

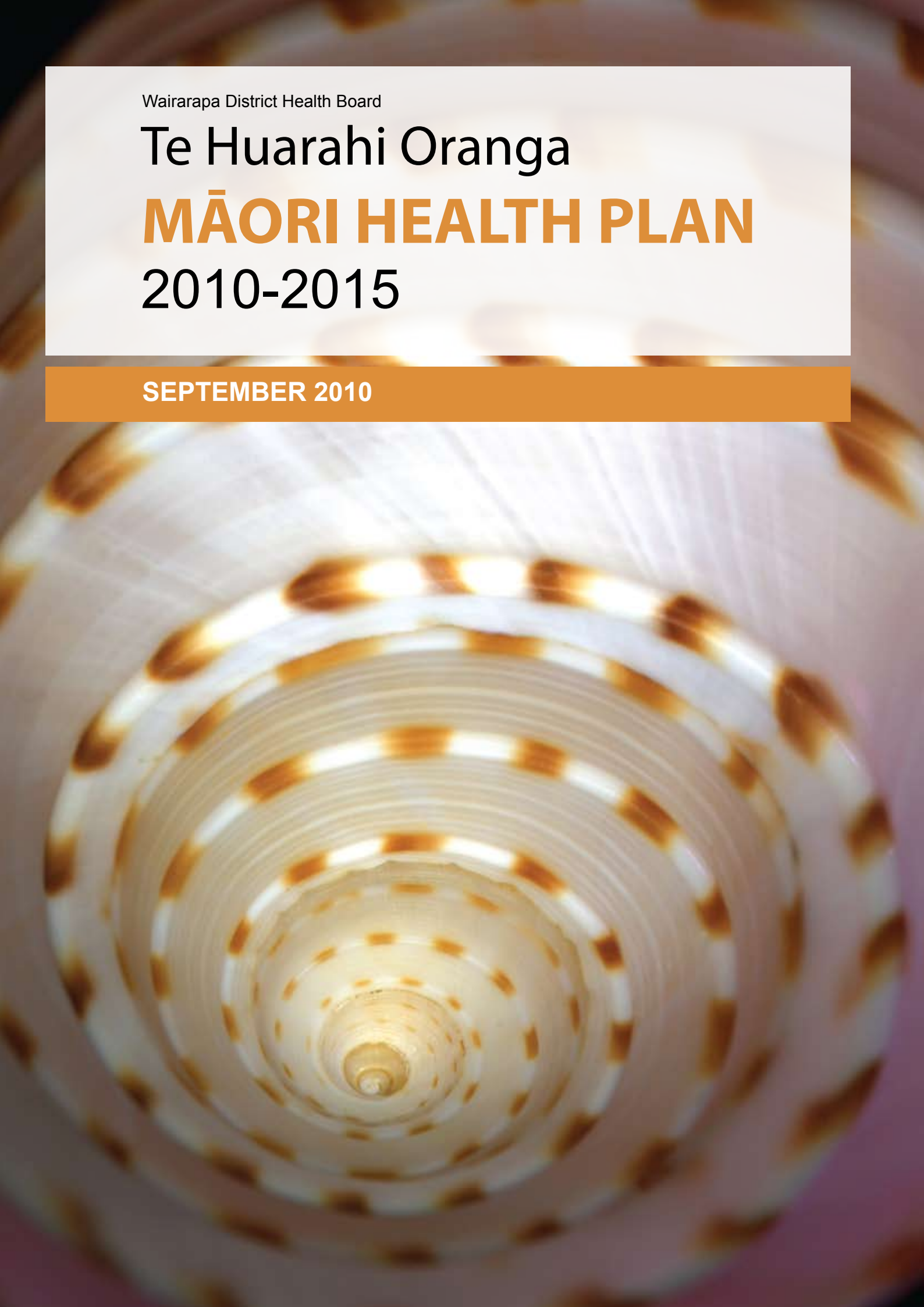
Wairarapa District Health Board

Te Huarahi Oranga

MĀORI HEALTH PLAN

2010-2015

SEPTEMBER 2010



NGĀ MIHI – ACKNOWLEDGEMENTS

Mai arara, Mai arara
Mai arara te rangi e tū nei
Mai arara te papa e takoto nei
Mai arara a Tane Te Wānanga,
Tane Te Waiora, Tane Nui Ā Rangi
Ueha, Ueha
Uehanuku, Ueharangi
Ueha te ira tāngata ki te whai ao, ki te ao marama
Haumie, Huie, Taiki e

E te iwi Whānau o te Wairarapa tēnā koutou katoa.
Tuatahi me mihi atu ki te Kaihanga ko ia hoki te
timatatanga me te otitanga, nō reira me whakanuitia
tōna ingoa tapu, Tuarua me mihi atu ki o tātou mate
huahua kua hinga mai i o tātou marae maha, kua
tangihia rātou, e koutou, kua tangihia e mātou, me kī,
kua oti Ngā poroporoaki kia rātou. Nō reira Ngā mate,
haere, haere, haere atu koutou, moe mai i roto i te Atua.
Ka huri ano kia tātou Ngā kanohi ora o rātou mā, tēnā
ano tātou katoa.

Many thanks to Wairarapa whānau for supporting the development of Te Huarahi Oranga, for your guidance, critique and feedback, and also for the wonderful photos of all our Wairarapa whānau, mokopuna, tamariki, tai ohi, pakeke and kaumātua that grace these pages.

It is with pleasure that we present Te Huarahi Oranga, the Māori Health Plan 2010-2015. The purpose of this document is to give a Strategic Implementation Framework to improve Māori health gains in the Wairarapa. The objectives are to ensure that the wellbeing of Māori remains a priority of the Wairarapa District Health Board (Wairarapa DHB).

*He kakano i ruia mai i Rangiatea
He Taonga tukuiho mai i te Rungarawa
He Taonga tukuiho mai ngā Kawai Rangātira
Mai te wharetangata ki te Ao marama
Whangaitia i te kai tūpenupenu
Kia ngohingohi kia Ngawari ai te horo,
Ngā whangaita ngā o ngā Mātua
Ngakingakitia, Hauhakitia.
Kia pakari tōna whakatupuranga
Ka ataahua te puawaitanga*

*A seed germinated from Rangiatea
Gifted from God the creator of all things
A taonga handed down from our Ancestors
From its home in the womb to the world of light
Nourished with well prepared sustenance
So that what is given is easily digested
Tended nurtured sprinkled with the water of life
Stimulates growth and gathers strength
That which began as a seed blossoms to maturity.*

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1. KŌRERO TUATAHI - FOREWORD

It is with pleasure that we introduce our third Māori Health Plan, Te Huarahi Oranga, for Wairarapa District Health Board which will support the continuous improvement of Māori health in the Wairarapa.

Te Huarahi Oranga is a five year strategic framework from 1 July 2010 to 30 June 2015. The aim of this plan is to give a strategic implementation framework to improve Māori health gains in the Wairarapa. This will be realised through effective strategies and actions that support positive health outcomes for whānau Māori at a local level. It provides a strategic vision, proposes actions to improve Māori health gains and uses Māori strength-based approaches within health service delivery.

The pathway towards improving Māori health gain can only be achieved by recognising that whānau are the key. We need to develop health solutions that are whānau-centred if we are to succeed in our strategic vision of Wairarapa Mauri Ora.

Te Huarahi Oranga strategic implementation framework includes Ngā Pou Mātua – Pouaro, Poutokomanawa, Poutuarongo.

Wairarapa DHB will take responsibility in leading, monitoring and annually reviewing Te Huarahi Oranga to ensure progress is being made and that sector and community-wide collaboration and integration inspire participation in the implementation of this plan.

Our focus must be on Māori who have the greatest need, which must be resourced appropriately.

The Board and Te Oranga O Te Iwi Kainga (Wairarapa District Health Board Iwi Relationship Board) are determined to tackle the barriers that exist at all levels. It is crucial that the emphasis on improving Māori health gains is built on and strengthened across all facets of our community.

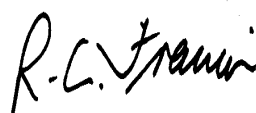
We would like to recognise that leadership continues to be the most critical factor in ensuring that Māori Health remains a priority. We acknowledge Mr Bob Francis, Chair of Wairarapa DHB for his ongoing commitment to addressing Māori health need in the Wairarapa. We acknowledge and thank the Māori Relationship Board Chairs over the past five years; Dr Janice Wenn and Mike Kawana for their knowledge and work which enabled the development of Te Arawhata Tōtika - The Wairarapa DHB Cultural Competency Framework.

Te Oranga O Te Iwi Kainga especially acknowledge the many whānau that support the work of Iwi Kainga and all those involved in the development of the plan. We acknowledge Wairarapa District Health Board staff for your commitment in the implementation of Te Kaupapa Hauora Māori o Wairarapa 2005 – 2008.

Ko te kaupapa o te Hauora Māori
Hei tohutohu, hei whakapakari i te whānau, hapū
me te Iwi Māori o Wairarapa
Ko tēnei te mea tino whakahirahira



Mike Kawana
Chair
Te Oranga O Te Iwi Kainga
Māori Relationship Board



Bob Francis
Board Chair
Wairarapa DHB



Tracey Adamson
Chief Executive
Wairarapa DHB

2. TE TĪMATA – BACKGROUND

Mā Te Hokinga Mahara Ka Mārama Te Haere

The provision of health services to Wairarapa people is based upon the beliefs of our tipuna that one has to revisit the past in order to move with meaning into the future.

In the 1820s Tutepakihirangi set out on a journey of healing: healing the relationships between the iwi of the Wairarapa and those living in the Wellington area. He traversed the Remutaka ranges and made his way to Pito-One (Petone) where a treaty of peace was agreed upon. A peace that enabled those who had been suffering from the wounds of war, to recover, those who were sick from the ravages of war were able to be healed.

In the mid 1800s Paora Potangaroa went on a journey of healing. He visited 25 marae along the length of the Ruamahanga River and cured a sickness that had stricken many of the whānau living at those marae. It was from this journey that the phrase Hiki te Ora has been taken. On his return to the marae the chief remarked, “nā wai koutou i whakaora?, nā wai te ora i hiki” (“who has healed my people, who has nursed you all back to health?”) to which the response was Nā Potangaroa i Hiki te Ora!” (it was Potangaroa who uplifted our health!)

In the late 1800s Marakaia Tawaroa and his brother Reihana embarked on a journey of healing. They could see that their people were suffering ill health from the foods that they were now consuming - foods saturated in fat, and sugar - so they set about developing gardens to grow vegetables and fruit. These gardens were situated at two of their marae., Potaerou which was down Johnstone Street, and Tukuwahine. The vegetables and fruit from these gardens were given to the different marae who parceled them out to each of their whānau.

In the early 1900s the Ngāti Hamua people of Te Ore Ore Marae set out on a journey of healing. It was believed that an unnatural power was causing the people to become sick and many others stricken with some form of mental illness and so they called on a religious healer to come to their aid. In April, 1928, Wiremu Tahupotiki Ratana arrived with a following of 500 of his people; he discovered the cause of the sickness and uplifted it from the people of Te Ore Ore.

In 1975 Koro Jim Rimene, along with his brother Kuki, embarked on a journey of healing. They could see that their whānau were suffering because of the losses suffered over the last 150 years - loss of land, loss of language, loss of culture, loss of identity. They set about putting things right, through intensive research, long restless hours of reading through literally thousands of genealogies and through continued pressure directed at them by other hapū, by other iwi and even some of their own whānau. They never left the path of healing they were travelling, and eventually the true identity of the people of the Wairarapa began to emerge, the true stories began to unfold, the true histories slowly brought back to life.

Tutepakihirangi, Paora Potangaroa, Marakaia and Reihana Tawaroa, the Kaumātua of Wairarapa led by Koro Kuki all walked down that path that led to the wellness of their people. Currently Māori health providers through their actions and their work continue the journey of healing. It is most certainly for us, the most overwhelming of privileges to walk this path as well, to give our support and total commitment to uplifting the health of our whānau “Hiki Te Ora”.



*Mike Kawana – Rangitāne & Ngāti Kahungunu;
Wharehuia Milroy – Tuhoe and Hemi Rimene – Rangitāne*

3. KŌRERO PAHURI - INTRODUCTION

He Korowai Oranga (2002) has enabled an increased focus on Māori health disparities, bicultural practice and the integration of Māori worldview as values and concepts within mainstream health care. The concepts of integrated care and whānau ora practice are currently recognised as integral to progressing Māori health gain. It is important to identify that the integration of these Māori concepts into daily health care has been a focus only within the last decade. The monitoring and reporting of DHB's progress against He Korowai Oranga strategic goals within mainstream hospital services has ensued only within the last 5-6 years. We have only just begun!

This crown health policy document has increased the emphasis on Māori health service development,

delivery, and monitoring across mainstream health provision. Recognition of Māori worldview health models and the role they play in reducing health inequalities is essential to this next period of Māori health development. Models such as Whare Tapa Wha have given mainstream a more comprehensive view of Māori values and philosophies. These models can support health practitioners to implement holistic approaches into their everyday practice and relationships with Māori.

The recently developed Wairarapa Clinical Services Action Plan and Tihei Wairarapa - the plan for improving primary care – have increased the emphasis on collaboration across all parts of the health and disability sector.



Whaiora Registered Nurse Hera Edwards – Ngāti Kahungunu, Ngāi Tahu explaining the intricacies of taking blood pressure to Holly Jackson – Ngāti Kahungunu

4. TE ĀHUATANGA - CONTEXT

4.1 Te Kaupapa Hauora Māori O Wairarapa 2005-2008

Te Kaupapa Hauora Māori O Wairarapa, the Māori Health Plan from 2005-2008, was the second Māori Health plan for the Wairarapa DHB. This plan outlined the way the DHB would achieve the key goals laid out in the district strategic plan and aligned to He Korowai Oranga¹, and Nga Whakataataka 2002-2005² for Māori health development. The strategic intent to Te Kaupapa Hauora Māori O Wairarapa was to improving Māori health in our district, reducing disparities and inequalities and used a population based approach to health. The objectives, approach and actions followed the four pathways of He Korowai Oranga. Clear milestones and indicators were identified for each year of the life of the plan.

While He Huarahi builds on Te Kaupapa Hauora Māori O Wairarapa it is evident that that the improvement to Māori health requires long term commitment and a concerted investment into the strengths of whānau. The development of He Huarahi shows Wairarapa DHBs continued commitment to Māori health.

Te Kaupapa Hauora Maori O Wairarapa Maori Health Plan 2005-2008



Korowai ora



4.2 Health Needs Assessment

The Wairarapa District Health Board's Māori Health Needs Assessment (HNA) 2008 provides an overview of the health status of Wairarapa Māori and describes their health needs, comparing them to the rest of New Zealand and Wairarapa non-Māori.

The key findings of the HNA provide a basis for determining priorities and planning for services over the next five years. These key findings are summarised in the Appendix. They indicate that there are key demographic features, determinants of health and a disproportionate burden of illness that need to be recognised in this plan for improving Māori health outcomes.

Demographics

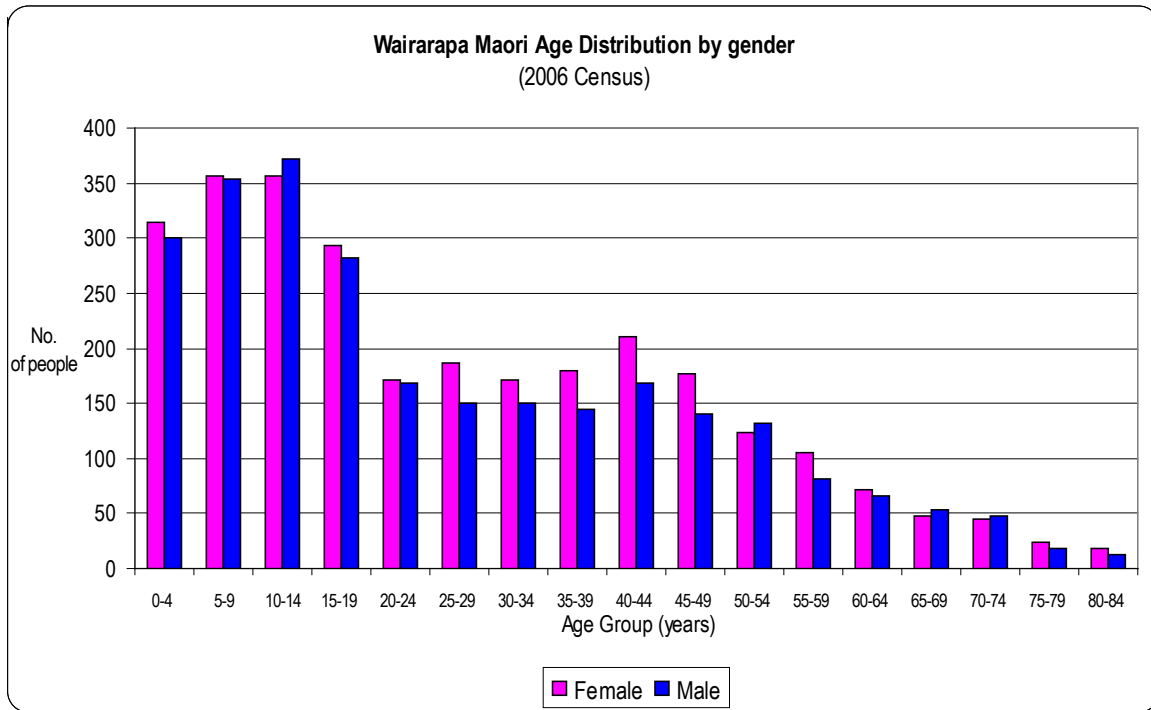
As with the rest of New Zealand the Wairarapa Māori population is much younger than the non-Māori

population. Māori aged under 15 years make up 37.5% of the total Wairarapa Māori population while those aged under 25 years make up 54% of the Māori population (compared to 18% and 28% respectively of the non-Māori population). On the other hand 5% of the Māori population is aged over 65 compared to 18% of the non-Māori population. The Wairarapa Māori population is projected to increase by 20% between 2006 and 2026, and the proportion of the total population that is Māori will increase. Table 1 refers.

68% of Wairarapa Māori live in the Masterton district area, 12% in Carterton and 20% in South Wairarapa.

1. Ministry of Health (2002) He Korowai Oranga is the national Māori Health Strategy
2. Ministry of Health (2002) Nga Whakataataka is Action plan to He Korowai Oranga.

Table 1: Wairarapa Māori age/gender profile, 2006



Determinants of health

It has been well documented that people of Māori and Pacific ethnicity and those of low socio-economic status have consistently poorer outcomes in comparison with the rest of the population. For New Zealand as a whole, the 2006 Census found that 54% of Māori lived in the most deprived areas (deprivation deciles 8,9 and 10). 24% of non-Māori lived in these areas. Similarly the Census found that 19% of Wairarapa Māori children and young people were living in crowded conditions, compared to 5.6% of European children and young people.

Marked differences are also evident in educational attainment at school leaving. While educational achievement in Wairarapa is very similar to the New Zealand average, higher proportions of Wairarapa Māori young people leave school with little or no formal attainment than those of European ethnicity.

Lifestyle factors also impact on the health and wellbeing of Māori in Wairarapa. In the Wairarapa during 2006 60.3% of Māori children were living in a household with a smoker compared to 37.5% of European children. Smoking rates in Wairarapa are higher than the national average for all ethnic groups. Smoking rates for Māori across all age groups and genders are high.

In 2006 47.4% of all Wairarapa Māori women were smokers.

Māori babies in Wairarapa are less likely to be fully or exclusively breastfed than other ethnic groups. However while Māori babies are more likely to have delays in childhood immunizations, by age two they are as likely to be fully immunised for age as European children.

Health status

Life expectancy for Wairarapa Māori is similar to that of the New Zealand Māori average, at 68.5 years for males and 77.1 for females. The disparity of health outcomes continues to be reflected in the gaps between life expectancy for Māori and non-Māori. Non-Māori Wairarapa males have an average life expectancy of 78.2 years and non-Māori Wairarapa females 82.8 years.

The top three causes of mortality for Wairarapa Māori between 1994 and 2004 were diseases of the circulatory system – also know as cardiovascular disease (35%), cancers (30%) and deaths due to external causes (10%). The most prevalent cancer in this period was neoplasm of the bronchus and lung, accounting for 32% of Māori cancer deaths.

Hospitalisation rates due to diabetes for Māori have increased with the rate for Wairarapa Māori at 2006 significantly higher than the New Zealand Māori rate.

Māori children up to age ten are more likely to be hospitalized for respiratory disease than other children, accounting for 57% of total admissions in this age group. Hospitalisations for respiratory disease also peak among Māori aged 65 to 69.



*Kaumātua Hikoi to Rarotonga
Wairarapa Kaumātua – Keeping well in Rarotonga*

4.3 Waitangi Tribunal – Wairarapa ki Tararua



26 June 2010
Wairarapa Ngāti Kahungunu
& Rangitāne Iwi Powhiri to
Waitangi Tribunal



On the 26th of June 2010 the Waitangi Tribunal provided their findings from their inquiry to the Wairarapa Ki Tararua back to claimants, whānau, hapū and iwi.

Several breaches of the Treaty of Waitangi were acknowledged. Furthermore the Waitangi Tribunal identified two significant findings in relation to health services. The findings are:

- That in land purchase negotiations between crown officials and local Māori in the early years of the colony, the Crown undertook to provide hospitals and doctors for Wairarapa Māori.

- That the subsidised services were wrongly limited to exclude Wairarapa Māori. They should have received the free medical care they continually asked for.

Overall the Treaty, the land fund and the Crown's specific undertakings to Wairarapa Māori, together meant that tāngata whenua of this district are entitled to receive good health care without extra cost to them³.

While these findings relate directly to health service delivery, wider consideration must also be given to addressing the wellness of the wider environment and its impact on the health of the Wairarapa.

³ Waitangi Tribunal Report page 1050

4.4 Te Wananga– consultation

In developing Te Huarahi Oranga two Hui a Iwi were held in the Wairarapa where whānau were asked to discuss what was working well in their community and where improvements could be made. Key themes emerged from the discussions and these are summarised below:

- Services that communicate well and support whānau needs are well used and are accepted by whānau
- Services delivered in the home or in settings that are familiar to whānau are important
- Access to health information and mechanisms for improving health literacy are needed
- Need to improved health service coverage across Wairarapa particularly in South Wairarapa
- Improved communication between Hospital, GPs and pharmacies
- Concern that services delivered outside of Wairarapa is impacting on whānau particularly cancer services.

These themes have been considered by Iwi Kainga and are reflected in Te Pou Mātua – the action plan framework.

Te Huarahi Oranga was also informed by a community consultation process undertaken with Eastside Masterton community residents during the 2009/2010 year.

The Masterton Eastside Community identified that a sense of whānau was unique to this community. They said that “everyone knows everyone and feels safe”. They also went on to say that, “They were a whānau community, not the wealthiest but the happiest with neighbourly contact, friends and schools that weren’t too far for the whānau.”

The Masterton Eastside community identified a range of health concerns for their community, including:

- drugs and alcohol
- obesity
- smoking
- asthma

- nutrition & fitness
- diabetes
- sexual health for rangatahi
- oral health for all ages
- environmental issues including the polluted river, dirty streets, rubbish and the dump.

Eastside residents discussed their preference for accessing health services on the Eastside of Masterton and noted that these services were limited. They also stated that many residents found it difficult to access health services and health promoting activities in other areas of Masterton because the services were not Māori user-friendly. They said they like their prescriptions renewed more quickly and easily and would also like mirimiri and rongoa, services provided on the Eastside of Masterton.

Residents strongly supported the provision of comprehensive health services located within the community.



Masterton Eastside Community celebrating the value of whānau wellness

Whiti te ra

Whiti te ra started out as a small Kapahaka event that was moved to McJorrow Park, Cameron Cres, Masterton in 2007 and has been held there now for 3 years. This event has proven to be a great community-building event for the Masterton Eastside Community who now look forward with enthusiasm to this event each year.

Whiti te ra has and continues to be a great whānau day that the Eastside community are proud of. It is a platform to introduce messages, projects and initiatives into that community.

It encourages participation in cultural activity and physical activity alongside healthy eating, auahi kore and alcohol free.

It encourages a connected, whānau-orientated community bringing the whole community together under the one kaupapa.

4.5 Whānau Ora – whānau-centred services

Whānau Ora is the vision for He korowai Oranga which resonates with Māori. It is a vision that requires leadership and services to work together, putting whānau at the centre of service delivery. Associate Minister of Health, the Honourable Minister Turia, has called for a greater focus on achieving this vision and empowering whānau in self determination.

Recently in April 2010 the Whānau Ora Taskforce released their report to Minister Turia. The taskforce outlined a Whānau Ora approach including a model for whānau-centred services and principles. Tihei Wairarapa, in its business case, has opted to use these principles to guide their own Whānau Ora approach.

Te Oranga O Te Iwi Kainga acknowledges this approach and will strongly support groups organising themselves to be effective for whānau and willing to place whānau at the centre of their delivery.

Furthermore Te Oranga O Te Iwi Kainga, with the support of Wairarapa DHB and through their respective Iwi, will look to champion a Whānau Ora approach for Wairarapa. This will require greater sector and intersectoral collaboration, effective commitment and increased understanding of the principles which underpin Whānau Ora.



*Arts & Crafts with Hinehou Adams
Kaumātua at Te Hauora Runanga o Wairarapa*

4.6 Māori health services in the Wairarapa

There are a range of Māori health services and specific Māori health initiatives already in place in the Wairarapa to improve the health of Māori. The aim of this strategy is to continue to build on these foundations to achieve the vision of Wairarapa Mauri Ora – vibrant, confident and strong whānau. Specific Māori health services, initiatives and achievements to note include:

Very Low Cost Access

The establishment of a Māori VLCA (Very Low Cost Access) at Whaiora from the 1st April 2010 along with the provision of Packages of Care funding from the Wairarapa Community PHO ensure reduced cost and /or free access to Primary Health Care for many Māori.

Māori health providers

The Wairarapa DHB has two established Māori providers in the region - Whaiora and Te Hauora Runanga O Wairarapa.

Whaiora provides a wide range of programmes and services to bring about wellness in families and whānau and Te Hauora Runanga O Wairarapa provide Kaupapa Māori Health and Support Services.

Outreach medical clinics

A number of outreach medical clinics are held in the region including Te Rangimarie clinic (supported by a Māori General Practitioner), the Cameron clinic and school-based outreach clinics at Makoura and Kuranui College which have a high proportion of Maori clients.

Healthy lifestyles

Investment into Healthy Eating Healthy Action initiatives for Māori focusing on physical activity, healthy lifestyles and disease prevention. This has included working with the Māori Women's Welfare League to open doorways for Māori whānau to have a better understanding of nutrition with programmes being delivered on marae, in secondary schools and Te Kohanga Reo.

Tamariki

A focus on Tamariki (Maori children) as a priority group for the B4 schools and immunizations programmes has resulted in a good uptake of this initiative for Tamariki. Whaiora has been contracted to provide support to whānau to ensure that all tamariki receive their checks and associated follow-up and immunization services by using Kaiawhina.

Kahukura

The Palliative Care (Kahukura) service was implemented in October 2008 and specifically includes provisions that are designed to improve palliative care access and services to Māori whānau. Māori competency has been incorporated into the programme training.

Workforce development

The Health Workforce New Zealand's Hauora Māori Fund supports workforce development across the Wairarapa Health Sector and the UCOL Bachelor Degree of Nursing continues to produce Māori graduates.

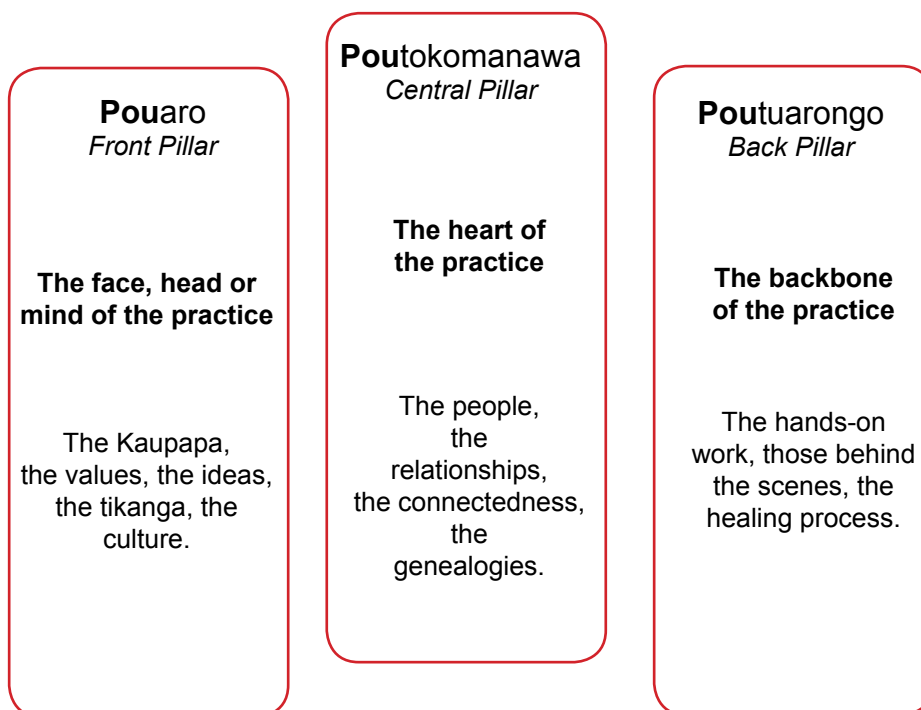
5. TE HUARAHĪ ORANGA – THE PATHWAY TO WELLNESS

Vision

Wairarapa Mauri Ora
Vibrant, strong and confident whānau

Te Huarahi Oranga -The pathway to wellness, is the name given to this plan and provides a context for understanding and implementing Māori health practice in the Wairarapa.

This plan brings with it challenges and opportunities that Te Oranga o Te Iwi Kainga and Wairarapa District Health Board will work side by side to address.



Values:

Whakapapa, Wairua, Mauri, Whakawhānaungatanga, Manaakitanga, Aroha

5.1 Vision

The vision for Wairarapa whānau is Wairarapa Mauri Ora - Vibrant, confident and strong whānau. Such a vision ensures that we anticipate the very best outcomes for whānau. The vision builds from the Wairarapa District Health Board's strategic vision and encompasses Whānau Ora into a Wairarapa context. Achieving this vision will require an increase in the delivery of effective and responsive health care for whānau Māori and an integration of Māori values and health practice models into health care delivery for all.

5.2 Te Huarahi Oranga: Ngā Pou Mātua

Ngā Pou Mātua are the main pillars or support beams. These are the core principles.

Te Huarahi Oranga uses Pou to structure the next set of challenges and actions for supporting Wairarapa Mauri Ora. The Pou used in Te Huarahi Oranga are constructed from local tāngata whenua knowledge, history, health practice, and aspirations.

Ngā Pou Mātua focuses on health priorities that have been identified as issues of importance for Māori.

There are three pou:

- Pouaro
- Poutokomanwa
- Poutuarongo

Pouaro: this Pou will identify the actions required to develop the workforce and 'culture' of Wairarapa health organisations. It will describe the strategies and actions required for supporting the integration of Māori worldview models, values, tikanga – practice.

Poutokomanawa: this Pou will identify the actions required in relation to Māori health Governance, Māori Health Provider focus and development, and relationship development and connection across the Wairarapa health provision continuum.

Poutuarongo: this Pou describes the activities required to support and enable health services to be more effective for the individuals and whānau they serve. There is a focus on clinical practice models to enable whānau ora outcomes.

5.3 Values

Te Huarahi Oranga and the pou are underpinned by core cultural values that form the basis of the Ngā Pou Mātua. These same values also underpin Te Arawhata Tōtika which was developed by local iwi in 2008.

The core cultural values are combined with the five values of Wairarapa DHB and together they provide Te Arawhata Tōtika, "the ladder that leads us in the right direction"⁴.

Te Arawhata Tōtika values are:

- **WHAKAPAPA** – the containment of one's history and one's future, the relationship between humankind, land, and the elements they are interwoven.
- **WAIKUA** – an expression on one's inner spiritual self reflected in a Māori worldview.
- **MAURI** – life essence, that which sets individuals apart or translates them into unique individuals, it exists in both animate and inanimate objects.
- **WHAKAWHĀNAUNGA** – kinship in its widest sense, relationships involving caring, sharing and nurturing.
- **MANAAKITANGA** – looking after people and being very careful about how they are treated.
- **AROHA** – the expression of pity, sympathy, compassion, approval, pride.

⁴ Te Arawhata Tōtika page 9

VIBRANT, STRONG, CONFIDENT WHĀNAU



Kaumātua Ball 2009 - Celebrating life at 80 plus
The late Sir Howard Morrison – Te Arawa presents Heather Marunui – Ngāti Kahungunu (left) and Tinirau Akuira – Ngāti Kahungunu, Rangitāne



Paris Potangaroa – Ngāti Kahungunu, Rangitāne, Tuhoë, Ngāi Tahu, and Tanea Dudson – Te Ati Hau a Paparangi



Holly Winder with son Sam Te Kira - Tainui

6. NGĀ POU MĀTUA - THE FRAMEWORK

Pouaro - The face, head or mind of the practice (the kaupapa, the values, the ideas, the tikanga, the culture)

This Pou will identify the next set of challenges and actions required to develop the 'culture' of Wairarapa health organizations. It will describe the strategies and actions required for supporting the integration of Māori worldview models, values, tikanga – practice.

Pouaro – supporting Māori values, tikanga practice, and cultural competence in healthcare

In 2015:

***Tikanga Māori is business as usual for health services and practitioners,
and Māori feel safe and confident accessing any Wairarapa health service.***

Ngā Putake – Outcomes	Ngā Take – Actions	Timeframes
<ul style="list-style-type: none"> The Treaty of Waitangi and bicultural practice is a key component in the delivery of health services in Wairarapa Māori models of Practice are integrated across health service delivery All front line clinical staff are assessed as being culturally competent 	<ul style="list-style-type: none"> Establish formalized training options to advance knowledge of the Treaty of Waitangi, Tikanga /Best Practice Guidelines and Te Arawhata Tōtika – Cultural Competency Framework across Wairarapa healthcare provision. 	2010-12 MHU annually - HR
	<ul style="list-style-type: none"> Develop opportunities for Wairarapa knowledge integration within Tikanga / Best Practice & Cultural Competency Training programmes funded by the DHB 	2010-12 Māori Directorate
	<ul style="list-style-type: none"> Work with generalist health providers to implement a Treaty of Waitangi and cultural competence training package. 	2011 -15 HR/MHU
	<ul style="list-style-type: none"> Implement health focused initiatives and programmes that engage and build Māori leadership in promoting wellness and independence 	Annually 2010-15 SDPH- HEHA Coordinator
	<ul style="list-style-type: none"> Māori consumers participate in formal mechanisms to improve the cultural quality and safety of health services 	2010-11 MHU
<p>Ngā Putake – Outcomes</p> <ul style="list-style-type: none"> A strong and sustainable Māori workforce is employed across clinical and non-clinical groups 	<p>Ngā Take – Actions</p> <ul style="list-style-type: none"> DHB develops and implements a Māori Health Workforce Development Plan that utilises local, regional and National Māori health workforce development initiatives and supports recruitment, development, and retention of the Wairarapa Māori health workforce. 	<p>Timeframes</p> 2011-2012 HR & MHU
	<ul style="list-style-type: none"> implementation of a Māori Nursing Leadership programme 	2011-15 HR & DON
	<ul style="list-style-type: none"> Work with whānau to provide opportunities for cadetship/work experience in the health sector 	2013-15 HR & Māori Directorate
	<ul style="list-style-type: none"> Develop Wairarapa recruitment and retention policies and guidelines to ensure that Māori workforce is a priority 	2010-11 HR 2011-2012 WCPHO
	<ul style="list-style-type: none"> Ensure adequate Māori consultation takes place in the development of Sub-Regional, Regional and /or National health workforce planning and strategies 	Annually 2010-15 SDPH

Poutokomanawa - The heart of the practice (the people, the relationships, the connectedness, the genealogies)

This Pou identifies the next set of challenges and actions required in relation to Māori health governance, Māori health service focus and development, and relationship development and connection across the Wairarapa health provision continuum

Te Oranga O Te Iwi Kainga - Iwi Relationship Board

In 2015:

Kanohi ki te kanohi, pakahiwi ki te pakahiwi,

Māori and health services are meeting face to face and working shoulder to shoulder to advance Māori health gain.

Ngā Putake – Outcomes	Ngā Take – Actions	Timeframes
<p>The Iwi Relationship Board – Te Oranga O Te Iwi Kainga and WDHB work together in advocating for the health needs of Iwi / Māori and the wider Māori community residing in the Wairarapa DHB District</p>	<ul style="list-style-type: none"> Provide timely and effective input/advice into the DHBs strategic and governance activity 	<p>Annually 2010-2015 SDPH</p>
	<ul style="list-style-type: none"> Work closely with and support the Wairarapa DHB to communicate relevant information to Iwi / Māori residing in the district 	<p>Annually 2010 - 2015 Māori Directorate</p>
	<ul style="list-style-type: none"> Monitor the performance of the DHB in relation to increasing Māori health gain and more specifically the reduction of inequalities that exist for Māori Advocate for funding arrangements that will achieve measurable Māori health outcomes 	<p>Annually 2010-2015 SDPH</p>
	<ul style="list-style-type: none"> Ensure Māori leadership is provided in the development of sub-regional, regional and national health planning and strategies Provide leadership on the Central Region Joint Working Group (JWG)⁵ 	<p>Annually 2010-2015 Māori Directorate</p>
	<ul style="list-style-type: none"> Support Māori providers and promote Māori provider development through regular Te Iwi Kainga /provider meetings and information sharing 	<p>2012-2015 SDPH Māori Directorate</p>
<p>Ngā Putake – Outcomes</p> <ul style="list-style-type: none"> All service delivery throughout the region is able to show evidence of health gain for Wairarapa Māori 	<p>Ngā Take – Actions</p> <ul style="list-style-type: none"> Support collaboration between all providers to increase Māori health gain Ensure health service provision to Māori by both primary and secondary health providers is monitored and measured through obligatory contractual reporting Build positive relationships with local government agencies, government departments, NGOs, and local community organisations Maximise opportunities to utilise Māori expertise, consumer engagement, and participation at all levels of service planning and delivery Work with Māori communities to develop local infrastructures that support the delivery of health initiatives in those communities 	<p>2011-2013 SDPH</p> <p>On-going SDPH</p> <p>Annually 2010-2015 DMH</p>
<ul style="list-style-type: none"> Māori are able to access high quality, sustainable 'by Māori, for Māori', health services 	<ul style="list-style-type: none"> Support Māori providers and promote Māori provider development through regular contract and relationship meetings and information sharing 	<p>On-going DMH, SDPH</p>

⁵ JWG is the Joint Working Group for the Central Region made up of CEOs, DHB Chairs and Māori Partnership Board Chairs

Poutuarongo - The hands-on work

(The hands-on work, those behind the scenes, the healing process)

This Pou describes the next set of challenges and activities required to support and enable health services to be more effective for the individuals and the whānau they serve. There is a focus on clinical practice models to enable whānau ora outcomes.

The backbone of the practice – effective health services for Māori

In 2015:

Strong whānau are engaging with health services and managing their wellbeing

Ngā Putake – Outcomes	Ngā Take – Actions	Timeframes	
Māori health gains have been tracked across the health system	<ul style="list-style-type: none"> Review ethnicity data collection protocols across services and ensure ethnicity reporting across all health monitoring reports 	2011-15 Finance & Info	
	<ul style="list-style-type: none"> Establish benchmarks / targets and work plan to improve Māori access to hospital services. 	2011-13 GM Clinical Services	
	<ul style="list-style-type: none"> Ensure annual primary care practice plans include Māori health targets and that progress is demonstrated against Māori Health targets. 	2011-15 WCPHO	
Whānau are able to access effective, integrated and coordinated health services	<ul style="list-style-type: none"> Implement and monitor DHB health strategies that will improve Māori health gain, eg the Child Health Strategy, Tihei Wairarapa 	2011-2015 SDPH	
	<p>Review the effectiveness of selected services for Māori and implement agreed recommendations:</p> <ul style="list-style-type: none"> Outreach and Marae based clinics Mental health services Antenatal Care Oral health services Maternity services Needs assessment and service coordination Chronic disease services (including respiratory and cancer treatment services) 	2010-15 SDPH GM Clinical Services	
	<ul style="list-style-type: none"> Support the development of the Integrated Family Health Network (IFHN) to enable integrated health services for Māori 	2010-15 SDPH Māori Directorate PHO ALT	
Ngā Putake – Outcomes	Ngā Take – Actions	Timeframes	
A whānau ora approach supports whānau to achieve optimum wellbeing	<ul style="list-style-type: none"> Support the development of a Hautūtanga (Wairarapa Guided Care Coordination) model that supports improved health outcomes for Māori Support the development of integrated clinical pathways to assist health providers and whānau to navigate the available services easily, effectively and appropriately 	2010-12 SDPH WCPHO GM Clinical Services 2010-2013	
	<ul style="list-style-type: none"> Support the development of a whānau ora approach for the Wairarapa Support the development and implementation of a Wairarapa population health strategy that aligns health promotion activities across providers and sectors with Māori health priorities and Māori models of delivery. 	2010-11 SDPH	
	<ul style="list-style-type: none"> Support and contribute to intersectoral health initiatives that target high needs Māori, including: <ul style="list-style-type: none"> Masterton East urban renewal project Family violence initiatives improved housing for Māori with high health needs clean water and air initiatives tobacco control initiatives 	2010-15 SDPH	
WCPHO	Wairarapa Community Primary Health Care Organisation	MHU	Māori Health Unit
SDPH	Strategic Development and Population Health	HR	Human Resources
DMH	Director Māori Health	DON	Director of Nursing



Kai time on the road with Joseph Potangaroa and Whānau – Ngāti Kahungunu, Rangitāne, Tuhoe

We have a hangi a couple of times of year because it is a good way to get together with family and friends. From the preparation of the hole to the food being lifted out of the ground it becomes a social occasion where everyone talks and has a laugh. The kids run around outside the whole day and also learn an aspect of Māori culture first hand.

Of course there is plenty of physical activity involved too. We like to use native wood which is often not sawn so lugging heavy pieces around takes a bit of effort. Then there are jobs like digging the hole, lifting railway irons and placing heavy wet sacks. When you go to clean the hole out in readiness to place the food baskets the sweat just pours off you because the irons are so hot.

7 MEASURING MĀORI HEALTH OUTCOMES

While we monitor and report to the Ministry of Health on a large set of performance indicators Te Huarahi Oranga will focus on a selection of measures and indicators to support the actions identified in the Pou.

It is clear with the strong policy focus on Whānau Ora that measurement of Māori health gain needs to move from measuring outputs (from a problems-based approach) to measuring outcomes (from a strengths-based approach) that better represents the aspirations of Whānau.

Acknowledging that we are in a state of transition the following measures and indicators reflect a range of quantitative and qualitative measures and indicators, that can monitor progress towards outcomes identified in the Pou. Baseline data, our year targets and how these link to the DHB's Strategy Map or Ministry of Health Indicators of DHB Performance (IDPs) are also provided.

Pouaro (the kaupapa, the values, the ideas, the tikanga, the culture)						
Area	Measures / Indicator	Baseline 2008/09	Targets			
			2011/12	2012/13	2013/14	2014/15
Maori workforce	The percentage of full time equivalent employees who self identify as Māori <i>(Strategy Map M34)</i>	1.9%	3% or more	4% or more	4.5% or more	5% or more
Cultural competence	Progress report on the milestones on Te Arawhata Tōtika, implementation plan (qualitative report) <i>(Strategy Map I 5)</i>					
Working in partnership	Provide an annual report on how local Iwi/Māori are supported by the DHB to participate in the development and implementation of the strategic agenda, service delivery planning, monitoring and evaluation (qualitative report).					
Consultation and collaboration	6 monthly PHO report on implementation of their Māori Health Plan - % achievement of objectives which have been agreed with the DHB <i>(IDP HKO-01)</i>	80%	85%	90%	95%	95%
Ethnicity data submitted to national collections	Ethnicity not stated in NHI Target <i>(Strategy Map M40)</i>	1.1%	<2%	<2%	<2%	<2%

Poutuarongo (the hands on work, those behind the scenes, the healing process)

Area	Measures	Targets				
Population Health						
		Baseline 2008/09	2011/12	2012/13	2013/14	2014/15
Population Screening Services: Cancer	Percentage of Māori women aged 45 -69 who have had mammograms in the last two years. <i>(Strategy Map M18)</i>	63.66%	68%	69%	70%	70%
Population Screening Services: Cancer	Percentage of Māori women aged 20-69 who have had a cervical smear over the previous three years (high needs) <i>(Strategy Map M18)</i>	65.65%	>75%	>75%	>75%	>75%
Immunisation Services	Percentage of Māori 2 year olds fully immunised for age <i>(Health Target)</i>	86%	95%	95%	95%	95%
Health promotion	Percentage of Māori babies fully and exclusively breastfed at six weeks of age <i>(Strategy Map M16)</i>	42%	65%	67%	69%	>=74%
Services: Smoking Cessation	Enrolled patients with smoking status ever recorded <i>(Health Target)</i>	68.84% (March 2010)	80%	85%	90%	90%
Oral health services	Percentage of Māori children caries free at five years of age	34%	45%	50%	55%	60%
Primary and Community Health						
PHO (Other Services): Diabetic Annual Reviews (DAR)	Proportion of Māori estimated to have diabetes accessing free annual checks <i>(Health Target)</i>	65%	71%	72%	74%	77%
PHO (Other Services): Diabetes management	Proportion of Māori on the diabetes register who have good diabetes management (HbA1C = or< 8%) <i>(Health Target)</i>	67%	72%	73%	74%	78%
PHO (Other Services): CVD risk assessment	Increased percent of the eligible Māori adult population have had their CVD risk assessed in the last five year <i>(Health Target)</i>	69.3%	75%	77%	78%	80%
Smoking Cessation	Percent of (high needs) smokers provided with cessation assistance in primary care <i>(Health Target)</i>	New measure. Baseline to be established.	To be confirmed	To be confirmed	To be confirmed	To be confirmed

Poutuarongo (the hands on work, those behind the scenes, the healing process)

Area	Measures	Baseline 2008/09	Targets			
Hospital Services						
Hospitalisation	Rates of ambulatory sensitive hospitalisations of Māori aged 45 – 65yrs (Strategy Map M21)	140	120	110	110	110
Hospitalisation	Rates of ambulatory sensitive hospitalisations of Māori aged 0 –4yrs (Strategy Map M21)	125	105	100	100	100
Cancer treatment services	% of Māori patients who receive radiation oncology treatment within 6 weeks of the first specialist assessment (Health Target)	87%	100%	100%	100%	100%
Access to Mental Health	Average number of Māori (aged 0 - 19) with severe mental illness seen by MH service(N.B National Target is 3%) (Strategy Map M6)	2.12	3.0	3.2	3.2	3.2
Access to Mental Health	Average number of Māori (aged 20 – 64) with severe mental illness seen by MH service (NB. National Target is 3%) (Strategy Map M6)	4.10	4.3	4.4	4.4	4.4
Support Services						
Access to assessment	The percentage of people over 65yrs accessing support needs assessment who are Māori (Strategy Map M15)	3%	4%	4%	5%	5%
Access to support for younger disabled Māori	The percentage of clients under 65 years receiving long term services to support them to live at home who are Māori (Strategy Map M14)	18%	21% or more	22% or more	22% or more	22% or more
Palliative Care Services	Number of Māori patients who have received integrated Palliative Care Service	8%	10%	11%	12%	14%

Poutokomanawa (the people, the relationships, the connectedness, the genealogies)

Area	Measures / Indicator	Baseline 2008/09	Targets			
			2011/12	2012/13	2013/14	2014/15
Responsiveness / connectedness of health providers	Māori Did Not Attend (DNA) rates at outpatient clinics <i>(Strategy Map M32)</i>	10%	8.5%	8%	7.5%	7%
Responsiveness / connectedness of health providers	The ratio of primary care consultations by high needs (including Māori) to primary care consultations by all people <i>(Strategy Map M24)</i>	1.11	>1.14	>1.15	>1.16	>1.17
Satisfaction with health services	Annual report back on the Hui-a-tau on the effectiveness of health services for Māori (qualitative report)					

VIBRANT, STRONG, CONFIDENT COMMUNITIES



The Māori Women's Welfare League

Archdeacon Hariata Tahana, Mihi Namana, Mere Kerehi, Frances Reiri-Smith, Cissy Walker, Angie Pourau, Paremo Matthews and many other kuia give tirelessly to their people in many ways but one common link is their long time membership in The Māori Women's Welfare League.

Since the 1950s the League has been helping families throughout the Wairarapa although with an aging membership and limited numbers of young people joining it faces similar challenges to other well established organisations. This doesn't deter the women and men, a progressive modern development, at the core of the league as they continue working with Māori communities and families.

At a national level the League provides a strong political voice for Māori families, while regional and local branches deliver social, health and educational programmes. In the recent past the Wairarapa branch has completed several programmes including child immunisation and healthy eating. Mainstream health organisations recognise the ability of the aunts and nannies to connect with Māori families and so entered into what proved to be a relationship of multiple benefits.

Most recently the League has organised a literacy workshop in Palmerston North and a two day outing for kaumatua, matua and mokopuna. This event was hosted by the Walker whānau at their whare in Ngawi. The mixing of four generations and sharing of time was lovely. The children had fun on the beach, ate plenty of good kai, were very brave in introducing themselves to the adults, performed a joint item and most importantly got to spend quality time with a group of their kaumatua.

Times change and it is a sad fact that working voluntarily for your community is being supplanted by individual interests and paid employment. Yet through their league work and all of the other ways our kuia and koroua demonstrate aroha they continue to show younger generations how to create wellness.



Genesis Recreational Centre trainer, Tova Miller – Ngāti Kahungunu with member, Heta Kerehi – Ngāti Kahungunu, Rangitāne, Muaupoko

Whakamoeh Patu performer, Tahī Hikitapua-Martin - Rangitāne, Ngāti Kahungunu, Ngāti Porou, Ngāi Tahu



Rongomātane Huirama - Ngāti Kahungunu, Ngāti Tahu Ngāti Whaoa, Te Arawa, Tainui

Wairarapa Ki Uta Ki Tai Kapahaka performers Te Arahī Huirama – Ngāti Kahungunu, Ngāti Tahu Ngāti Ngāti Whaoa, Te Arawa, Tainui, and Potiki Hikitapua-Martin - Rangitāne, Ngāti Kahungunu, Ngāti Porou, Ngāi Tahu.

8. APPENDIX

Wairarapa DHB Māori Health Needs Assessment (HNA). Data used to inform Te Huarahi Oranga

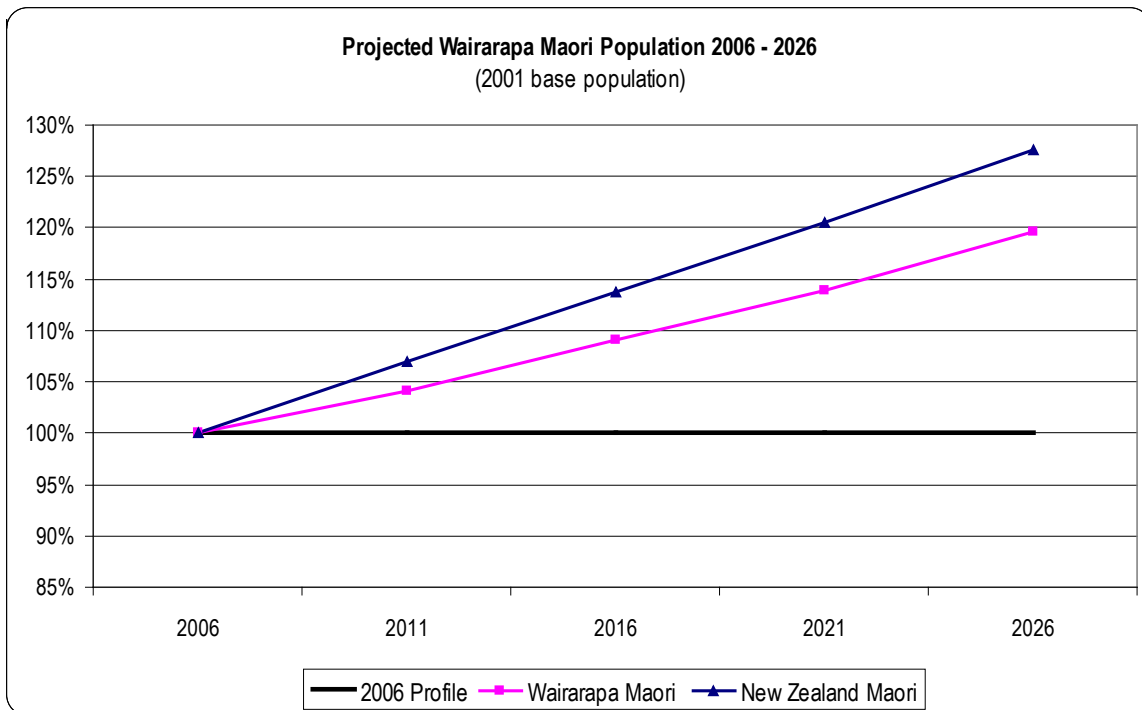
Demographic Information

Mana Whenua in Wairarapa comprise of Ngāti Kahungunu ki Wairarapa and Rangitaane o Wairarapa.

At the time of the 2006 census 5496 Māori were recorded as living in the Wairarapa. This is the same proportion, 14%, as the national average. However, in 2006 the proportion of Māori living in Masterton was 2.5% higher than the Māori proportion nationally. Ministry of Health projections indicate that Māori as a proportion of the Wairarapa population will increase following a national trend.

The following graph compares the Wairarapa Māori population change to the New Zealand Māori total. The graph illustrates both Wairarapa Māori and New Zealand Māori population projections against the Wairarapa 2006 population profile if the population remained static until 2026.

The Wairarapa Māori population is projected to increase by 20% between 2006 and 2026, compared with New Zealand Māori population which is projected to increase by 28% in the same period.



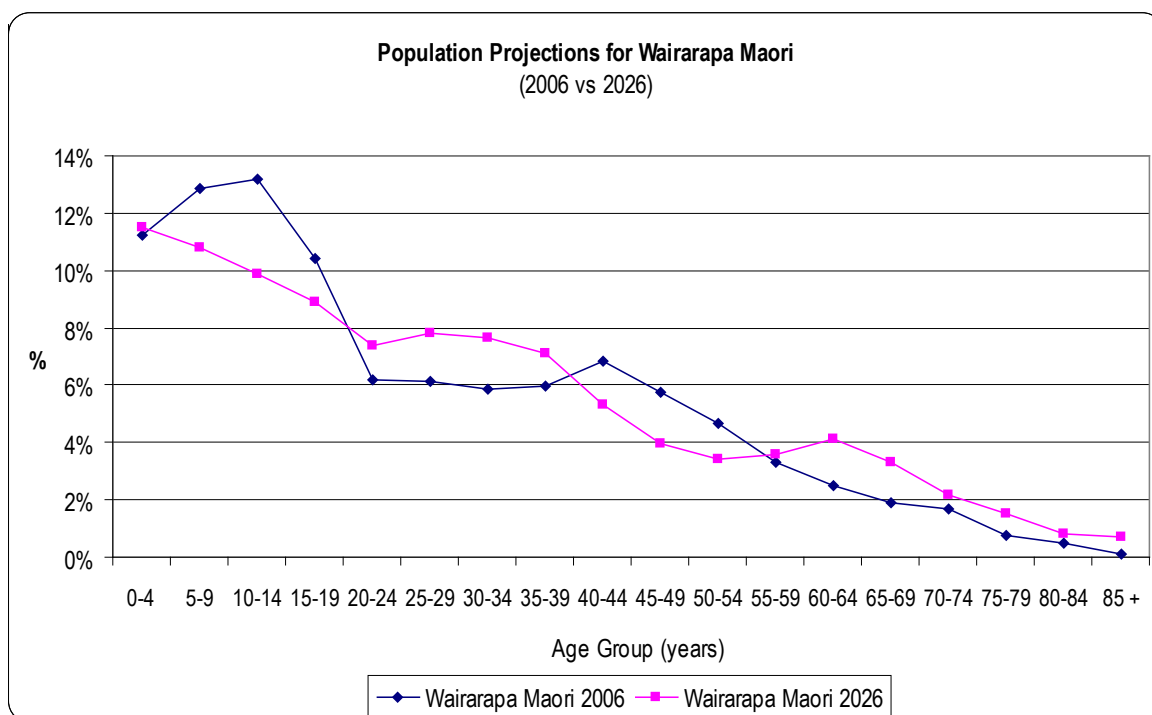
Projected Māori Population 2006 - 2026

Location	2006	2011	2016	2021	2026
Wairarapa Māori	6,100	6,350	6,650	6,950	7,300
New Zealand Māori	630,300	674,500	716,600	759,600	804,200

Age structure

The overall age distribution for Wairarapa Māori shows a peak in the 10-14 year age group. Māori aged under 15 years make up 37.5% of the Māori population in the Wairarapa and those under 25 years make up 54% of the Māori population. Of the Wairarapa Māori population 52% are females and 48% males. There are noticeably greater numbers of females between the 25-49 year age group. The pattern for Wairarapa Māori is very similar to that of New Zealand Māori.

The graph below shows the Wairarapa Māori population age distribution comparing 2006 census with the 2026 projections. The Wairarapa Māori population is expected to increase by 20% between 2006 and 2026 with the largest growth being for the 20-39 year age group and for those over 60 years of age. Both these groups are projected to increase by 6%.



Socioeconomic factors

Socioeconomic factors are major determinants of health and well-being. People with a more favourable socioeconomic position have better health than those who are less well off. Disease and poor health may have an impact on socioeconomic position. Personal health status can therefore be both contribute to and be an outcome of poor socioeconomic status. People with disabilities in particular are affected by the impact of socioeconomic factors.

in severe hardship, compared to 8% of European families and 4% of other families.

A major health challenge for New Zealand is the inequalities in health between Māori/Pacific and non-Māori/non-Pacific peoples. It is well documented that people of Māori and Pacific ethnicity and low socioeconomic status (income, education, occupation, housing), have consistently poorer health outcomes in comparison with the rest of the population.

The 2004 Living Standards Survey noted 20% of all Māori families with dependent children reported living

Health Status of Māori - Key findings for the Wairarapa

- ▶ Wairarapa Māori females have a slightly longer life expectancy than Māori females in the rest of the country.
- ▶ The top three causes of mortality for Wairarapa Māori between 1994 and 2004 were diseases of the circulatory system (35%), cancers (30%), and due to external causes (10%).
- ▶ The age standardised mortality rate for Wairarapa Māori is higher than the Non Māori Wairarapa rate. The trend for both ethnic groups has remained similar over the ten year period 1994 to 2004.
- ▶ Wairarapa Māori Adults aged between 25-44 years - the leading cause of death for this age group between 1994 and 2004 was as a result of External causes. These were mainly due to car accidents and Intentional self harm (suicide). Males comprised 86% of the deaths from External causes within this age group.
- ▶ Wairarapa Māori Adults aged 65+ - the leading causes of death for this age group between 1994 and 2004 were due to Circulatory system disease or Cancer, making up 81% of the total within this age group. Chronic Ischemic heart disease made up 38% of the total deaths due to Circulatory system disease. The cancer most prevalent was neoplasm of the bronchus and lung for this age group, and affected twice as many Wairarapa Māori females than Wairarapa Māori males.
- ▶ Avoidable Mortality, as a percentage is 6% higher for Wairarapa Māori men at 53% than it is for Wairarapa Māori women at 47%.

Access to services and the utilisation of services. Key findings for the Wairarapa

- ▶ The percentage of hospital discharges for Wairarapa Māori increased by 10% between the 2004/05 and 2006/07 financial year periods.
- ▶ The number of Elective Admissions to Wairarapa Hospital as a percentage of the total population for Wairarapa Māori increased in the 2006/07 year for those aged between 55 and 70 years of age.
- ▶ There has been a significant reduction in the number of Ambulatory Sensitive and Preventable Admissions to Wairarapa Hospital as a percentage of the total ethnic population for Wairarapa Māori in the 60-64 age group in both the 2005/06 and 2006/07 years, compared to 2004/05 financial year period.

Risk and protective factors – Key findings of the HNA

Smoking

- ▶ Most adults who smoke begin smoking before the age of 18 years, and there is evidence to show that the younger people begin smoking, the more likely they are to become strongly addicted to nicotine. Females are more likely to become smokers in this age group than males.
- ▶ Māori women have the highest smoking percentage in Wairarapa (47.4% smoke).
- ▶ The percentage of Māori men who have never smoked is slightly higher than those who smoke regularly.

Nutrition

- ▶ Māori have a lower prevalence of adequate fruit and vegetable intake compared to non Māori.

Obesity

- ▶ Levels of obesity of both males and females are worse in the Wairarapa than across New Zealand as a whole, with Māori being more obese than non Māori.

Physical Activity

- ▶ Local initiatives aiming to improve health and physical fitness in the Wairarapa include implementation of the Wairarapa Physical Activity Plan.

Drug and Alcohol

- ▶ Non-Māori were significantly more likely to have consumed alcohol in the last 12 months compared to Māori. Among past-year drinkers, non-Māori consumed alcohol significantly more frequently than Māori. However, Māori drinkers were significantly more likely to consume a large amount of alcohol on a typical drinking occasion, and to consume a large amount of alcohol at least weekly, compared to non-Māori drinkers.
- ▶ Wairarapa Māori have a higher prevalence of current hazardous drinking than their New Zealand counterparts.

Chronic conditions - Key findings for the Wairarapa

Circulatory System Disease

- ▶ Of the circulatory system diseases, Angina pectoris was the most frequent reason for hospitalisation in the Wairarapa between 2000 and 2006, while chronic ischaemic heart disease and acute myocardial infarction (heart attack) and were the leading causes of death for Wairarapa Māori.
- ▶ Mortality rate trends for Wairarapa Māori due to all types of Circulatory System diseases show decreases between 1994 and 2004 and are trending below their respective New Zealand rates.

Diabetes

- ▶ Diabetes is the most common cause of kidney failure in New Zealand.
- ▶ Hospitalisation rates due to all types of diabetes for Māori, both in the Wairarapa and New Zealand, have increased with the rate for Wairarapa at 2006 significantly higher than the rate for New Zealand Māori.

Renal Failure and Kidney Disease

- ▶ Chronic kidney disease and its effects account for one third of New Zealand's health costs and numbers of sufferers are set to increase dramatically.
- ▶ Wairarapa hospitalisation rates due to Kidney disease and Renal failure are significantly below the New Zealand rates.
- ▶ Wairarapa Māori females had more hospitalisations (55%) due to Kidney disease and Renal failure than Wairarapa Māori males (45%) during the year 2000 to 2006 period. The highest number of hospitalisations occurred in the 40-44 year age group for both genders.
- ▶ The percentage of hospitalisations of Wairarapa Māori due to Renal Failure and Kidney Disease are similar to the Māori national percentages, although hospitalisations due to Calculus of kidney and ureter (kidney stones) were 9% higher in the Wairarapa. Research has found that risk factors for kidney stones include type II diabetes and obesity.
- ▶ During the 10 year period between 1994 and 2004 there were 4 deaths of Wairarapa Māori due to Kidney Disease and Renal Failure This accounted for 9% of the total Wairarapa population deaths due to this cause.

Respiratory Disease

- ▶ The percentage of Respiratory disease hospitalisations for Wairarapa Māori is similar to that of New Zealand Māori between the year 2000 and 2006. Wairarapa Māori have a slightly higher hospitalisation percentage for Acute bronchiolitis.
- ▶ Wairarapa Māori hospitalisation rates for both Acute bronchiolitis and Pneumonia are decreasing.
- ▶ Māori children (both genders) up to the age of 10 years of age have more hospitalisations due to Respiratory disease, accounting for 57% of the total. This decreases significantly from then and peaks again in the 65-69 age band.
- ▶ Between 1994 and 2004 Respiratory disease mortality rates for Wairarapa Māori show no change. The cause that resulted in the highest numbers of deaths for Wairarapa Māori was Other chronic obstructive pulmonary disease.

Cancer - Key findings for the Wairarapa

- ▶ Cancer was the second leading cause of mortality among Wairarapa Māori, accounting for 30% of deaths (84) between 1994 and 2004. This is 4% higher than for New Zealand Māori overall.
- ▶ Wairarapa Māori cancer registration rates have increased, while the rate for New Zealand Māori has remained similar over the ten year period between 1994 and 2004.
- ▶ Among all malignant cancer registrations for Māori in the Wairarapa between 1994 and 2004, the most common was lung cancer, followed closely by breast cancer. Wairarapa Māori had a slightly higher registration for these two cancers than New Zealand Māori.
- ▶ Cancer hospitalisations rates have increased slightly for Wairarapa Māori and are above the New Zealand rate for Māori, but not significantly.
- ▶ It is evident that each ethnicity has different treatment requirements, eg: breast and lung cancer hospitalisations are higher for Māori, whereas neoplasms of the skin are higher for those of Other ethnicities.
- ▶ Breast cancer registrations are forecast to increase further over the next decade, as a result of the Breast Screen Aotearoa Programme. Māori women have higher breast cancer registration rates, compared to women of either Pacific or Other Ethnicities.
- ▶ Among all malignant cancer deaths of Wairarapa Māori between 1994 and 2004, the most common was due to lung cancer, followed by stomach cancer.
- ▶ Lung cancer has the highest mortality, followed by cancer of the colorectum and anus. Māori were affected more by lung cancer, whereas those of Other ethnicities were affected more by cancer of the colorectum and anus. This is similar to New Zealand overall.
- ▶ Mortality rates for Wairarapa Māori due to Colorectal cancer decreased significantly between 1994 and 2004.
- ▶ The top three cancers causing avoidable mortality for Wairarapa Māori are Lung cancer, stomach cancer and breast cancer.

Mental health - Key findings for the Wairarapa

- ▶ The age-standardised self-harm hospitalisation rates, comparing Māori with Non-Māori shows the rate for Wairarapa Māori is significantly higher than the New Zealand Māori rate, and was 3rd highest compared to other DHBs in 2006. The rate for Wairarapa Non-Māori is very similar to the New Zealand rate.
- ▶ Hospitalisation rates for Wairarapa Māori due to Mental Health Conditions (all types) was above that of the New Zealand Māori rate in the year 2000 and has significantly decreased during the year 2000 to 2006 period.
- ▶ Schizophrenia is the main reason for mental health hospitalisations, both for Wairarapa Māori and New Zealand Māori, with the national percentage being 9% higher than Wairarapa. Schizophrenia affects significantly more Wairarapa Māori males than females.
- ▶ Hospitalisations due to Mental and behavioural disorders due to the use of alcohol were the second most common cause (13%) of mental health hospitalisations of Wairarapa Māori between the year 2000 and 2006.
- ▶ Hospitalisations due to either Depressive episodes or Mental and behavioural disorders due to use of alcohol are higher for Wairarapa Māori, while hospitalisations due to Bipolar affective disorder are higher for New Zealand Māori.
- ▶ Self-harm hospitalisation rates for Wairarapa Māori are significantly higher than the New Zealand Māori rate.

Injuries and accidents - Key findings for the Wairarapa

- ▶ Road traffic injuries and Suicide were the most common reasons for accident / injury related hospitalisations of Wairarapa Māori people between the year 2000 and 2006, accounting for 71% of this total.
- ▶ Wairarapa Māori males account for (68%) of the hospitalisations due to Road traffic injuries.
- ▶ The percentage of accident / injury hospitalisations for Wairarapa Māori males between the ages of 15-24 was 18%, compared to 10% for Wairarapa Māori females in the same age group.
- ▶ Between 1994 and 2004, 92% of accidental deaths of Wairarapa Māori were due to either transport accidents or Suicide.

Child, Youth and Maternal Health - Key findings for the Wairarapa

- ▶ At the time of the 2006 census the total resident Wairarapa Māori Child and Youth population aged 0-24 years made up 54.1% of the total Wairarapa Māori population. The projections are that this population group will decrease by 5.6% by the year 2026.
- ▶ The most common cause of hospitalisations was due to factors influencing health (1,052 hospitalisations). Of this, there were 720 hospitalisations (68%) live-born infants according to place of birth. This refers to a newborn baby requiring admission to hospital immediately after birth or during the post natal period from the mother's bedside, whether born at hospital, home or elsewhere.
- ▶ Although the most common cause of hospitalisations was due to factors influencing health, the most common cause of hospitalisations for Wairarapa Māori females only in the 15-24 year age group was due to pregnancy complications.
- ▶ Marked ethnic differences in Oral Health status were evident with a lower proportion of Māori children being caries free at 5 years, and Māori children having higher mean DMFT scores at 12 years in both fluoridated and non-fluoridated areas.
- ▶ Increases in hospital admissions during 1996 – 2006 for serious bacterial infections were consistent with New Zealand trends. However, admission rates were lower than the New Zealand average. Rates remained consistently higher for Māori children and young people.
- ▶ In the Wairarapa during 1996-2006, hospital admissions for both lower respiratory tract infections and asthma were higher amongst Māori children.
- ▶ During 1996 – 2006 teenage birth rates for both Māori and European women were similar to their respective New Zealand ethnic specific averages.
- ▶ During 2006, 9.8% of children and young people lived in crowded households compared to 16.5% nationally. However 19% of Māori children and young people lived in crowded households compared to 5.6% European. Crowding rates for Wairarapa children and young people were lower than the New Zealand Māori average.
- ▶ There were marked ethnic differences in educational attainment at school leaving during 1995 – 2006 with higher proportions of Māori than European leaving school with little or no formal attainment.
- ▶ No routine surveillance of overweight and obesity in New Zealand children and young people occurs at present.
- ▶ During 2006, 60.3% of Māori children were living in a household with a smoker, as compared to 37.5% of European children.
- ▶ Immunisation rates for Māori children were higher than the New Zealand Māori average.

Health of older Māori - Key findings for the Wairarapa

- ▶ The Older Wairarapa Māori population aged 65 years and over is projected to more than double during the 2006 and 2026 period.
- ▶ Wairarapa Māori females have a longer life expectancy than Wairarapa Māori males. Wairarapa Māori females live on average to the age of 77 years, while Wairarapa men live to the age of 68 years.
- ▶ While 5% of the Wairarapa Māori population is 65 years of age or older this group accounted for 10% of the entire Wairarapa population hospitalisations.
- ▶ The main reason for hospitalisations of Older Wairarapa Māori people was Respiratory System disease.
- ▶ Cancer was the leading cause of mortality for Older Wairarapa Māori people between 1994 and 2004.
- ▶ Circulatory system disease was the leading cause of avoidable mortality for older Wairarapa Māori people between 1994 and 2004. The two main causes being heart attack (Acute myocardial infarction) and chronic ischaemic heart disease.
- ▶ The second most common cause of death of avoidable deaths for Older Wairarapa Māori, affecting slightly more than twice as many females than males was due to Lung cancer.
- ▶ The use of residential care by Māori remains very minimal. It is likely that Older Wairarapa Māori people that require care would be cared for by their Whānau.
- ▶ No Wairarapa Māori people were hospitalised due to Dementia during this period.

Disability – Key findings for the Wairarapa

- ▶ 5% of Māori children had special education needs and this was the most common type of disability for Māori children.
- ▶ Almost all Māori with a disability lived in households (99%) and less than 1% lived in residential facilities.
- ▶ Of Māori adults, 19% had a disability. The most common causes of disability for Māori adults were disease or illness.
- ▶ For those Māori adults with a disability, 38% had a single disability and 62% had multiple disabilities.