2002a), and *Reducing Inequalities in Health* (Ministry of Health 2002) – have identified improving the quality of ethnicity data as a priority.

A focus will also be on ensuring that DHBs, providers and the Ministry of Health collaborate to improve the collection and accuracy of ethnicity data, in order to improve planning and service delivery for Māori. This means the continued roll-out of the ethnicity data training package and further actions around reviewing ethnicity data collection and its implementation.

In addition to high-quality ethnicity data, there is also a need for high-quality research to expand the knowledge base for He Korowai Oranga. Better information will mean more informed decision-making at both the health and disability sector level and the community level. The vision of the Ministry's Strategic Research Agenda (Ministry of Health 2005c) is to build an evidence base for He Korowai Oranga that is supported by a co-ordinated and resourced Māori health research community.

## Monitoring Māori health

The New Zealand Health Strategy highlights the need for better access to relevant information to improve decision-making at both the health and disability sector level and at the community level, enabling a greater role in decision-making by communities.

Monitoring population health (and its determinants) is essential for identifying patterns and trends, developing appropriate programmes and policies, and measuring outcomes. The examination of key health indicators provides us with a picture of the current level of Māori health, how this has changed over time, and how different groups within the Māori population are faring at both a national and local level (Ministry of Health 2005a).

The Ministry of Health collects and stores an extensive pool of data. A consistent theme identified by Māori is the role of DHBs and other organisations in analysing the available data to provide clear, easy-to-understand information at a local level, thereby enabling iwi, hapū and Māori to influence the decision-making undertaken by DHBs (Ministry of Health 2005a).

The process developed by the Ministry of Health for monitoring DHB performance includes a comprehensive suite of indicators that capture inputs, outputs and outcomes. For the Ministry of Health, indicators and monitoring tools are important for improving performance across the sector (at a DHB level, and potentially at a Primary Health Organisation level).

A priority focus will be the continued development of a monitoring framework to measure progress towards whānau ora. Potential monitoring approaches for consideration include examining a range of indicators at a national, DHB, and primary health organisation level to monitor progress of He Korowai Oranga.

Another approach is the production of population profiles of key life-cycle stages (eg, rangatahi, kaumātua) and future thinkpieces. A different approach again would be to invest in whānau, hapū, iwi and Māori communities to increase their ability to interpret monitoring data.

# Developing whānau ora-based models

The broad outcomes that He Korowai Oranga seeks are for:

- whānau to experience physical, spiritual, mental and emotional health and decide their own destinies
- whānau members to live longer and enjoy a better quality of life
- whānau members to participate in te ao Māori and the wider New Zealand society.

He Korowai Oranga elaborates further by stating that these outcomes are more likely to be achieved if whānau:

- are cohesive, nurturing and safe
- are able to give and receive support
- have a secure identity, high self-esteem, confidence and pride
- have the necessary physical, social and economic means to participate fully in society and to provide for their own needs
- live, work and play in safe and supportive environments.

This broad approach to whānau ora acknowledges the diversity of the Māori population, and moves consideration of Māori reality to encompass the complexity of living in contemporary New Zealand by shifting thinking beyond a single Māori perspective. Importantly, this approach recognises that Māori are individuals as well as members of whānau, hapū and iwi. In this respect there is no one single model to improve Māori health.

One approach to achieving whānau ora is to use a range of tools. There are already a number of tools available, but which tool to use will depend on the situation. For example, the reducing inequalities intervention framework (Ministry of Health 2002) can offer guidance in developing comprehensive strategies that target four different levels to reduce socioeconomic inequalities in health. Other tools include the health equity assessment tool, te whare tapa whā (Durie 1998) and te pae mahutonga (Durie 1999). As highlighted under the priority area of collecting quality data and monitoring Māori health, research will also assist in developing new tools and refining existing ones.

In October 2004 the Ministry of Health, in conjunction with Te Matarau, presented the Whānau Ora Awards. These awards promote successful initiatives and celebrate models of service delivery that increase whānau health and wellbeing. The focus is on whānau ora implementation and outcomes in the delivery of services to whānau, hapū, iwi and Māori communities.

Whānau ora can also be considered on a continuum of service-delivery approaches that has population health (public health) at one end and individual or personal health at the other. Whānau-ora models also encompass the concept that Māori models of health offer appropriate frameworks for service-delivery models.

## Ensuring Māori participation

Māori participation in the health and disability sector is an important ongoing concern. Two areas have been identified for particular attention:

- workforce development
- governance.

### Workforce development

The effectiveness of health and disability services at delivering successful outcomes depends to a large extent on the effectiveness of the workforce. The health system is labour intensive, involving people who are providing clinical- and personal-care services, public health workers, people who operate technical equipment, and people who make sure the system works effectively.

The key to a successfully functioning system is ensuring the right balance of appropriately trained and qualified people to deliver a quality health service. The focus here is on the ongoing development of the Māori health and disability workforce.

Māori remain under-represented in the New Zealand health workforce in almost all areas of the sector. This under-representation needs to be addressed. Capable and competent Māori health workers are pivotal to providing appropriate care to Māori and their whānau. This includes providing mainstream health services with examples of innovative evidence-based models to use so that they can reach and provide for Māori and their whānau. Adequate numbers of capable and competent Māori health workers will also help to improve access to services and the effectiveness of mainstream and Māori provider services.

### Governance

The New Zealand Public Health and Disability Act 2000 requires DHBs to provide 'mechanisms to enable Māori to contribute to decision-making on, and to participate in, the delivery of health and disability services'.

Although Māori participation in the health and disability sector has increased significantly over the last decade, there is an ongoing need to ensure Māori are, and remain, actively involved in key leadership and strategic decision-making roles. To achieve this involves

DHBs establishing, maintaining and putting into practice (at strategic and operational levels) relationship arrangements with iwi and Māori communities. It also requires Māori participating meaningfully and effectively in decision-making forums as members of a DHB board, or as participants on other statutory or advisory committees, or as board members with primary health organisations.

Therefore, the focus of governance is on:

- continuing the ongoing maintenance and enhancement of the relationship arrangements in place between DHBs and iwi and Māori communities
- continuing the growth of skilful, experienced and competent Māori who can participate effectively in key decision-making roles in the health and disability sector.

## Improving primary health care

A strong primary health care system is central to improving the health of New Zealanders and, in particular, to removing inequalities in health. The vision for primary health care is to ensure Māori (as a population group) participate in easily accessible local primary health care services that improve their health, keep them well, and co-ordinate their ongoing care.

Māori have poorer health outcomes, die younger and have higher rates of chronic disease (such as cardiovascular disease and respiratory diseases) than other New Zealanders. There is a growing body of evidence showing that poorer access to health services for Māori relative to health need is one of the contributing factors to the inequalities in outcomes. Improving access to services will lead to a reduction in the health inequalities between Māori and other New Zealanders.

The Government is investing \$2.2 billion towards implementing the Primary Health Care Strategy over the six years from 2002/03, which provides a number of opportunities for Māori health, including:

- sustainable action to reduce health inequalities for Māori
- further Māori provider development
- an ability to influence the future direction and ongoing development of primary health care
- an ability to effect changes in the delivery of primary health care by mainstream health providers
- improving community participation in the future direction of primary health care (ie, Māori, iwi and Māori organisations).

It is therefore important that whānau, hapū, iwi and Māori communities benefit fully from all aspects of primary health care.

# Implementing Whakatātaka Tuarua

## Working collaboratively and co-operatively

He Korowai Oranga and Whakatātaka recognise that the whole of the health and disability sector is responsible for improvements in Māori health outcomes. In recent years, an increasing number of agencies have been working collaboratively – including with whānau, hapū, iwi and Māori communities – to address Māori health needs. This co-operation has been through formal partnerships and the pooling of resources and services, by undertaking joint projects and establishing memoranda of understanding or relationship agreements. Many benefits can be gained by working together, including resource efficiencies, consistency in action, enhancement of impact and a focusing of effort and resources where the greatest health gain can be achieved.

The following agencies and sectors have an important role in improving Māori health outcomes, and their co-operation, collaboration and commitment are essential to the implementation of Whakatātaka Tuarua.

## Ministry of Health

As the chief advisor to the Government on health, the Ministry's primary responsibility is to ensure the health and disability support system is working well.

The Ministry of Health's role in relation to Whakatātaka has been to provide leadership and support to DHBs, providers and Māori organisations in advancing He Korowai Oranga; to work with other government agencies and sectors to address the wider issues that affect Māori health; to advise the Government on other ways to improve Māori health; and to monitor DHB funding and performance in respect of Māori health.

## District Health Boards

He Korowai Oranga broadly outlined the role of DHBs in addressing Māori health. DHBs would involve Māori in their decision-making and service delivery through effective partnerships with Māori and active Māori involvement in the sector.

DHBs would be the key agents in reducing the health inequalities that exist between Māori and other New Zealanders by developing and maintaining effective services for Māori, including the support of Māori health providers.

DHBs were asked to address the barriers to accessible and appropriate services that exist for many Māori.



Conscious of the impact of broader social and economic policies on the health and wellbeing of Māori, DHBs would also be involved in co-ordinating efforts across sectors to address the social determinants of health more effectively.

In Whakatātaka these broad expectations were set out with more detailed direction and planning. The DHBs' role with respect to Whakatātaka has been to incorporate their existing responsibilities within the context of He Korowai Oranga, as well as fully realising the potential of their relationship with iwi and Māori.

## Primary Health Organisations

As local providers, funded by DHBs, Primary Health Organisations provide a specified set of essential primary health care services to their enrolled populations including at least first-level general practice services, some health promotion services, and services specifically to improve access for groups known to be most in need. Primary health organisations are expected to involve their communities in their governing processes. They must also be able to show they are responsive to communities' priorities including working with Māori to address their health needs.

The first primary health organisation was established in July 2002. As at 1 September 2006, 81 primary health organisations had been established and approximately 3.9 million New Zealanders were enrolled with them.

## Public health units

Public health units are the key vehicles through which DHBs mobilise public health expertise and provide public health services. There are 12 public health units throughout the country, each attached to a 'host DHB', six of which provide services to two or three DHBs. Public health units work alongside communities, including with whānau, hapū, iwi and Māori communities.

## Māori providers

There are approximately 240 Māori health providers contracted to 21 DHBs throughout New Zealand. Māori health providers tend to deliver health and disability services to predominantly Māori clients although certainly not exclusively to Māori clients. The services provided are often characterised by delivery frameworks that are distinctively Māori.

In addition to the 240 Māori health providers, there are also a number of health providers who are significant providers of health and disability services to Māori.

# Non-governmental and voluntary organisations

Non-governmental and voluntary organisations are an important part of the health sector. Not-for-profit services are provided by more than 200 national organisations and local providers. This group of providers includes some large organisations such as the Royal New Zealand Plunket Society, New Zealand Heart Foundation and the Cancer Society of New Zealand.

## Local government

There are 85 local authorities in New Zealand – regional, city and district councils – between them representing all areas of New Zealand. Many everyday activities are dependent on services provided by a local city, district or regional council. Therefore, they have an important role in contributing to improving the wellbeing<sup>1</sup> of communities.

Local authority decisions relating to water and air quality, sanitation, recreational and leisure activities and the like, all impact on health outcomes.

Local authorities cannot achieve their objectives alone. They work closely with central government and with other organisations, iwi-based entities, public bodies, businesses and citizens to help achieve the social, economic, environmental and cultural wellbeing of communities.

## Government agencies and Crown entities

Agencies like the Ministry of Social Development, Te Puni Kōkiri, Housing New Zealand Corporation, SPARC, the Families Commission, the Department of Corrections, the Ministry of Education, the Tertiary Education Commission, the Ministry of Justice, the Ministry of Research, Science and Technology, Statistics New Zealand, PHARMAC, the Alcohol Advisory Council of New Zealand, the Health Research Council, the Health Sponsorship Council and the New Zealand Police all work with the health and disability sector to identify common goals and initiatives to reduce Māori inequalities.

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<sup>1</sup> The Local Government Act 2002 associates wellbeing with four dimensions – social, economic, environmental and cultural wellbeing.

# The Structure of Whakatātaka Tuarua

The actions in Whakatātaka Tuarua are directed towards achieving the vision of whānau ora: Māori families supported to achieve their maximum health and wellbeing. The Action Plan has a five-year timeframe for implementation and is to be reviewed in 2009/10.

The plan is framed using the five pathways from He Korowai Oranga. In more detail, these are:

## Te Ara Whakahaere: The Pathway Ahead – Implementing Whakatātaka

Te Ara Whakahaere: The Pathway Ahead lays the foundations for monitoring performance towards whānau ora within the other four pathways. It emphasises the need for the Ministry of Health, DHBs and other government agencies to work co-operatively to achieve whānau ora.

Te Ara Whakahaere: Pathway Ahead also acknowledges that investment in improved health, especially in preventing avoidable illness and managing chronic diseases, will reduce the demand for some hospital and disability services in the longer term, as well as reducing the overall cost to whānau and the wider society.

## Te Ara Tuatahi: Pathway 1 – Developing whānau, hapū, iwi and Māori communities

Te Ara Tuatahi: Pathway 1 commits the Crown to working collaboratively with whānau, hapū, iwi and Māori communities to identify what is needed to encourage health as well as to prevent and treat disease. This includes supporting whānau development and participation in te ao Māori and wider New Zealand society to improve Māori health and wellbeing.

Health agencies have been engaging with Māori health providers, whānau, hapū, iwi and Māori communities to identify evidence-based models and successful approaches that will contribute to whānau ora. These models will provide the health and disability sector with ideas for reorienting services and structures, and will include specific initiatives and services, and inform standards and monitoring frameworks.

## **Te Ara Tuarua: Pathway 2 – Increasing Māori participation throughout the health and disability sector**

Te Ara Tuarua: Pathway 2 supports the goal of active participation by Māori at all levels of the health and disability sector in decision-making and planning, and in the development and delivery of health and disability services. This pathway supports Māori provider and workforce development.

Developing the Māori health workforce and Māori health providers is an important way to augment efforts to make mainstream services more accessible and responsive to Māori.

## **Te Ara Tuatoru: Pathway 3 – Creating effective health and disability services**

Te Ara Tuatoru: Pathway 3 aims to ensure whānau receive timely, high-quality, effective and culturally appropriate health and disability services to improve whānau ora and reduce inequalities. A range of evidence suggests that the design, configuration and method of delivery of health services affect their accessibility and effectiveness for different groups of people.

## **Te Ara Tuawhā: Pathway 4 – Working across sectors**

Te Ara Tuawhā: Pathway 4 directs the health and disability sector to take a leadership role across the whole of government and its agencies to achieve whānau ora, by addressing the broad determinants of health, such as employment, income, education and housing. It is also the pathway that recognises wider environmental aspects and their effect on health (ie public health issues that are often managed by local authorities and other agencies).

A whole-of-government approach is critical to ensuring whānau and communities are better able to take control of the circumstances affecting them and to improve the health and wellbeing of whānau. For whānau to participate fully in New Zealand society, co-ordinated and effective service development across all sectors must be in place to ensure equitable access to resources and services.

## The way forward

The next section is a table of specific actions across the pathways. This is where the plan comes alive.

The tables detail a range of objectives that broadly describe the result to be achieved by a specific action, initiative, programme or service.

Many of the actions will be led either by the Ministry of Health or DHBs in collaboration with others. Milestones, timelines and measures of progress are also identified. These outline what is expected from each specific action within a given time period.

## Reporting progress and review

Ongoing monitoring and periodic independent review will be undertaken once the plan is implemented. Regular progress reports on each of the actions will be provided to the Minister of Health and other relevant stakeholders. The Whakatātaka Forum<sup>2</sup> will continue to provide oversight on the implementation of the action plan.

Whakatātaka Tuarua will be formally reviewed in 2009/2010 and findings will be reported to key stakeholders.

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<sup>2</sup> The Whakatātaka Forum is a partnership between the DHBs and the Ministry of Health to provide direction and ensure:

- successful implementation of He Korowai Oranga and Whakatātaka
- ongoing development of national Māori health strategy and policy
- alignment of national Māori health policy and strategy with DHB operational and community activities.

# Whakatārika Tuarua: Māori Health Action Plan 2006–2011

## Te Ara Whakahaere: The Pathway Ahead – Implementing Whakatārika

| Objectives   | Specific actions  | Agencies                            | Milestones/progress measures   | Timeframe |
|--|---|-------------------------------------|--|-----------|
| <b>Building quality data</b><br>To be able to monitor Māori health effectively, high-quality data has to be available. | Māori health information will be improved to support effective service delivery, monitoring and achievement of Māori health objectives.   | MOH, <sup>3</sup> DHBs<br>PHOs NGOs | Ethnicity data training package is operational across the health and disability sector.              | Annually  |
|  | DHBs, providers and the Ministry of Health will collaborate to improve the collection and accuracy of ethnicity data in order to improve planning and service delivery for Māori. | MOH                                 | Review the implementation of the ethnicity data protocols and ethnicity data training package.       | 2007/08   |
|  |   |                                     | Implement the quality-monitoring framework for accurate ethnicity data recording and ethnicity data. | 2007/08   |
|  |   |                                     | Develop an ethnicity data audit tool for use by DHBs and the Ministry of Health.                     | 2007/08   |
| DHBs and the Ministry apply an ethnicity data audit tool.  |   | 2008/09                             |  |           |

<sup>3</sup> The abbreviations used in this column are explained in Appendix 4.

| Objectives | Specific actions   | Agencies   | Milestones/progress measures  | Timeframe                |
|------------|--|--|---|--------------------------|
|            |  |  | Review standards and systems for collecting ethnicity data, auditing across data collections (eg, National Immunisation Register, Meningococcal Vaccine Strategy).<br><br>Investigate the collection and implementation of iwi data in national data collections. | Annually<br><br>2007/08  |
|            | Ethnicity data quality and analysis will be improved for Māori with a disability through needs assessment and service co-ordination organisations. | MOH, NASC  | Ethnicity data quality for Māori with a disability is improved through the Ministry of Health Socrates project. <sup>4</sup>  | 2008/09                  |
|            | Ensure the National Mental Health Information System advances whānau ora and contributes to outcomes for Māori.                                    | MOH, providers, tangata whaiora, Māori community, researchers, government agencies | Māori actively participate in the development of a new integrated Mental Health Data Collection Solution.<br><br>The Ministry of Health to complete and implement the integrated Mental Health Data Collection Solution.  | 2006/08<br><br>2007/2008 |

4 The Socrates project is a new data system being developed for use by the Ministry of Health's Needs Assessment and Service Co-ordination (NASC) National Information System. It is a client file system that will collect, analyse and monitor information for service improvement, identify client trends, service package allocations and utilisation.

| Objectives  | Specific actions  | Agencies                                    | Milestones/progress measures   | Timeframe |
|---|---|---|--|-----------|
| <p><b>Monitoring progress in Māori health</b></p> <p>Monitoring Māori health and its determinants is essential for identifying patterns and trends, developing appropriate programmes and policies, and measuring outcomes.</p> | <p>Progress towards whānau ora will be regularly monitored and made readily available to whānau, hapū, iwi and the Government for strategic planning purposes.</p>  | <p>MOH, DHBs, PHOs, public health units</p> | <p>Examine a range of indicators at a national, DHB, and PHO level to monitor the progress of He Korowai Oranga.</p> | Annually  |
|   |   |   | <p>Report on health status of kaumātua.</p>  | 2006/07   |
|   |   |   | <p>Report on health status of tamariki.</p>  | 2008/09   |
|   |   |   | <p>Report on Māori health status in 2025 (future looking report).</p>  | 2009/10   |
|   |   |   | <p>Report repeated on <i>Tatau Kahukura: Māori Health Chart Book</i>.</p>  | 2009/10   |
|   |   |   | <p>Support whānau, hapū, iwi and Māori communities to increase their ability to interpret monitoring data.</p>       | 2008–2010 |
|   | <p>Drawing from <i>He Ritenga, Treaty of Waitangi Principles: Health audit framework</i>, DHBs with their local Māori relationships/partners and Māori communities will undertake to audit the effectiveness for Māori of relevant programmes and plans (including Māori health plans).</p> | DHBs, MOH                                   | <p>Participating DHBs are identified.</p>  | 2006/07   |
|   |   |   | <p>Audits are initiated and completed.</p>   | 2007/08   |
|   | <p>Progress against Whakatātaka Tuarua will be reviewed.</p>  | MOH   | <p>Review initiated, completed and reported to Minister of Health and key stakeholders.</p>                          | 2009/10   |



| Objectives   | Specific actions  | Agencies   | Milestones/progress measures   | Timeframe                            |
|--|---|--|--|--------------------------------------|
| <p><b>Monitoring investment in Māori health</b></p> <p>DHBs and other national, regional and local funders and providers monitor their investment in Māori health improvement until Māori have the same opportunities for good health as other New Zealanders.</p> | <p>The Ministry of Health and DHBs will monitor their relative investment in health.</p>  | <p>MOH, DHBs</p>                                 | <p>Assessment of the effectiveness of DHBs and the Ministry's setting of three year funding targets (2003/04, 2004/05 and 2005/06) to monitor funding in Māori health and disability initiatives.</p>                  | 2007/08                              |
|  |   |  | <p>Develop approaches to better estimate total Vote Health expenditure on Māori.</p>   | 2007/08                              |
|  |   |  | <p>Complete a report on the total Vote Health expenditure on Māori, focusing on equitability, health needs and service access.</p>   | 2008/09                              |
| <p><b>Implementing the Strategic Research Agenda for He Korowai Oranga</b></p> <p>The Ministry of Health will build an evidence base for He Korowai Oranga that is supported by a co-ordinated and resourced Māori health research community.</p>                  | <p>This Strategic Research Agenda will set out the framework for building the evidence base through the following three objectives.</p>   | <p>MOH, HRC, TPK and other relevant agencies</p> | <p>Develop a website resource of Māori health research and researchers.</p> <p>Update whānau, hapū, iwi, Māori communities, Māori researchers and government agencies on Māori health research regularly.</p>          | 2007/08<br><br>2006/07 and ongoing   |
|  | <p>Continue to build an evidence-based system that contributes to the achievement of whānau ora, more effective service delivery for Māori, and improved health and disability outcomes for whānau.</p> |  | <p>Ensure research is accessible to iwi, hapū, whānau and Māori communities so local initiatives can be planned based on up-to-date information.</p> <p>Disseminate research findings using innovative approaches.</p> | 2006–2008<br><br>2006/07 and ongoing |

| Objectives | Specific actions  | Agencies | Milestones/progress measures   | Timeframe  |
|------------|---|----------|--|--|
|            | Invest in high-quality research and evaluation that contributes to the achievement of whānau ora, more effective service delivery for Māori and improved health and disability outcomes for whānau. |          | <p>Identify priorities for Māori-led research with the HRC.</p> <p>Incorporate He Korowai Oranga pathways, key threads and directions (as illustrated in Figure 1) into the Ministry's research planning and evaluation activities.</p> <p>Collaborate across sectors to co-ordinate research on the determinants of whānau ora and effective interventions.</p> <p>Encourage government research-funding bodies to increase their investment in Māori-led research, including:</p> <ul style="list-style-type: none"> <li>• Māori consumers use and experience of health and disability services research</li> <li>• barriers to, and influences on Māori participation in the health and disability workforce</li> <li>• Māori health and disability workforce retention</li> <li>• Māori health scholarships programme evaluation.</li> </ul> | <p>2006/07 and ongoing</p> <p>2006/07 and ongoing</p> <p>2006/07 and ongoing</p> <p>2006/07</p> <p>2006/07</p> <p>2006/07</p> <p>2006/07</p> |

| Objectives | Specific actions   | Agencies | Milestones/progress measures  | Timeframe  |
|------------|--|----------|---|--|
|            | Build Māori health research capacity that contributes to the achievement of whānau ora, more effective service delivery for Māori, and improved health and disability outcomes for whānau. |          | <p>Work with the HRC and other agencies to increase Māori-led research and Māori involvement in research.</p> <p>Encourage and report on partnerships between iwi, hapū, whānau and Māori communities and researchers, DHBs and government agencies to enable the mutual transfer of skills and to develop capacity locally.</p> <p>Support forums that promote indigenous health research development.</p> <p>Every two years host whānau ora research and evaluation hui to promote cross-department communication and disseminate research.</p> <p>Promote Māori health research as a career.</p> <p>Encourage whānau, hapū, iwi and Māori communities to identify their own research priorities and undertake research in their own communities.</p> <p>Review the strategic research agenda for He Korowai Oranga.</p> | <p>2006/07 and ongoing</p> <p>2006/07 and ongoing</p> <p>2006/07 and ongoing</p> <p>2008/09</p> <p>2006/07 and ongoing</p> <p>2006/07 and ongoing</p> <p>2007/08</p> |

# Te Ara Tuatahi: Development of whānau, hapū, iwi and Māori communities

| Objectives  | Specific actions  | Agencies  | Milestones/progress measures  | Timeframe  |
|---|---|---|---|--|
| <p><b>Fostering Māori community development</b></p> <p>To increase whānau health and wellbeing through fostering Māori community development that builds on the strengths and assets of whānau and Māori communities.</p> | <p>The Ministry of Health will work with DHBs to strengthen and promote successful models of service delivery that are focused on achieving whānau ora. This will include the continued development and application of policy and monitoring frameworks to support whānau ora approaches.</p> | <p>MOH, DHBs, NGOs</p>  | <p>Case studies of whānau ora-based models undertaken. Key steps to include:</p> <ul style="list-style-type: none"> <li>• case study methodology developed</li> <li>• potential case study initiatives identified</li> <li>• case studies written up, published and widely disseminated.</li> </ul> <p>Whānau Ora Awards are held every two years.</p> <p>Develop a category within the Whānau Ora Awards recognising quality disability services to Māori and their whānau.</p> <p>Locally led DHB whānau ora awards established (case-by-case basis).</p> | <p>2007/08</p> <p>2006, 2008, 2010</p> <p>2007/08</p> <p>2007/08</p> |
|   | <p>Institute of Environmental Science and Research Ltd (ESR) will develop Māori environmental health indicators.</p>  | <p>ESR, MOH, public health units, whānau, hapū, iwi and Māori communities</p> | <p>Develop a national environmental indicator data set, which includes Māori environmental health indicators.</p>   | <p>2007/08</p>   |

| Objectives  | Specific actions  | Agencies  | Milestones/progress measures  | Timeframe                |
|---|---|---|---|--------------------------|
|   | Healthy Eating – Healthy Action initiatives <sup>5</sup> will be delivered in a meaningful <sup>6</sup> and sustainable way for Māori, ensuring service and programme accessibility, appropriateness and effectiveness. | MOH and DHBs in partnership with whānau, hapū, iwi and Māori communities; PHOs, NGOs, other government agencies, SPARC, local authorities, <sup>7</sup> public health units | Formal mechanisms are established to engage whānau, hapū, iwi and Māori communities, and to agree on nutrition and physical action priorities.<br><br>Māori communities are kept informed and engaged on relevant issues. | 2006/07<br><br>2006–2010 |
| <b>Building on Māori models of health</b><br>To recognise and value Māori models of health and traditional healing. | The Ministry of Health will work with Māori traditional healing practitioners to support Māori traditional healing practices within the health and disability sector.   | MOH, NGOs   | <i>Taonga Tuku Iho – Treasure of our Heritage: Rongoā Development Plan</i> is implemented and disseminated.   | 2006/07                  |

5 The Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: Implementation Plan 2004–2010 identifies a number of initiatives aligned with He Korowai Oranga. Where appropriate, some of these initiatives are highlighted in this action plan.

6 The Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: Implementation Plan 2004–2010, page 7, describes 'meaningful' as 'Māori communities being able to participate and contribute to the development of any service', and 'sustainable' as 'Māori communities being given the opportunity to take ownership of the issue'.

7 Local authorities comprise regional councils and territorial authorities (city and district councils).

# Te Ara Tuarua: Māori participation in the health and disability sector

| Objectives   | Specific actions   | Agencies                                    | Milestones/progress measures   | Timeframe                                    |
|--|--|---|--|--|
| <p><b>Increasing Māori participation in decision-making</b></p> <p>Iwi and Māori communities and government health agencies work together in effective relationships to achieve Māori health objectives.</p> | <p>The Ministry of Health will provide support, professional development and networking opportunities for Māori DHB members, iwi and Māori relationship board members, and Māori on other health and disability organisations.</p> | <p>MOH, DHBs, PHOs</p>                      | <p>Evaluation of Te Manu Whakahīato<sup>8</sup> programme initiated and completed.</p> <p>Te Manu Whakahīato programme for further implementation scoped and budget sought.</p> <p>Outcomes evaluation framework for Te Manu Whakahīato developed.</p> | <p>2007/08</p> <p>2007/08</p> <p>2008/09</p> |
|  | <p>DHBs will consolidate partnerships with iwi and Māori communities to ensure that planning, funding and delivery of services improve Māori health and disability outcomes.</p>   | <p>DHBs, Māori relationship boards</p>      | <p>All DHBs have formal relationships with local iwi and Māori communities in place.</p>   | <p>2006/07 and ongoing</p>                   |
|  | <p>The Ministry of Health will undertake case studies to profile formal DHB Māori relationship models, including an assessment of using these models.</p>  | <p>MOH, DHBs, Māori relationship boards</p> | <p>Research is collated, analysed, published and disseminated.</p> <p>Relationship models are reviewed.</p>  | <p>2007/08</p> <p>2008/09</p>                |
|  | <p>The Ministry of Health will provide strategic advice to key stakeholders to ensure increased Māori participation on DHBs.</p>   | <p>MOH, DHBs</p>                            | <p>Support is provided to key stakeholders in the lead-up to, and following, DHB elections in 2007 and 2010.</p>   | <p>2006–2011</p>                             |

8 Te Manu Whakahīato is a Ministry of Health-sponsored governance and training programme for DHB Māori relationship boards.

| Objectives  | Specific actions  | Agencies  | Milestones/progress measures  | Timeframe              |
|---|---|---|---|------------------------|
|   | The Ministry of Health will continue to support and strengthen existing regional iwi and Māori health and disability networks, including utilising their expertise to assist in key policy initiatives. | MOH, with existing iwi and Māori health and disability networks; DHBs | Opportunities are investigated for existing regional network groups to become involved in key policy initiatives.   | 2006/07 and ongoing    |
|   | The Ministry of Health will support the disability sector to develop networks and mechanisms for Māori people and providers of services to Māori to participate in decision-making.                     | MOH, TPK, NGOs  | Monitor good practice initiatives through quality audits and customer feedback.   | 2006–2010              |
| <b>Increasing Māori provider capacity and capability</b><br>To increase the capacity and capability of Māori providers to deliver effective health and disability services for Māori. | The Ministry of Health will evaluate the Māori Provider Development Scheme (MPDS).  | MOH   | Evaluation framework is developed; evaluation is undertaken and completed.<br><br>Results are published, disseminated and monitored.                          | 2006/07<br><br>2007/08 |
|   | The Ministry of Health will work with DHBs to develop a sustainable provider development framework.   | MOH, DHBs   | Following evaluation of MPDS, a sustainable provider development framework will be developed.<br><br>Prepare case studies on DHB provider development models. | 2008/09<br><br>2008/09 |
|   | The Ministry of Health with DHBs and Māori providers will develop priorities and options for provider development (within the MPDS planning cycles).  | MOH, DHBs, Māori providers  | Priorities are developed in consultation with DHBs and Māori providers.   | 2006/07 and ongoing    |

| <b>Objectives</b>  | <b>Specific actions</b>  | <b>Agencies</b>  | <b>Milestones/progress measures</b>   | <b>Timeframe</b>       |
|--|--|--|---|------------------------|
| <b>Providing highest quality service</b><br>To deliver services to the highest clinical safety and quality standards within available funding. | The quality standards of Māori providers funded through MPDS will be monitored.          | MOH, DHBs  | Assess MPDS applications to identify the number of Māori providers who are accredited or going through accreditation processes. | 2006/07 and ongoing    |
|  | A plan will be developed to monitor the quality standards of all Māori health providers. | MOH, DHBs, Māori providers, accreditation bodies, Health and Disability Commissioner | Monitoring quality standards for Māori health providers plans are developed.<br><br>Monitoring plan is implemented.             | 2007/08<br><br>2008/09 |



| Objectives  | Specific actions  | Agencies   | Milestones/progress measures   | Timeframe |
|---|---|--|--|-----------|
| <p><b>Developing the Māori health and disability workforce</b></p> <p>To increase the number and improve the skills of the Māori health and disability workforce at all levels.</p> | <p><i>Raranga Tupuake: Māori Health Workforce Development Plan</i><sup>9</sup> will be implemented.</p> | <p>MOH, DHBs, PHOs, MOE, TEC, education sector</p> | <p>Increase the number of Māori in the health and disability workforce through:</p> <ul style="list-style-type: none"> <li>• sustained relationships with key stakeholders</li> <li>• promoting uptake of the MPDS and Hauora Māori scholarships.</li> </ul>   | 2007–2010 |
|   |   |  | <p>Expand the skill base of the Māori health and disability workforce through:</p> <ul style="list-style-type: none"> <li>• exploring options for training and career pathways for traditional Māori healers as well as community health workers.</li> </ul>   | 2007–2010 |
|   |   |  | <p>Enable equitable access for Māori to training opportunities including exploring options to promote equitable update of Post Entry Clinical training by Māori by:</p> <ul style="list-style-type: none"> <li>• reporting every three years on the number of Māori in the health and disability workforce, and progress on the expansion of the skill base of the Māori health and disability workforce.</li> </ul> | 2007/08   |

<sup>9</sup> *Raranga Tupuake: Māori Health Workforce Development Plan (2006)* is a strategic framework that will guide the development of the Māori health and disability workforce over the next 10 to 15 years. The vision is to build a competent, capable, skilled and experienced Māori health and disability workforce.

| Objectives | Specific actions  | Agencies  | Milestones/progress measures  | Timeframe |
|------------|---|-----------|---|-----------|
|            | DHB Regional workforce development initiatives funded through MPDS implemented. | DHBs, MOH | <p>The DHB regional workforce projects are completed. Some examples to be completed in the future include:</p> <ul style="list-style-type: none"> <li>• Taranaki DHB undertaking a comprehensive review and stocktake of Māori health workforce and services in area</li> <li>• Tairāwhiti DHB providing leadership and management training to providers and community workers</li> <li>• Capital and Coast DHB completing a survey of Māori health workforce. Next phase involves development of a regional workforce database for sharing between central region DHBs</li> <li>• Wairarapa DHB providing nursing mentorships to Māori nurses</li> <li>• Midcentral DHB working to market, recruit and retain Māori health workforce</li> <li>• Nelson Marlborough DHB implementing the Te Waipounamu Māori Health plan across DHBs, and developing a regional website.</li> </ul> | 2008/09   |

| Objectives | Specific actions  | Agencies  | Milestones/progress measures   | Timeframe              |
|------------|---|---|--|------------------------|
|            | Home Based Support Services workforce development for Māori will be improved.   | MOH, NGOs   | Initiatives and training priorities identified and delivered through the Home Based Support Services workforce development project are completed.  | 2007/08                |
|            | Healthy Eating – Healthy Action initiatives will be delivered in a meaningful and sustainable way for Māori, ensuring service and programme accessibility, appropriateness and effectiveness. | MOH, DHBs in partnership with whānau, hapū, iwi and Māori communities; PHOs, NGOs, other government agencies, SPARC, local authorities, public health units | A needs assessment is undertaken to identify workforce development needs and increase the number of Māori in the health and physical activity workforce (eg, in the technical aspects of nutrition and physical activity, health promotion, community development, etc).<br><br>Workforce strategy is developed and implemented. | 2006/07<br><br>2007/08 |

# Te Ara Tuatoru: Effective health and disability services

| Objectives  | Specific actions   | Agencies  | Milestones/progress measures   | Timeframe                       |
|---|--|---|--|---------------------------------|
| <p><b>Addressing health inequalities for Māori</b></p> <p>To reduce Māori health and disability inequalities through specific Māori health priorities</p> | <p>The Ministry of Health, with whānau, hapū, iwi and Māori communities and DHBs, will identify specific interventions to address Māori health priorities where national leadership is required.</p>   | <p>MOH, DHBs, whānau, hapū, iwi and Māori communities</p> | <p>Measurable progress milestones are developed in key strategies and action plans as these are initiated and implemented, which align with He Korowai Oranga and contribute towards reducing inequalities for Māori.</p>  | <p>2006/07 and ongoing</p>      |
|   | <p>The Ministry of Health and DHBs will implement <i>Good Oral Health, for All, for Life: The Strategic Vision for Oral Health in New Zealand</i>.<sup>10</sup></p> <p>Community oral health services will be delivered effectively to reduce the inequalities in Māori oral health.</p> | <p>MOH, DHBs, PHOs, Māori providers</p>                   | <p>Providers supported to improve their capacity and capability to enable them to contract with DHBs to deliver appropriate oral health services to Māori.</p> <p>The Ministry and DHBs will ensure that activities and resources to promote oral health are appropriate to Māori.</p> | <p>2006/07</p> <p>2006–2011</p> |
|   | <p>Māori smoking prevalence will be reduced to at least the same level as that of non-Māori.</p>   | <p>MOH, DHBs, PHOs, Māori providers, NGOs</p>             | <p>Actions relevant to Māori (particularly for young Māori and pregnant Māori women) in <i>Clearing the Smoke: A five-year plan for tobacco control in New Zealand 2004–2009</i> will lead to an accelerated decrease in consumption and smoking prevalence.</p>                       | <p>2006–2009</p>                |

<sup>10</sup> *Good Oral Health, for All, for Life: The Strategic Vision for Oral Health in New Zealand* (2006) sets out the strategic vision for oral health policy over the next 10 years.

| Objectives | Specific actions  | Agencies  | Milestones/progress measures  | Timeframe   |
|------------|---|---|---|---|
|            | The Ministry of Health will continue to build on the significant gains that have occurred for Māori mental health in the past 10 years.   | MOH, DHBs   | Implement <i>Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015</i> .<br><br>Continue implementation, review and update <i>Te Puawaitanga: Māori Mental Health Strategic Framework</i> .<br><br>DHBs can demonstrate implementation through district annual plans and regional plans.   | 2006–2015<br><br>2006–2008<br><br>2006/07 and ongoing |
|            | Māori health information available on sexual health and sexually transmissible infections will be improved.   | MOH, DHBs   | A review of Māori access to sexual health services is initiated.  | 2007/08   |
|            | Healthy Eating – Healthy Action initiatives will be delivered in a meaningful and sustainable way for Māori, ensuring service and programme accessibility, appropriateness and effectiveness.<br><br>Nutrition and physical activity related inequalities between Māori and other New Zealanders will be reduced. | MOH and DHBs in partnership with whānau, hapū, iwi and Māori communities; PHOs, NGOs, other government agencies, SPARC, local authorities, public health units. | The Reducing Inequalities Framework and equity lens are used to inform prioritisation, resource allocation and service development.<br><br>Criteria are established and applied to prioritise all new funding for new or existing nutrition and physical activity community action/ development programmes to ensure Māori needs are met, inequalities are reduced, and strengths-based approaches are supported. | 2006–2008<br><br>2006–2008                            |

| Objectives  | Specific actions   | Agencies  | Milestones/progress measures   | Timeframe           |
|---|--|---|--|---------------------|
|   | Appropriate programmes and services will be accessible to Māori across the cancer-control continuum      | MOH, DHBs, PHOs, NGOs, cancer service funders and providers | Initiatives relevant to Māori from the New Zealand Cancer Control Strategy are implemented and evaluated.  | 2006–2010           |
| <b>Improving mainstream effectiveness</b><br>To improve access to, and the effectiveness of, mainstream services for Māori. | A joint work programme developed between MOH, DHBs and PHOs.   | MOH, DHBs, PHOs   | <i>Primary Health Care Strategy Implementation Work Programme 2006–2010: The Next Steps</i> completed.   | 2006/07             |
|   | <i>Primary Health Care Strategy Implementation Work Programme 2006–2010: The Next Steps</i> implemented. |   | Key elements of the work programme to implement: <ul style="list-style-type: none"> <li>• defining the capabilities required for PHOs and DHBs and the Ministry of Health to successfully implement the Primary Health Care Strategy</li> <li>• achieving a sustainable low-fees environment</li> <li>• devolving services to improve access funding and health promotion funding</li> <li>• strengthening the governance and management of PHOs.</li> </ul> | 2007/08 and ongoing |

| Objectives | Specific actions   | Agencies   | Milestones/progress measures   | Timeframe              |
|------------|--|--|--|------------------------|
|            | Review the PHO funding formulae, including consideration of how well the funding is achieving the desired objectives (such as reducing health inequalities for Māori) and the application of funding by DHBs once all the funding has been rolled out. | MOH, DHBs, PHOs                                  | Advice is given to Cabinet.<br><br>New funding formulae are implemented.   | 2006/07                |
|            | PHO performance monitoring framework developed.  | MOH, DHBs, PHOs                                  | PHO performance Management Phase II indicators completed.  | 2006/07                |
|            | Improve the prevention and management of long-term conditions.   | MOH, DHBs, PHOs                                  | Workstream 2 of the PHCS Implementation Work Programme will deliver policy advice on business-delivery models and service-delivery models with the aim of a more effective use of population health tools to prevent and manage long-term conditions.<br><br>A review of current funding streams that seek to manage long-term conditions in primary health care settings. | 2006/07<br><br>2006/07 |
|            | The Ministry of Health (with key stakeholders) will ensure appropriate processes are in place to support Māori-led PHOs and the Māori community to improve health outcomes for Māori consumers.  | MOH, DHBs, Māori-led PHOs, PHOs, Māori providers | Support Māori-led PHOs and DHBs to develop and establish shared management services for Māori-led PHOs.  | 2006/07                |

| Objectives | Specific actions  | Agencies                     | Milestones/progress measures  | Timeframe           |
|------------|---|------------------------------|---|---------------------|
|            | The Ministry of Health will provide mechanisms for continued engagement with Māori providers in the primary health sector to support and sustain Māori models and approaches to care.   | MOH                          | Support Māori representation in primary health care strategy, policy and implementation.  | 2006/07 and ongoing |
|            | The Ministry of Health with DHBs and local authorities will provide mechanisms to improve and maintain the quality of drinking-water supplied to high NZDep2001 <sup>11</sup> rural communities.  | MOH, DHBs, local authorities | DHBs with high NZDep2001 rural communities categorised as having small water supplies (serving less than 5000) will be prioritised so that their water supplies comply with the Health (Drinking Water) Amendment Bill. <sup>12</sup> | 2007–2009           |
|            | The Ministry of Health with DHBs and other relevant stakeholders will engage with whānau, hapū, iwi and Māori communities to ensure that strategies and planning processes relating to any emerging health issues of national significance (eg pandemic illnesses, etc) take account of Māori health needs. | MOH, DHBs                    | Policy advice, planning, implementation processes and delivery of services are effective for Māori.   | 2006–2011           |
|            | The Ministry of Health will review the Well Child Framework and Schedule including the effectiveness of Well Child Services for Māori.  | MOH                          | Well Child review completed.  | 2007/08             |

11 NZDep2001 Index of Deprivation is an updated version of the NZDep91 and NZDep96 indexes of socioeconomic deprivation.

12 The Health (Drinking Water) Amendment Bill aims to protect public health by improving the quality of drinking-water provided to communities. The Bill was introduced to Parliament on Wednesday 21 June 2006 and had its first reading on Tuesday 25 July 2006.



| <b>Objectives</b>   | <b>Specific actions</b>   | <b>Agencies</b> | <b>Milestones/progress measures</b>  | <b>Timeframe</b>     |
|---|---|-----------------|--|----------------------|
| <b>Māori Health Plans</b><br>To ensure a local and regional focus is maintained by DHBs and PHOs on the range of effective and quality services for Māori.  | DHBs will complete their Māori Health Plans by the end of June 2006.  | MOH, DHBs       | All DHBs have completed Māori health plans.  | 2006/07              |
|   | Achievements of key milestones (deliverables) from DHBs' Māori health plans will be identified, agreed and monitored in 2006/07.  | MOH, DHBs       | Individual DHBs' respective milestones and deliverables are monitored.                                       | 2006/07 and annually |
| <b>Removing barriers and promoting participation of Māori who have a disability</b><br>To remove barriers to Māori with disabilities and their whānau from fully participating in New Zealand society, including te ao Māori. | A three-year Māori Disability Action Plan will be developed which can be reported on in the context of Whakatātaka: Māori Health Action Plan and the Disability Services Directorate Strategic Framework. | MOH             | Māori Disability Action Plan is developed, consulted on, and published.                                      | 2007/08              |
|   | The Ministry of Health will monitor providers' quality service planning and resources regarding the providers' capability and effectiveness to deliver services to Māori.                                 | MOH             | Service plans for Māori with a disability are developed and implemented within a Māori disability framework. | 2007/08              |

# Te Ara Tuawhā: Working across sectors

| Objectives   | Specific actions  | Agencies  | Milestones/progress measures   | Timeframe  |
|--|---|---|--|--|
| <p><b>Encouraging initiatives with other sectors that positively affect whānau ora</b></p> <p>To ensure other sector agencies work effectively together to support initiatives that positively contribute to whānau ora.</p> | <p>The Ministry of Health will:</p> <ul style="list-style-type: none"> <li>• complete a stocktake of Māori public health services to obtain evidence for effective Māori public health services</li> <li>• prioritise public health programmes based on evidence and/or recommendations emerging from the stocktake</li> <li>• encourage the use of whānau ora tools in the design of policies and practices (eg development, planning, implementation, monitoring and evaluation) within the health sector</li> <li>• encourage the health sector to work with and to support whānau, hapū, iwi and Māori communities to determine and address their particular health needs.</li> </ul> | <p>MOH, DHBs, public health organisations, PHOs, NGOs</p> | <p>Implement the Ministry of Health Māori Public Health Strategic Statement.</p> <p>Identify the key issues facing Māori health.</p> <p>Carry out a stocktake of Māori public health services to obtain evidence for effective Māori public health services.</p> <ul style="list-style-type: none"> <li>• Demonstrated evidence that the public health whānau ora tool has been used to develop plans and evaluate Māori public health programmes.</li> </ul> <p>Identify how plans and strategies reduce inequalities and disparities for Māori.</p> <ul style="list-style-type: none"> <li>• Clearly articulated action taken to achieve equity for Māori in the public health.</li> <li>• Demonstrate improved access to and effectiveness of general services.</li> </ul> <p>Increase Operations Network focus on population health programmes that provide opportunities for Māori to share information and develop shared agreements and processes for Māori public health action.</p> | <p>2006/07 and ongoing</p> <p>2006/07 and ongoing</p> <p>2008/09</p> <p>2008/09</p> <p>2007/08</p> |

| Objectives | Specific actions   | Agencies   | Milestones/progress measures   | Timeframe              |
|------------|--|--|--|------------------------|
|            | The Ministry of Health will work with a variety of policy makers in the application of the whānau ora health impact assessment tool.   | MOH  | Test the whānau ora health impact assessment tool in policy development.<br><br>Develop and deliver training in the use of the whānau ora health impact assessment tool. | 2006/07<br><br>2007/08 |
|            | Healthy Eating – Healthy Action initiatives are delivered in a meaningful and sustainable way for Māori ensuring service and programme accessibility, appropriateness and effectiveness, including other sectors having increased awareness of how their activities impact on health, and specifically nutrition, physical activity and obesity. | MOH and DHBs in partnership with whānau, hapū, iwi and Māori communities; PHOs, NGOs, other government agencies, SPARC, local authorities, public health units | A plan is developed and implemented to assist other sectors to assess their activities in terms of their impact on Māori nutrition, physical activity and obesity.       | 2006/07                |

| Objectives | Specific actions   | Agencies   | Milestones/progress measures  | Timeframe |
|------------|--|--|---|-----------|
|            | The Ministry of Health with SPARC, Ministry of Education, and the Ministry of Youth Development in partnership with other relevant organisations will work to support, improve and promote the lifestyles of young New Zealanders by targeting improved nutrition and increased physical activity. | MOH, SPARC, MOE, MYD, DHBs   | The Mission On <sup>13</sup> package of initiatives will be implemented including being effective for Māori and their whānau.   | 2006–2010 |
|            | The Ministry of Health will lead, and work with all other relevant agencies on, work to prevent and reduce suicide and suicidal behaviour.   | MOH, MSD, TPK, DIA, Corrections, ACC, Police, Education, Youth Affairs, NGOs | Suicide prevention initiatives from the New Zealand Suicide Prevention Strategy: 2006–2016 and subsequent action plans are implemented and evaluated.<br><br>Monitoring and evaluation processes will be developed with a specific focus on delivery and effectiveness of the initiative in contributing to the reduction of suicidal behaviour impacting on Māori. | 2006–2010 |
|            | The Ministry of Health will work with the Ministry of Education on identifying and establishing health literacy.   | MOH, MOE   | Health literacy research findings for Māori are analysed and published in a report.   | 2007/08   |

13 The Mission On package is aimed at getting young New Zealanders healthy and includes:

- improving nutrition in schools and early childhood centres
- a new celebrity 'lifestyle ambassadors' campaign
- encouraging voluntary moves in the advertising industry to reduce marketing of unhealthy food to children
- more school, internet and television promotion of healthy food
- a campaign to encourage less time in front of TVs and computers
- the expansion of 'green prescriptions' – for things like exercise
- health impact assessments on all new policy and legislation.

| Objectives | Specific actions  | Agencies   | Milestones/progress measures  | Timeframe                                      |
|------------|---|--|---|--|
|            | The Ministry of Health will work with the Department of Corrections on the Prisoner Health Survey findings.   | MOH, Corrections   | Health findings for Māori are analysed and published in a report.   | 2007/08  |
|            | The Ministry of Health will work with other agencies on a scoping project investigating options for measuring Māori-based collectives (ie, whānau).   | TPK, MSD, SNZ, MOE, DIA, HRC, FC, HSC  | Report completed outlining options for developing tools to measure Māori-based collectives.   | 2007/08  |
|            | The Ministry of Health will work with relevant government agencies to establish mechanisms to co-ordinate intersectoral initiatives, and to identify and expand successful models that positively contribute to whānau ora. | MOH, TPK, MSD, MOE, DIA, FC, Corrections, Youth Affairs, Justice, Police, Housing NZ, ACC, PHARMAC | The Ministry works with relevant agencies and develops appropriate projects and co-ordinating mechanisms to support initiatives that work across sectors.   | 2006–2011                                      |
|            | DHBs, with the Ministry of Health, will support and facilitate intersectoral activities at the provider level, which positively contribute to whānau ora.   | DHBs, MOH  | DHBs identify providers or networks that build initiatives across sectors, and develop or extend appropriate initiatives.<br><br>DHBs participate in the regional forum of senior government managers established to better co-ordinate regional and local government social development strategies and activities, both across sectors and between different levels of government. | 2006/07 and ongoing<br><br>2006/07 and ongoing |

| Objectives | Specific actions   | Agencies  | Milestones/progress measures   | Timeframe                             |
|------------|--|---|--|---------------------------------------|
|            | Te Puni Kōkiri will monitor whānau outcomes.   | TPK, MOH, MOE, DOL, Housing NZ Corporation, Justice and other relevant agencies | Prepare statistical profile about whānau outcomes.<br><br>Monitor and advise agencies about whānau outcomes in education, health, housing, employment and other key sectors for whānau.  | 2007/08<br><br>Ongoing                |
|            | The Ministry of Social Development through its Sickness and Invalid's Benefits Strategy will provide access to a range of health interventions to help people to move into employment.   | MSD, DHBs, MOH, other relevant agencies   | PATHS <sup>14</sup> (Providing Access to Health Solutions) programme implemented in several DHB regions.<br><br>PATHS programme evaluated. Case for further implementation completed and budget sought.  | 2006/07<br><br>2007/08                |
|            | The Ministry of Health with the Ministry of Social Development, other relevant agencies and NGOs will work to promote the elimination of family violence as set out in Te Rito: New Zealand Family Violence Prevention Strategy. | MOH, MSD, TPK, other relevant government agencies, NGOs                         | Support systems available to whānau, hapū, iwi and Māori in the area of whānau violence will be developed.<br><br>A whānau-hapū approach to whānau violence will be developed.<br><br>Initiatives that encourage whānau to maintain and provide a safe environment for tamariki will be developed. | 2007/08<br><br>2007/08<br><br>2008/09 |
|            | PHARMAC will be responsive to Māori, and work towards contributing to Māori health.  | PHARMAC, DHBs, MOH, PHOs, pharmaceutical companies, NGOs, consumers             | PHARMAC's Māori Responsiveness Strategy continues to be implemented.   | 2006/07 and ongoing                   |

14 PATHS is a service that facilitates peoples' access to health interventions to help them move into employment. The service aims to bring employment, training and health services together into one package.

|  | <b>Specific actions</b>  | <b>Agencies</b>                       | <b>Milestones/progress measures</b>                  | <b>Timeframe</b> |
|--|--|---------------------------------------|--|------------------|
|  | Housing New Zealand Corporation in partnership with DHBs will implement the Healthy Housing Programme <sup>15</sup> as set out in <i>Building the Future: The New Zealand Housing Strategy</i> . <sup>16</sup> | Housing New Zealand Corporation, DHBs | Continue to implement the Healthy Housing Programme. | 2006–2011        |

15 The Healthy Housing Programme is a scheme to reduce housing-related diseases among families in Housing New Zealand Corporation properties.

16 *Building the Future: The New Zealand Housing Strategy (2005)* sets out priorities for housing and a programme of action to lead the sector over the next 10 years. The strategy takes a sector-wide approach involving local government, communities and business, Housing New Zealand Corporation, the Department of Building and Housing, and other central government agencies.

# Appendix 1: Alignment with other Ministry of Health Documents and Strategies

Whakatātaka Tuarua: Māori Health Action Plan 2006–2011 aligns with the following:

- New Zealand Health Strategy (2000)
- New Zealand Disability Strategy (2001)
- The Primary Health Care Strategy (2001)
- Health of Older People Strategy: Health Sector Action to 2010 to Support Positive Ageing (2002)
- Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: Implementation Plan: 2004–2010 (2004)
- Māori Disability Action Plan (2003)
- Māori Public Health Action Plan 2003–2004 (2003)
- National Mental Health Information Strategy: Implementation Plan (2006)
- The New Zealand Palliative Care Strategy (2001)
- Raranga Tupuake: Māori Health Workforce Development Plan (2006)
- Taonga Tuku Iho – Treasures of Our Heritage, Rongoā Development Plan (2006)
- Reducing Inequalities in Health (2002)
- Sexual and Reproductive Health Strategy: Phase one (2001)
- HIV/AIDS Action Plan – Sexual and Reproductive Health Strategy (2003)
- Strategic Research Agenda for He Korowai Oranga (2005)
- He Pūtahitanga Hou (Mental Health Strategic Framework) (2002)
- Tuutahitia te wero, Meeting the challenges. Mental Health Workforce Development Plan 2002–2005 (HFA 2000)
- Preventing and Minimising Gambling Harm Strategic Plan 2004–2010 (2005)
- Te Tāhuhu: Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan (2005)
- Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015 (2006)
- Te Puawaitanga: Māori Mental Health National Strategic Framework (2002)
- New Zealand Cancer Control Strategy (2003)
- The New Zealand Cancer Control Strategy: Action Plan 2005–2010 (2005)



- Health Information Strategy for New Zealand 2005
- Clearing the Smoke: A five-year plan for tobacco control in New Zealand (2004–2009) (2004)
- National Screening Unit Strategic Plan: 2003–2008 (2003)
- New Zealand Suicide Prevention Strategy: 2006–2016 (2006)
- IQ Action Plan: Supporting the Improving Quality Approach (2003)
- Improving Quality (IQ): A Systems Approach for the New Zealand Health and Disability Sector (2003)
- Good Oral Health, for All, for Life: The Strategic Vision for Oral Health in New Zealand (2006)
- Meningococcal B Immunisation Programme (2003)
- New Zealand Influenza Pandemic Action Plan (2006).

# Appendix 2: Reflections on Implementing He Korowai Oranga: Whakatātaka: Māori Health Action Plan 2002–2005

## Key lessons and challenges

Since the introduction of He Korowai Oranga and Whakatātaka in 2002, experience and analysis suggest the following.

- He Korowai Oranga and Whakatātaka have established a firm foundation for the health and disability sector to work towards improving Māori health outcomes, supporting whānau ora and reducing inequalities. One of the Government's key goals is to reduce the inequalities that divide New Zealand society and offer everyone a good future by better co-ordinating strategies across sectors.
- However, this foundation is only a beginning. It needs to be consolidated and built on. Sustainable progress takes time.
- In general, the sector has responded positively to the directions set out in He Korowai Oranga and Whakatātaka. Feedback from monitoring and evaluation hui held in 2004 support this view.
- The pathways approach, highlighted in He Korowai Oranga and applied to Whakatātaka, is a useful framework for identifying and addressing priority areas for action.
- Building on existing gains within the health and disability sector is important for gaining traction.
- Quality data and information are essential for assessing the performance of the Ministry of Health, DHBs and other key institutions as these organisations work towards improving Māori health outcomes, supporting whānau ora and reducing inequalities.
- Some timelines for actions in Whakatātaka were challenging and difficult to achieve, so implementation issues need to be considered more carefully, including ensuring actions have the support of the people and organisations with the responsibility for making them happen.
- Effective decision-making about the appropriate health interventions for Māori depends on timely advice that, where possible, is evidence based and involves key stakeholders. It also requires ongoing feedback about an intervention's performance (National Health Committee 2005).

- It takes time and a concerted effort by a range of key players at national and local levels to build and maintain momentum when it comes to improving Māori health outcomes, supporting whānau ora and reducing inequalities.
- The concept of whānau ora has yet to be realised because the sector has not yet given practical effect to it. Examples of 'whānau ora practice' are important, particularly when delivering services to whānau, hapū, iwi and Māori communities.
- A call has come from within the sector for a more focused approach by prioritising areas for attention within the next Māori health action plan. The identification of priority areas in Whakatātaka Tuarua is a response to this challenge.

# Appendix 3: Background

## New Zealand health and disability sector

Through the New Zealand Public Health and Disability Act 2000, changes in the health and disability sector have been guided by overarching strategies, specifically the New Zealand Health Strategy (Minister of Health 2000), New Zealand Disability Strategy (Minister for Disability Issues 2001) and Primary Health Care Strategy (Minister of Health 2001).

Also important are population-based strategies such as He Korowai Oranga (Minister of Health and Associate Minister of Health 2002a), the Healthy Eating – Healthy Action Strategic Framework (Ministry of Health 2003), the Pacific Health and Disability Action Plan (Minister of Health 2002) and the Health of Older People Strategy (Associate Minister of Health and Minister for Disability Issues 2002).

The Ministry of Health has also developed action plans, toolkits and guidelines to assist in the implementation of the various strategies.

## New Zealand Health Strategy and New Zealand Disability Strategy

The New Zealand Health Strategy and New Zealand Disability Strategy make up the Government's platform for action on health and disability, including Māori health. They identify priority areas and aim to ensure health services are directed at those areas that will generate the highest benefits for New Zealand's population, with a particular focus on tackling inequalities in health.

Among the goals set out in the New Zealand Health Strategy are two specific to Māori health:

- reduce health inequalities by ensuring accessible and appropriate services for Māori
- improve Māori health development by, among other things, building the capacity of Māori to participate at all levels of the health sector.

He Korowai Oranga, the Māori Health Strategy, builds on these goals and expands on the principles and objectives of the New Zealand Health Strategy and New Zealand Disability Strategy by providing more detail on how Māori health objectives will be achieved.

## He Korowai Oranga: Māori Health Strategy

He Korowai Oranga literally translated means 'the cloak of wellness'. This strategy symbolises the protective cloak and mana o te tangata – the cloak that embraces, develops, and nurtures the people physically and spiritually. In the weaving

(raranga) of a korowai, the strands are called whenu or aho. In the strategy these represent all the different people who work together to make Māori healthy – including whānau, hapū and iwi, health professionals, community workers, providers and hospitals. We need to weave the whenu or aho from all the diverse groups and combine these with our resources to form the different patterns of the korowai.

He Korowai Oranga aims to address the high levels of health need among Māori. Māori have higher mortality and generally poorer health compared to other New Zealanders, irrespective of socioeconomic position. For a more detailed account, see *Tatau Kahukura: Māori Health Chart Book* (Ministry of Health 2006).

## Māori health and disability workforce

Māori are under-represented in the New Zealand health workforce in almost all areas of the sector. The need to improve the Māori workforce by increasing numbers and the quality of services is well documented (HWAC 2003): in 2002 the proportion of Māori in the health workforce was only about 5 percent (excluding informal support workers and alternative complementary health practitioners).

Despite the low proportion of Māori in the health workforce, numbers are increasing. For example, the proportion of active nurses and midwives who are Māori increased from 3.7 percent in 1992 to 7.5 percent in 2004. Workforce development is needed for both mainstream and Māori providers.

## Māori provider development

The number of Māori health providers has grown significantly, from about 20 in 1992 to 185 in 1995, 210 in 1997 and to the current number of approximately 240 in 2004. Māori health providers play crucial roles in improving Māori health status by:

- delivering effective and targeted health services to Māori
- demonstrating leadership and innovation, which can be transferred to mainstream service delivery
- developing a Māori workforce.

As more providers have developed, the geographical coverage by Māori providers has significantly widened to allow for more successful reach into the community and greater access to health services for Māori in both urban and rural areas.

While the growth of Māori health providers during the 1990s was a positive development, most providers began as small operations and grew rapidly in size and scope. As a result, the emphasis shifted in the late 1990s to a period of consolidation, with a focus on strengthening organisational capacity and quality. Strong and effective Māori providers are particularly important to the primary health care and community-based areas, which are closest to whānau – including disability support and mental health.

# Appendix 4: Glossary and Acronyms

**Cardiovascular disease:** diseases of the heart and blood vessels.

**District Health Boards (DHBs):** DHBs are funders and providers to publicly funded services of a specific geographic area. Twenty-one DHBs were established under the New Zealand Public Health and Disability Act 2000.

**Governance:** the system for strategic leadership. This includes systems for decision-making and the gathering and distribution of information relevant to decision-making.

**He Korowai Oranga: Māori Health Strategy:** the Government's strategy for Māori health. The overall aim is whānau ora: Māori families supported to achieve their maximum health and wellbeing.

**Population health:** the health of groups, families and communities. Locality, biological criteria (eg, age or gender), social criteria (eg, socioeconomic status), or cultural criteria (eg, whānau) may define a population.

**Primary health care:** usually the health services of first point of contact, based around key health practitioners or providers such as GPs, and generally community based, but it can include hospitals and other health services. This term can also refer to essential health care made universally attainable to individuals and families in the community, by means acceptable to them.

**Primary Health Organisations:** local, not-for-profit provider organisations funded by DHBs to provide primary health care services for an enrolled population.

|             |   |
|-------------|---|
| <b>ACC</b>  | Accident Compensation Corporation                   |
| <b>DHB</b>  | District Health Board                               |
| <b>DIA</b>  | Department of Internal Affairs                      |
| <b>ESR</b>  | Institute of Environmental Science and Research Ltd |
| <b>FC</b>   | Families Commission                                 |
| <b>HRC</b>  | Health Research Council                             |
| <b>HSC</b>  | Health Sponsorship Council                          |
| <b>HWAC</b> | Health Workforce Advisory Committee <sup>17</sup>   |
| <b>MOH</b>  | Ministry of Health                                  |

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<sup>17</sup> The Health Workforce Advisory Committee has been formally disestablished.

|                   |  |
|-------------------|--|
| <b>MOE</b>        | Ministry of Education  |
| <b>MPDS</b>       | Māori Provider Development Scheme                                      |
| <b>MSD</b>        | Ministry of Social Development   |
| <b>NASC</b>       | Needs Assessment and Service Co-ordination national information system |
| <b>NGO</b>        | non-governmental organisation  |
| <b>PHO</b>        | primary health organisation  |
| <b>SNZ</b>        | Statistics New Zealand   |
| <b>SPARC</b>      | Sport and Recreation New Zealand                                       |
| <b>TEC</b>        | Tertiary Education Commission  |
| <b>Te Matarau</b> | Māori Development Organisations' Collective Body                       |
| <b>TPK</b>        | Te Puni Kōkiri   |

# Appendix 5: Consultation

The Ministry of Health has undertaken extensive consultation during the development of Whakatātaka Tuarua.

In 2005, the Ministry conducted limited sector engagement in October to gain preliminary views and advice on the second Māori Health Action Plan.

In 2006, the Ministry co-ordinated a series of public consultation hui, regional meetings with DHBs and a workshop with a range of government agencies to formally consider the Whakatātaka Tuarua discussion document which included the draft action plan.

These meetings were held in:

|           |   |
|-----------|---|
| 22 June   | Dunedin   |
| 27 June   | Wanganui  |
| 30 June   | Nelson  |
| 5 July    | Hamilton  |
| 7 July    | Whakatane                                       |
| 18 July   | Christchurch                                    |
| 19 July   | Invercargill                                    |
| 21 July   | Gisborne  |
| 25 July   | Auckland (focus on disability support services) |
| 25 July   | Auckland (focus on public health)               |
| 27 July   | Wellington (DHB regional meeting)               |
| 28 July   | Wellington (workshop with government agencies)  |
| 1 August  | Auckland (DHB regional meeting)                 |
| 2 August  | Pahia   |
| 4 August  | Auckland  |
| 7 August  | Christchurch (DHB regional meeting)             |
| 10 August | Rotorua   |
| 11 August | Hamilton (DHB regional meeting)                 |
| 14 August | Napier  |
| 16 August | Wellington                                      |



# Appendix 6: Acknowledgements

The Ministry of Health wishes to acknowledge the contributions of the following individuals and agencies for their help in preparing the Whakatātaka Tuarua: Māori Health Action Plan 2006–2011.

## **Whakatātaka Tuarua Sector Reference Group**

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Fiona Pimm, He Oranga Pounamu

Marty Rogers, Waikato District Health Board

Te Miringa Huriwai, Ngāti Porou Hauora Primary Health Organisation

Punohu McCausland, Bay of Plenty District Health Board, Waitaha Hauoranga Trust

## **Whakatātaka Forum**

Cathy Cooney, Lakes District Health Board

Margot Mains, Capital and Coast District Health Board

Dr Gershu Paul, Southland District Health Board<sup>18</sup>

Kevin Hague, West Coast District Health Board

Te Tumu Whakarae (District Health Board Māori Managers' Collective Forum)

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<sup>18</sup> Dr Gershu Paul has since left his position as the Southland DHB Chief Executive.

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