
Nelson Marlborough Maori Health and Wellness Strategic Framework

2008-2038

“Kia korowaitia aku mokopuna ki
te korowaitanga hauora”

Healthy As!



Partnership with Iwi

The partnership arrangements established six years ago with the Nelson Marlborough District Health Board (NMDHB or the DHB) and the eight Manawhenua iwi of our district has been reconfirmed with the signing of a renewed Memorandum of Agreement (MOA) in 2007. This reaffirms the commitment the Board has to work with Iwi/Maori communities. The original MOA was signed with Ngati Apa, Ngati Koata, Ngati Kuia, Ngati Rarua, Ngati Tama, Ngati Toarangatira, Rangitane and Te Atiawa in 2001 and provides the context of the relationship and outlines the arrangements of the partnership including the parties' responsibilities and accountabilities.

A review of the MOA in 2006 found much progress had been made in terms of developing processes and generally the goals in the MOA have been achieved. There is goodwill between the parties and a willingness to increase the Iwi Health Board's (IHB) advocacy role for Maori Health Strategy and issues.

The NZ Public Health and Disability Act 2000 provides the direction and outlines the obligation of the NMDHB to fulfill its duty under the Treaty of Waitangi and is guided in that responsibility by other policy directions from the Crown.

Specifically, the principles are:

- Partnership (includes obligation on both parties to act reasonably, honourably and in good faith; for both parties to recognise and respect each others culture; each party to be accountable to one another and have an emphasis on sharing and mutual benefit);
- Protection (duty to protect Maori as a people and as individuals)
- Participation (involvement and influence at all levels of planning, designing, decision-making and delivery of services in the organisation).

In keeping with this intention NMDHB is developing its Maori Health Strategy which sets the vision upon which actions and targets will be developed to implement a coordinated response from all key agencies accepting responsibility for Maori health gain, this includes the District Health Board (DHB) Providers services, Primary Health Organisations (PHOs), Maori Health Providers (MHPs), other sector agencies and Non Government Organisations (NGOs).

Ownership of the Treaty Waitangi is the responsibility of all New Zealanders

Table of Contents

Partnership with Iwi	2
Nelson Marlborough Maori Health Strategic Framework	4
What the community said Whanau Ora meant for them	5
The Vision for Maori Health and Wellness in Te Tau Ihu.....	5
Guiding Principles	5
The Maori Health and Wellness Strategic Framework.....	6
MAORI HEALTH AND WELLNESS STRATEGIC FRAMEWORK COMPONENTS.....	7
HE KOROWAI ORANGA: THE MAORI HEALTH STRATEGY	7
KAITIAKITANGA/STEWARDSHIP OF THE VISION	7
KEY STAKEHOLDERS	7
FACILITATORS FOR CHANGE.....	8
Relationships	8
Alliances	8
Collaboration	8
ACTIONS	9
OUR APPROACH TO HEALTH	10
Wellbeing	10
Maori Population Health	10
Wellness	11
AREAS OF FOCUS.....	11
Maori Community	11
Participation	12
Effective Services	13
Intersectoral Activity	14
MONITORING AND EVALUATION	15
Glossary	16

Nelson Marlborough Maori Health Strategic Framework

Whiria, whiria
Whiria nga aho kia kotahi
Herea te taura
Tuturu whakamaua kia tina
Tina!

E nga mana, e nga reo, e nga karangarangatanga maha, tena koutou katoa.

Tena koutou hoki nga poari hauora, me nga kaimahi hauora, o nga hohipera me nga whare hauora, koutou katoa, tena koutou.

Koia tenei he tangi aroha ki a ratou ko hinga, me ki kua takahia ra te huarahi ki mua. Koutou kia koutou, haere.

Tatou te hunga ora e pikou nei e nga kaupapa hauora, kei te mihi.

He tapiri ake nei te purongo mo nga mahi kua whakahaerehia e waenga i a koutou, he tirohanga, he whakarapopototanga o nga korero kua homai nei e koutou, a kua wanangahia e tatou.

No reira, ka mihi kau ake, tena koutou katoa.

This document outlines a strategic framework for Maori health and wellness in the Nelson Marlborough region. It has been developed from consultation hui and meetings involving iwi, boards and staff from the Nelson Marlborough District Health Board (DHB), Primary Health Organisations (PHO) and Maori health providers (MHP), health consumers, tangata whaiora, Maori communities, government agencies and other interested stakeholders. The framework, will form the foundation of a Joint Agency Maori Health and Wellness Strategic Action Plan.

“We want to wrap our future generations in a korowai of health and wellness.” “We want Maori whanau to achieve their full potential and to determine their own future.”

We have made reasonable gains in Maori health so far - but we need to do better.

To do better, all key stakeholders involved in population health, wellbeing and wellness need to focus on strengthening Maori communities; ensuring Maori are participating in service planning, funding, and provision; ensuring all government agencies are effective and appropriate for Maori consumer needs. This signals a change for government agencies to provide seamless wrap-around services to Maori through sector agencies working together in a coordinated way.

A number of requests for detailed health information regarding Maori health have been received. This information is collated, available and will be included in further documents that will develop as a result of this framework being supported. A summary of Maori health needs can be found at www.nmdhb.govt.nz.

Healthy As!

“Kia korowaitia aku mokopuna ki te korowaitanga hauora”

What the community said Whanau Ora meant for them

Here are a few comments.

Wider Community:

- “Holistic health for everyone”
- “Wellbeing and wellness of mind, body and soul and whanau”
- “Having the knowledge, knowing the choices as individuals and behaving in ways that support whanau” ... “support for independence”.

Maori Community:

- “To be Maori,”... “to walk in both worlds”, ...“to bring home the bacon”,.... “ka ki te puku”,... “to have the quality of life I want”..... “tino rangatiratanga”.
- “It’s about whakapapa -being a whole whanau and our future generations; iwi, hapu, maunga, moana, waka”.
- “Being tika – doing what is best (rather than right); being pono – being honest; and aroha – giving of love”.

The Vision for Maori Health and Wellness in Te Tau Ihu

The vision for Maori health and Wellness in Nelson Marlborough is:

“Kia korowaitia aku mokopuna ki te korowaitanga hauora”

“Healthy As!”

Healthy whanau are wealthy whanau – achieving our full potential and determining our future.

Guiding Principles

This framework is shaped by the following principles:

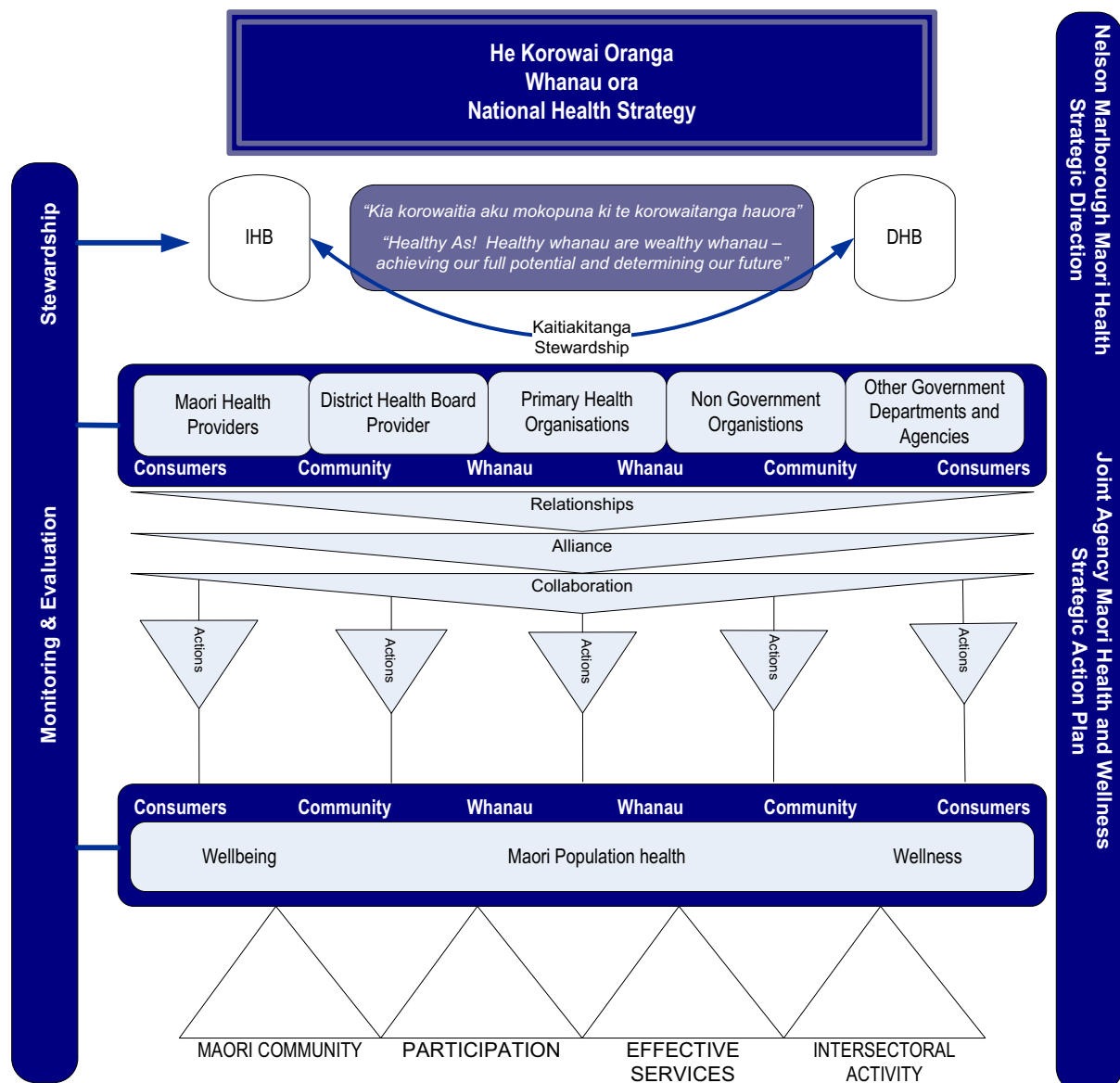
- Commitment to making a positive difference
- Supporting community action and building on the strengths of Maori communities
- Putting communities and whanau at the centre
- Maori being able to be Maori
- Respecting Maori cultural values no matter where a person is in their life
- Whanau being confident and able to determine their own future
- Time for action – less talk, just do it!

The Maori Health and Wellness Strategic Framework

Overview

The IHB and the DHB Board have endorsed the vision and the development of a Maori Health and Wellness Strategic Framework (MHWSF). The following schematic gives a visual summary to the MHWSF, fuller descriptions are provided to each level in later sections.

A 30 year vision has been developed for the district. Why a 30 year vision? The intention that sits behind this is to ensure that actions developed today will have a positive impact on those children born this year, when they are young adults. This is the basis for considering population health approaches.



The MHWSF is a change management framework which will require significant changes to the way that services are set up now.

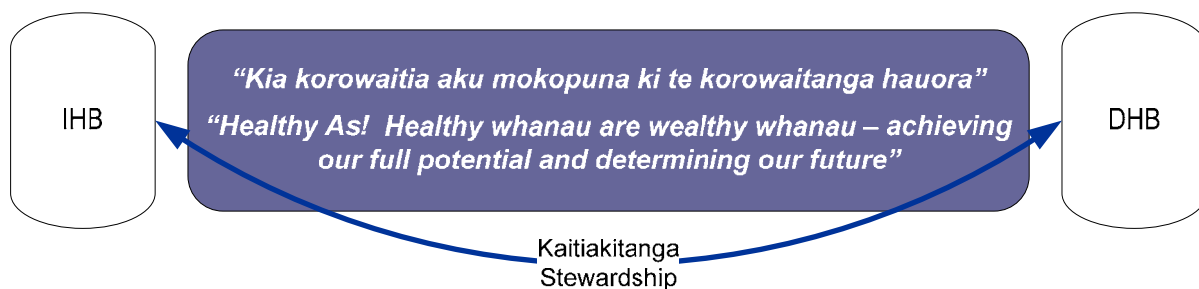
MAORI HEALTH AND WELLNESS STRATEGIC FRAMEWORK COMPONENTS

HE KOROWAI ORANGA: THE MAORI HEALTH STRATEGY



He Korowai Oranga is the national Maori health strategy. It provides the overarching direction for our Maori health and wellness strategy. The main goal of He Korowai Oranga is whanau ora – Maori families supported to achieve their maximum health and wellbeing. Nelson Marlborough DHB strongly supports achieving this goal.

KAITIAKITANGA/STEWARDSHIP OF THE VISION



Joint stewardship and governance of MHWSF will be provided by the IHB and the DHB Board. Key to the stewardship is the strengthening of the solutions based models derived from a Maori context.

KEY STAKEHOLDERS



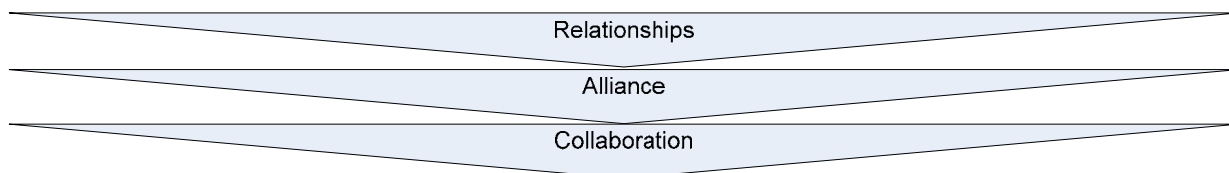
Achieving better Maori health outcomes in Nelson Marlborough is the duty of all. Our community and our stakeholders who accept responsibility for achieving this change will be central to meeting these outcomes. The following groups of people have been involved with the strategy development.

Consumers, Community, Whanau, PHOs, MHPs, Territory Local Authorities, SPARC, Ministry of Social Development, and associated departments, Housing Corporation, Maori groups i.e. Maori Women’s Welfare League, Training Providers, DHB Provider, Community Centres, Non-Government Organisations (NGOs), Education.

The DHB thinks that MHPs, the DHB, PHOs, NGOs, other government departments and agencies and key community/consumers and whanau groups will want to accept leadership to make it happen.

While this may seem a simple activity, it signals the development of a number of key changes and relationships that will support the new direction in the next 30 years.

FACILITATORS FOR CHANGE



Relationships

Key to all future activity in our communities, that support Maori health gain, is the need to strengthen our current relationships and build new ones. Over time we will grow sustainable, trustful, respectful and mutually beneficial relationships to form the basis for a coordinated productive approach.

Key relationships for further development are the IHB/DHB Board, PHO/DHB, IHB/PHO, MHP/PHO, DHB/Community/Whanau/Consumer, PHO/Community/ Whanau/Consumer , MHP/Community/Whanau/Consumer and the range of other government departments and agencies with the above mentioned groups.

Alliances

From these relationships we expect a coming together of like-minded organisations and groups who can see what they have in common and what they can do together to maximise benefit to the wider Maori community. With this knowledge we expect the development of processes, agreements, MOUs, networks, reference groups and action plans to be formed.

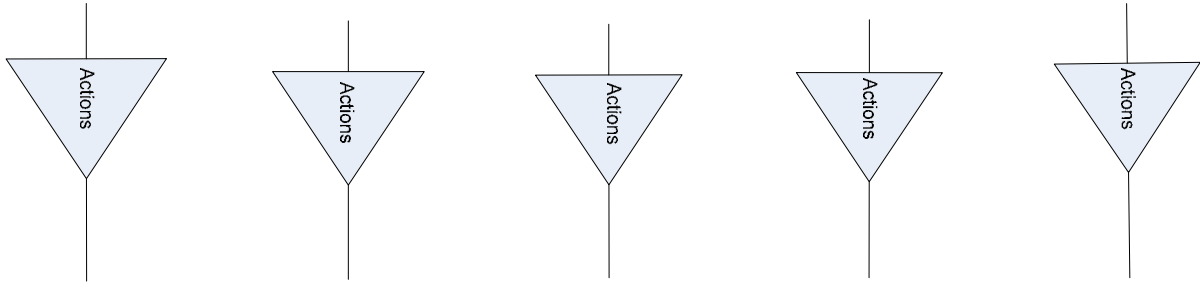
An example of such an alliance is a Joint Agency Maori Health and Wellness Strategic Action Plan (JAMHWSAP) developed with our stakeholders.

Collaboration

As our alliances strengthen, formalised processes, such as contracts and specified arrangements, which recognise these activities will emerge. For example, information systems that have common language; integrated contract(s); shift in resources; new collaborative arrangements with our communities and less individually focused organisations.

Our knowledge transfer will increase with the obligation to share information and insight into what works best to achieve our vision.

ACTIONS



All stakeholders will have a primary area of leadership and responsibility to meet in the vision to 2038. Key actions will emerge associated with leadership areas. In a first step towards collaboration, a Joint Agency Maori Health and Wellness Strategic Action Plan will be prepared. The JAMHWSAP will have a cyclic five year horizon with review periods at least annually and every 3 years.

Individual, joint and collaborative stakeholder actions will be generated and collated. These will set out the priorities, activities, targets and outcomes for the next five years to meet the strategic outcomes.

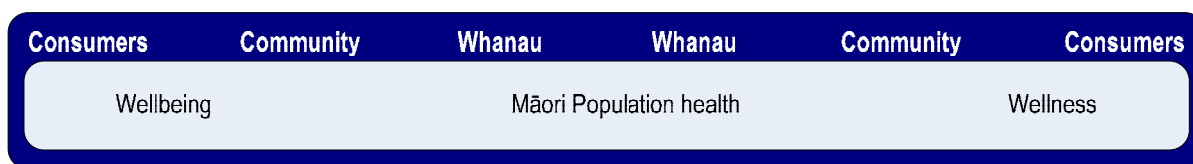
What does this mean?

- For PHOs, high level five year horizon outcomes will be agreed and documented. Detail on reaching the outcomes will be found in an annual operational plan.
- For MHPs, the current contractual arrangements which expect a comprehensive Maori health plan will be varied and result in key strategic activities being aligned to annual reporting activity to meet an agreed five year horizon outcome.
- For the DHB provider, high level five year horizon outcomes will be agreed and documented. Detail on reaching the outcomes will be found in an annual operational plan.
- Other stakeholders will need further engagement to develop approach for inclusion into the JAMHWSAP.

The actions will be structured on the principles of Wellbeing, Maori Population Health and Wellness. The key drivers for change will be Maori Community, Participation, Effective Services and Intersectoral Activity. All stakeholders will be expected to identify and contribute 3 actions under each area. These will form the basis for Maori health planning in the district. A key movement forward is for this document to build an integrated approach that supports social and medical models of health.

The DHB wants to develop planning pathways which are not onerous, but support Maori health improvement and connect with initiatives which are underway and being managed by the range of community organisations.

OUR APPROACH TO HEALTH



The JAMHWSAP will need to promote **wellbeing**, **Maori population health**, and **wellness** approaches. Wairua and Whanau are central to the approach, and within these, Maori models (E.g. Tapa Wha or Te Wheke) be promoted as a means to creating change and improved health.

Wellbeing

A sense of wellbeing is a culmination of a number of different things. It is difficult to give a definition as it is based on an individual's view, in the same way that Whanau Ora is based on an individual's perception. Examples of wellbeing include happiness, having comfort, feeling secure, knowing that your welfare needs are being met, you have interests in life you can enjoy, you enjoy "good health", you are involved with social networks, no worries – **Healthy As!**

Strategic health actions will address sustainability of wellbeing.

Maori Population Health

The Maori health vision takes us on a 30 year journey. The strategies that will be supported will have a primary focus on changes affecting our future Maori population. Population health strategies need longer periods of time for benefits and outcomes to appear, and to be measured.

As an example of this, strategic actions started in 2008 for improved child health will be measured against children born in the same year. This means in 2013, interventions built from those strategic actions, such as immunisations, should show improvements for children now five years old.

Other strategic actions, such as those that affect chronic conditions and disabilities, will be measured from an agreed benchmark. These measures will be made up of the wider determinants of health (e.g. education, housing, economics, justice, corrections, social policy etc.).

It is important to note this framework sees us initiating an approach to long-term gains. We also recognise the need to maintain and support activities currently in place to improve Maori health gain while retaining and building on the capacity to respond flexibly to immediate needs. In other words, this framework starts with what we are doing currently, includes the ability to implement short-term activities in response to need and provides the structure for seeing these activities within the continuum of wellbeing and wellness.

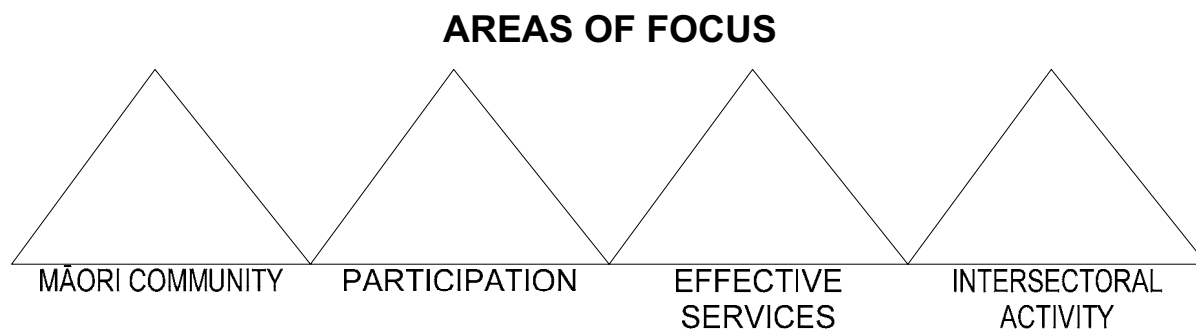
Implementation of this framework includes targeting vulnerable Maori populations; we know that Maori who feature in these population groups often feel doubly disenfranchised.

Wellness

Wellness is about maintaining physical, mental, emotional and spiritual health. Access to affordable, culturally responsive and appropriate services, in a timely manner is crucial to maintaining wellness.

Strategic Maori health actions will address maintenance of wellness.

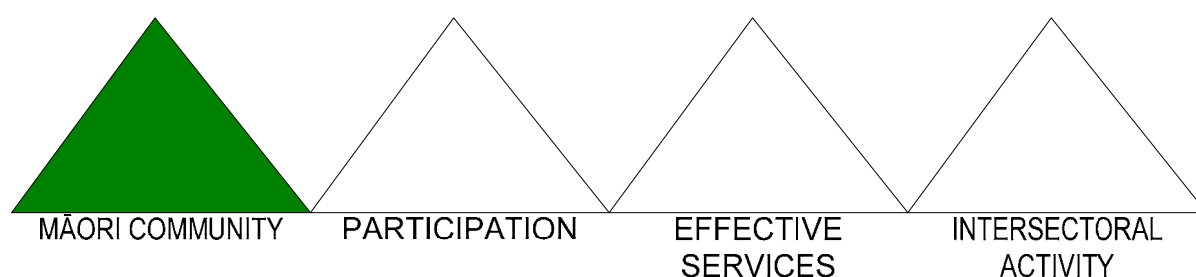
Healthy As!



Four pathways that build the basis for action of He Korowai Oranga strategy have been supported by our community as appropriate areas of focus which have the greatest potential for improving Maori health outcomes in Nelson Marlborough. These are:

- Te Ara tuatahi
- Te Ara tuarua
- Te Ara tuatora
- Te Ara tuawha
- Maori community
- Participation
- Effective Services
- Intersectoral Activity

Maori Community



Building on the strengths of our Maori communities presents a challenge to a number of government agencies and NGOs. These agencies have been used to “doing to” and “acting on behalf of”, this area of focus requires us to understand and acknowledge the strengths that currently exist in Maori communities and build on those strengths. Further, it requires the ability to recognise the potential of Maori communities to manage and maintain aspects of self determination they choose to take leadership in.

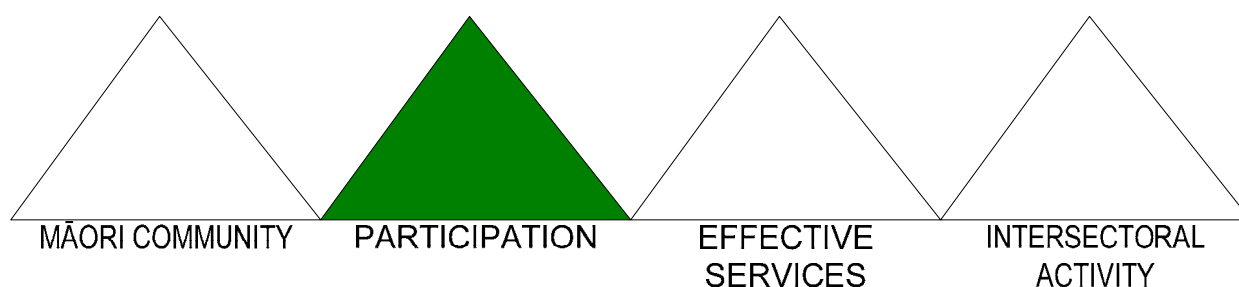
It is essential that the Maori community in Nelson Marlborough is core to our thinking, planning, funding and service delivery. Initially adjustments to our services need to occur, over time, government agencies and our communities will work collaboratively to support further community action.

We have received the following feedback from our community.

Agencies need to encourage:

- supporting community action and development initiatives which build on the existing strengths of Maori communities;
- helping the community make healthy lifestyle choices as early as possible;
- supporting projects which improve communication across the community and enhance community ownership and participation; and
- developing the capacity and capability of the Maori community.

Participation



Agencies are expected to include Maori at all levels of the organisation, not just as people receiving services. Evidence suggests that when more Maori are participant throughout organisational systems, better outcomes are achieved for Maori. Therefore, our aim is to develop Maori capacity and capability throughout our stakeholder organisations accepting responsibility for improved Maori health outcomes.

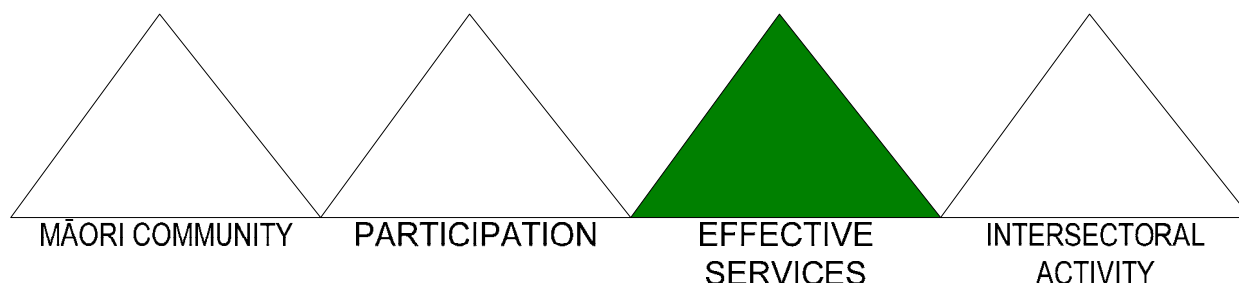
We have received the following feedback from our community.

Agencies need to encourage

- developing and supporting professional and community Maori leadership, whatever form it may take;
- developing Maori providers, their representatives and staff;
- ensuring health targets for Maori are realistic and achievable;
- working towards sustainable, equitable funded services;
- development of opportunities for Maori to deliver a comprehensive range of services to the community, these would include clinical, specialist and social services
- acknowledging and funding a broader scope of services delivered by Maori providers;
- improving Maori input at governance, management and service levels;
- developing kaupapa Maori services within mainstream organisations to improve Maori health outcome;

- franchise or chartered services – with consistent templates, access, service, quality, monitoring, training and support;
- developing small local community driven initiatives; and
- developing general practice knowledge on the Maori perceptions of health.

Effective Services



A range of organisations are currently responsible for improving Maori health outcomes. Of all of these agencies, health holds a higher responsibility for achieving these gains. Improvement for Maori health requires all health services to be responsive to the cultural needs and context of Maori consumers. Evidence suggests that Maori receiving responsive services have improved compliance, accept more responsibility, and understand better how to maintain their own health and wellness. Our current services, in general, suit the cultural imperatives of the majority of “one size fits all” which is not based in Maori. They are not as effective as they could be for Maori in terms of access, appropriateness and quality.

Building on these two focus areas should result in opportunities and solutions for increasing self care activity. Shifting the focus from ‘services will do for you’ to ‘what can services support you to do’ will reduce dependency and promote independence.

We have received the following feedback from our community.

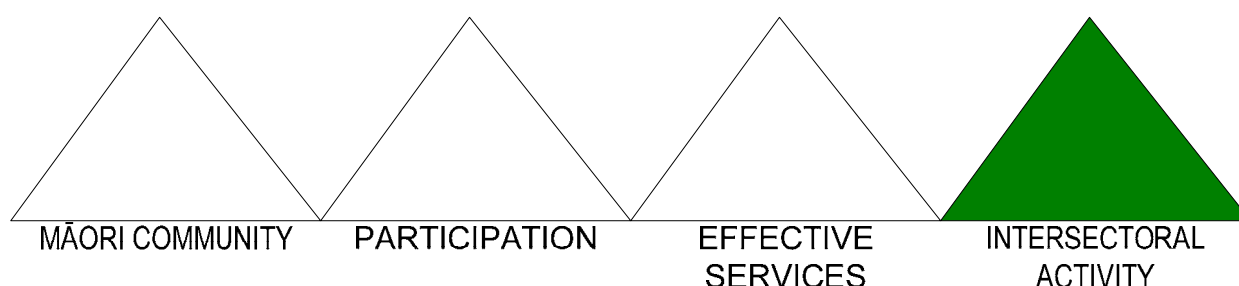
Services need to be responsive to Maori by:

- being consumer centered as well as whanau focused;
- being affordable;
- being accessible (particularly hours that suit Maori consumers e.g. after hours phone, mobile services);
- being visible;
- preventing/reducing avoidable presentations to acute services;
- allowing Maori to be Maori;
- being integrated and co-located;
- sharing information and providing consistent data which drives service responsiveness;
- being free from racial discrimination;
- providing settings, facilities and communication strategies that reflect the communities they serve;
- honouring the Treaty of Waitangi;
- providing tailored services rather than mainstream; and
- supporting Maori workforce development.

Effective services also require **workforce development** strategies that:

- actively recruit and retain Maori staff;
- improve Maori and non- Maori cultural awareness and competency;
- recognise the value of Maori workers and Maori providers;
- promote cultural responsiveness regardless of whether the workforce is a mainstream provider; and
- support nga mea Maori (things Maori) and Maori models of health.

Intersectoral Activity



Government agencies such as education, labour, justice and social development together with the health sector also have a role to play in improving Maori health outcomes. Maori whanau have signaled that they would like seamless wrap around services. The services should be accessed from one point of entry rather than duplicated, fragmented services. The Ministry of Education, Ministry of Social Development, Te Puni Kokiri, Child Youth and Family Services, Accident Compensation Commission, the New Zealand Police, Territorial Local Authorities, Housing New Zealand, Iwi authorities and community organisations all want to make a positive difference for Maori.

This focal area promotes the collaboration of these government agencies and NGOs to support the following:

- projects implemented across sectors that work *with* Maori whanau and communities;
- projects that improve communication and support community ownership and participation;
- access to quality data and information to understand the size and nature of the problem; and
- accountability and performance across all sectors toward positive outcomes for Maori.

MONITORING AND EVALUATION

The IHB and DHB Board are the Kaitiaki/Stewards for monitoring change. This strategic framework sets the platform for the production of a JAMHWSAP.

The plan will produce measurable outcomes for Maori and mechanisms to monitor this activity. All stakeholders identified in the framework as having responsibility will be accountable and informed around their performance area. We expect this monitoring framework will have continuous improvement as we refine it.

The pathway forward for this work will set against the Balance Score Card that the DHB is developing for the district.

The Vision sets the platform for change. The monitoring framework will use both local and national information to show change and performance across the district and with agreed participating agencies. A key development is the He Taura Tieke self assessment tool which will support participating agencies to self evaluate and bench-mark their service performance.

The monitoring framework will be finalised once the JAMHWSAP has been agreed by all parties.

Significant engagement has already occurred with the health sector and wider community in Te Tau Ihu. This has provided a number of themes that will support achieving the vision. Simply put, achieving the vision will require ongoing collaboration across the raft of agencies and communities expected to improve Maori Health and Wellness.

Glossary

DHB	District Health Board
IHB	Iwi Health Board
JAMHDSAP	Joint Agency Maori Health and Disability Action Plan
Kaupapa Maori	Maori theme
Kia korowaitia aku mokopuna ki te korowaitanga hauora	Embracing our grandchildren in the cloak of good health.
Manawhenua Iwi	Tribal groups acknowledged as having status over land in Te Tau Ihu
MHWSF	Maori Health and Wellness Strategic Framework
MHP	Maori Health Provider
MOA	Memorandum of Agreement
NGO	Non Government Organisation
NMDHB	Nelson Marlborough District Health Board
PHO	Primary Health Organisation
Whanau	Family
Whanau Ora	Traditionally, 'a diffuse unit based on whakapapa', now used in the sense of 'a diffuse unit forming a cohesive group sharing similar interests but does not necessarily have a direct blood relationship' (Durie 1998)