

# Wairarapa Māori Health Strategy 2021 Te Rautaki Hauora Māori

HAUORA MŌ TĀTOU  
WE ARE



Wairarapa DHB

*Wairarapa District Health Board*

Te Pōari Hauora a-rohe o Wairarapa

## ACKNOWLEDGEMENTS

This strategy is the result of what we heard directly from whānau. So our first acknowledgements are to whānau Māori in our rohe, especially those who took the time to complete our survey at the end of 2020 and start of 2021. Your thoughts, aspirations, and insights have directly contributed to our strategy.

The strategy was developed by Wairarapa District Health Board (DHB) in partnership with Te Oranga o Te Iwi Kainga (Wairarapa's Iwi partnership board).

The role of Te Oranga o Te Iwi Kainga is to advocate for Iwi, Hapū, whānau and Māori at both a strategic and governance level so that we can have an effective health and disability system in the Wairarapa that meets the needs of our people. Te Oranga o Te Iwi Kainga members are appointed by the Iwi Chairs from Ngāti Kahungunu and Rangitāne. Despite having a diverse range of backgrounds, the members share a passion for a **Well Wairarapa**.

The strategy was supported by key Wairarapa DHB staff, including Jason Kerehi, Janeen Cross, Tina Te Tau-Brightwell, Daniel Kawana, Anna Cardno and Kadeen Williams and greatly assisted by the efforts of Sophronia Mete-Smith and Jared Renata. Their commitment led to over 460 responses to our Māori health survey.

A special mention must be made to Tā Mason Durie (Ngāti Te Kauwhata/Rangitāne) whose Pae Ora model was the basis of the survey that we went out to the people with. His model allowed whānau to describe their views on health and wellbeing for themselves (Mauri Ora), their whānau (Whānau Ora) and their environment (Wai Ora).

The analysis and drafting of the strategy, including the development of fact sheets from the survey responses, was completed by Baker Consulting Ltd for Wairarapa DHB and Te Oranga o Te Iwi Kainga.

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# FOREWORD

**Kia piki te ora, piki te kaha, piki te wairua, piki te māramatanga**  
**To uplift our health, our physical, spiritual and mental wellbeing.**

We are proud to provide Wairarapa with our new Māori Health Strategy.

The strategy reflects our commitment to a Te Tiriti o Waitangi partnership and to improving health and wellbeing outcomes for Māori.

When we first began work on this strategy we knew that to truly deliver on our shared ambitions for Well Wairarapa, as set out in Hauora Mō Tātou, we needed to hear directly from whānau Māori about what was important to them. Spending time connecting with whānau and providing multiple ways for people to give us feedback (in person, via paper surveys or online) gave us rich information and insights and has provided a solid foundation for action over the next three years.

Importantly, whānau told us that their health and wellbeing goes beyond what is traditionally seen as the business of health and disability services. Whānau tell us that a healthy environment is the cornerstone of a Well Wairarapa and for this reason we

have identified it as the first of our priorities. This must, however, be complemented by excellent health and disability services, thriving Kaupapa Māori providers and an appropriate use of data, governed by principles of Iwi data sovereignty.

Although work on this strategy began before we knew the extent of the pending changes to the health and disability system, it has been prepared in a way that allows it to be used by a range of health and disability organisations – here in Wairarapa as well as regionally and nationally. Being organisationally ‘neutral’ in this way makes it a road map of sorts, supporting all of us with a commitment to Māori health and wellbeing to navigate through the changes and keep our sights very focused on our vision: for all Māori in our rohe to be healthy and well, both now and for generations to come.



**Sir Paul Collins**  
*Chair*  
*Wairarapa District Health Board*



**Deborah Davidson**  
*Chair*  
*Te Oranga o Te Iwi Kainga*



# CONTEXT FOR THIS STRATEGY

Kia piki te ora, piki te kaha, piki te wairua, piki te māramatanga

To uplift our health, our physical, spiritual and mental wellbeing.

The past 18 months have been extraordinarily challenging within the health and disability sector. The most obvious of our challenges has been Covid-19, and responding to keep our communities safe through the pandemic. This has highlighted the disproportionate risks faced by Māori when it comes to public health crises and has served to emphasise the need for pro-equity approaches in, for example, the nationwide roll-out of the Covid-19 vaccination programme.

Another issue has been the uncertainty brought about by widespread structural changes within our sector. These structural changes were first signalled through the Health and Disability System Review Panel's report that was released last year,<sup>1</sup> with Ministers making decisions on the intended shape of the changes in April 2021. The details of these changes are currently being worked through within the Department of Prime Minister and Cabinet, with the aim of implementing the new health model by the middle of 2022.<sup>2</sup>

These challenges have provided an opportunity for us to take stock and re-boot our approaches to health and wellbeing in a way that is centred on health equity and improving Māori health outcomes. This has been further supported by the Stage One findings of the Waitangi Tribunal in its inquiry into health services and outcomes (Wai 2575).

We know, for example, that there are unfair and unjust differences in health outcomes for Māori in our rohe – which we can see across a range of health indicators such as ambulatory sensitive hospitalisation rates.<sup>3</sup> These differences indicate that health and disability services are not currently meeting the needs of Māori to the extent they should be.

The DHB responded to some of these challenges through the development of a whole-of-DHB strategy – Hauora Mō Tātau.<sup>4</sup> Hauora Mō Tātau sets out the DHB's vision for Well Wairarapa and for working in ways that improve, promote, and protect the health status of the people of the Wairarapa region, and the independent living of those with disabilities, by supporting and encouraging healthy choices.

Our Māori Strategy takes the work of Hauora Mō Tātau further by looking specifically at the goals and priorities for Māori health and wellbeing within our rohe. We have prepared this Strategy at the same time as details about the future shape of the health and disability system are still emerging. This meant we needed to develop this Strategy in a way that is 'future-proofed'. For this reason, we disciplined ourselves to focus on three things:

- listening to the voices of Māori in the Wairarapa who have shared with us direct feedback on their current experiences of the health and disability sector (both good and bad) and their aspirations for healthy and well whānau,
- influencing health and disability sector decision-makers regardless of the specific agencies or approaches that are put in place through the impending health reforms, and
- ensuring that Te Oranga o Te Iwi Kainga is with us every step of the way.



<sup>1</sup> Health and Disability System Review. (2020).

<sup>2</sup> Waitangi Tribunal. (2019).

<sup>3</sup> Page 43. Wairarapa DHB. (2021).

<sup>4</sup> Page 43. Wairarapa DHB. (2021).

# THE WAIRARAPA ROHE

Wairarapa DHB covers the Masterton District, Carterton District, and South Wairarapa District (Figure 1 shows the boundary of the general Wairarapa region).

## The Māori population of the Wairarapa area

At the time of the 2018 Census, 8,169 Māori lived in the Wairarapa DHB region (18% of the total population of Wairarapa).

## Age profile

The 2015 Wairarapa DHB health information showed that in 2013, the Wairarapa Māori population was relatively young, with a median age of 24.0 years, compared with 43.4 years for the overall population of this DHB. At that time, Māori comprised 29% of the Wairarapa DHB's children aged between 0 and 14 years, and 28% of those aged between 15 and 24 years.

The 2018 Census information showed that the median age in 2018 for Māori living in the Masterton District was 24.2 years. The median age for Māori living in the Carterton District was 24.1 years, and for Māori living

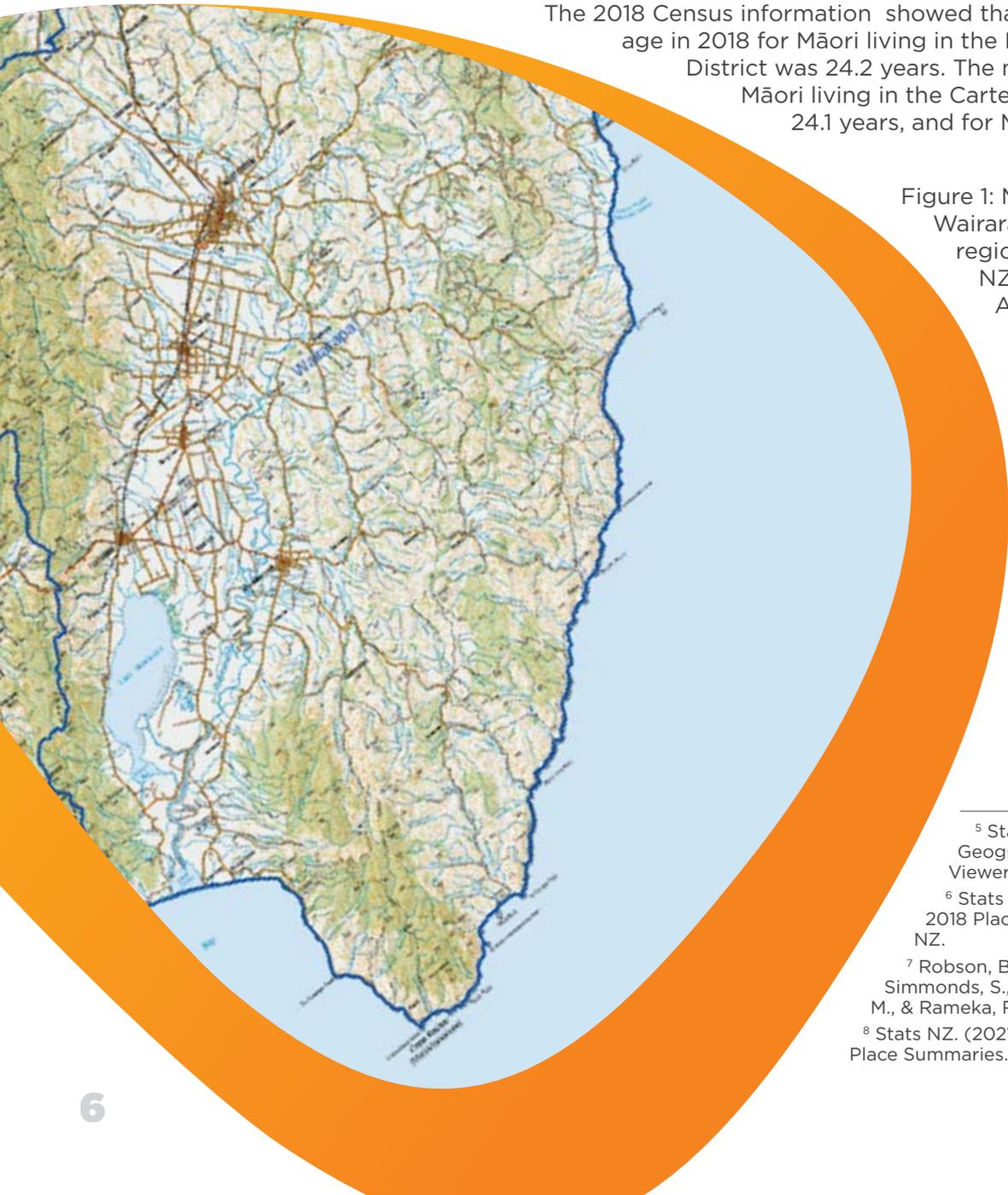


Figure 1: Map of the Wairarapa DHB region. Source: Stats NZ Tatauranga Aotearoa (Stats NZ).<sup>5</sup>

<sup>5</sup> Stats NZ. (2021). Geographic Boundary Viewer. Stats NZ.

<sup>6</sup> Stats NZ. (2021). Census 2018 Place Summaries. Stats NZ.

<sup>7</sup> Robson, B., Purdie, G., Simmonds, S., Waa A., Eddowes, M., & Rameka, R. (2015).

<sup>8</sup> Stats NZ. (2021). Census 2018 Place Summaries.



in the South Wairarapa District, the median age was 27.3 years. Although the Wairarapa Māori population is youthful, Figures 2 to 4 show that it is gradually becoming an ageing population, particularly in the South Wairarapa District.

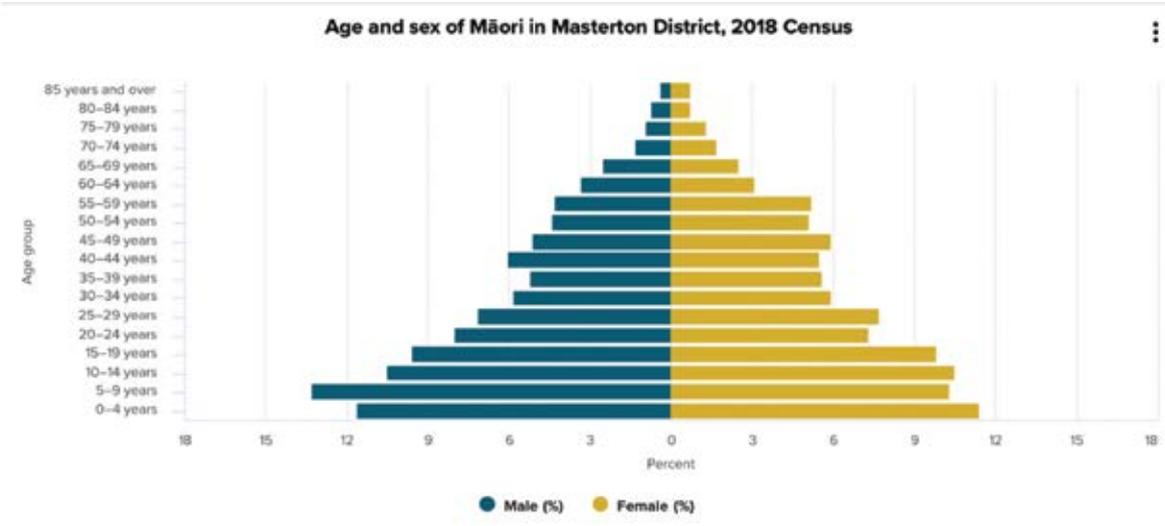


Figure 2: Age profile for Māori in the Masterton District. Source: Stats NZ.<sup>9</sup>

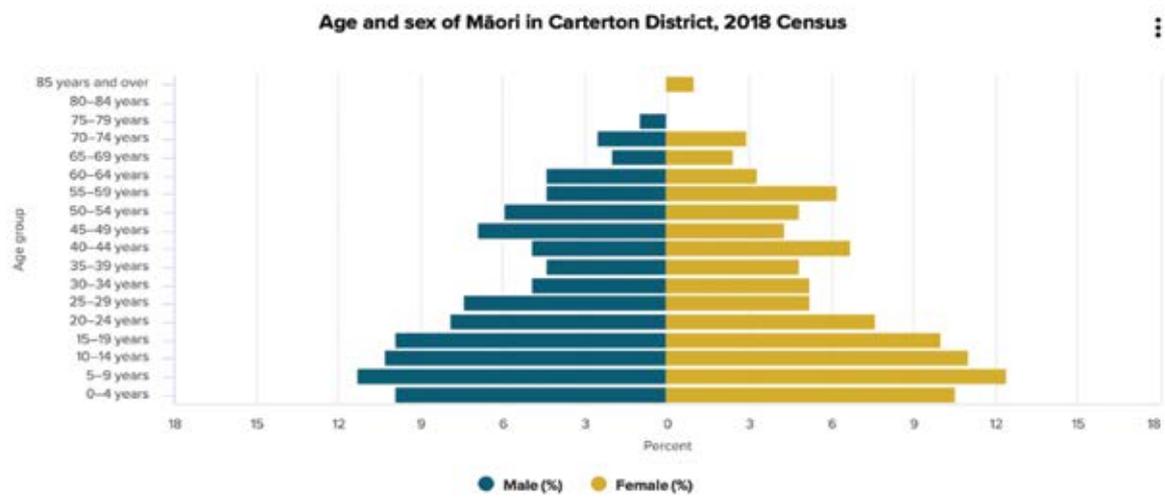
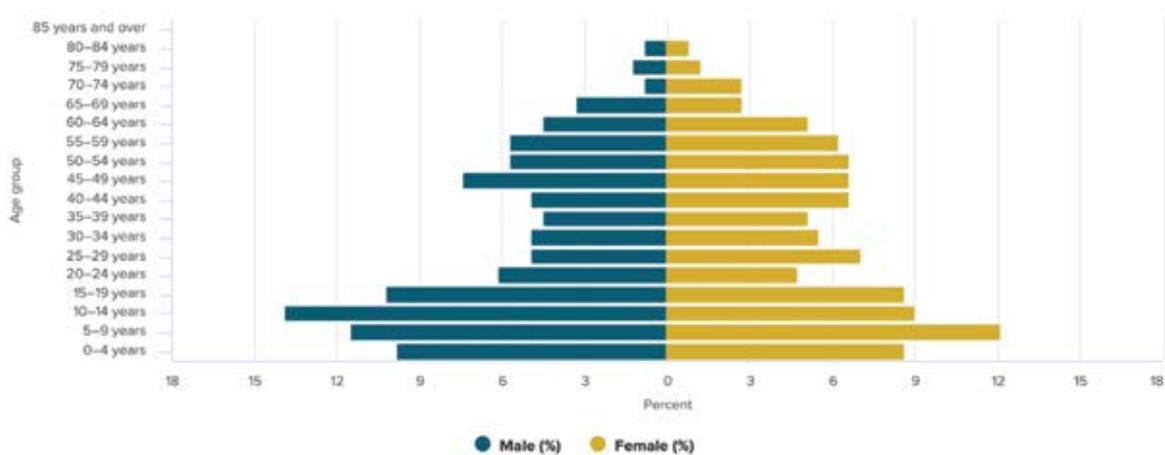


Figure 3: Age profile for Māori in the Carterton District. Source: Stats NZ.<sup>10</sup>

<sup>5</sup> Stats NZ. (2021). Geographic Boundary Viewer. Stats NZ.  
<sup>6</sup> Stats NZ. (2021). Census 2018 Place Summaries. Stats NZ.  
<sup>7</sup> Robson, B., Purdie, G., Simmonds, S., Waa A., Eddowes, M., & Rameka, R. (2015).  
<sup>8</sup> Stats NZ. (2021). Census 2018 Place Summaries.



Age and sex of Māori in South Wairarapa District, 2018 Census



According to population data projections, the proportion of the Wairarapa Māori population aged 65 years and over will increase over the 20-year period 2013 to 2033, from 6% to 14%, respectively.<sup>12</sup>

#### Iwi affiliation

At the time of the 2013 Census,<sup>13</sup> 8,379 people (1.3% of the country's total number of people of Māori descent) affiliated with Ngāti Kahungunu ki Wairarapa<sup>14</sup> and 2,217 people (less than 1% of the total number of people of Māori descent) affiliated with Rangitāne.<sup>15</sup>

Overall, the median age of Māori affiliating with Ngāti Kahungunu ki Wairarapa was 24.3 years, with 4,611 reported as female (55%) and 3,768 male (45%). The median age for Māori affiliating with Rangitāne was 28.8 years, with 1,194 reported as female (53.9%) and 1,020 male (46%).<sup>16</sup>

Further demographic information for Māori in the Masterton, Carterton and South Wairarapa Districts can be found on the Stats NZ website [here](#). Further information for Iwi Māori based on the 2013 Census can be found on the Stats NZ website [here](#). Estimates presenting the number of people who identified as being of Māori descent in the 2018 Census can be found [here](#), including estimated 2018 data for Ngāti Kahungunu ki Wairarapa and Rangitāne Iwi.

<sup>11</sup> Stats NZ. (2021). Census 2018 Place Summaries. Stats NZ

<sup>12</sup> Robson, B., Purdie, G., Simmonds S., Waa, A., Eddowes, M., & Rameka, R. (2015).

<sup>13</sup> Stats NZ. (2021). Census 2013 Iwi individual profiles. Stats NZ

<sup>14</sup> The Ngāti Kahungunu ki Wairarapa population includes all people of Māori descent who gave Ngāti Kahungunu ki Wairarapa as their Iwi or as one of several Iwi in the 2013 Census.

<sup>15</sup> The Rangitāne (Te Matau-a-Māui/Hawke's Bay/Wairarapa) population includes all people of Māori descent who gave Rangitāne (Te Matau-a-Māui/Hawke's Bay/Wairarapa) as their Iwi or as one of several Iwi in the 2013 Census.

<sup>16</sup> Stats NZ. (2021). Census 2013 Iwi Individual Profiles. Stats NZ

## Direct feedback from whānau Māori

This strategy focuses on the voices of whānau Māori from the Wairarapa rohe, shared by over 500 participants in the Wairarapa DHB hauora Māori survey questionnaire, conducted in late 2020. In total, 461 people self-identifying as Māori participated in the survey questionnaire.<sup>17</sup>

The participants spoke of their aspirations for good health and wellbeing across the areas of mauri ora, whānau ora and wai ora, and what this meant for them both as individuals and for their whānau. The information shared by whānau Māori has furnished the strategy throughout, and you will see quotes included from survey respondents (labelled 'whānau quote'). A summary of the survey questionnaire findings can be found on the Wairarapa DHB website.<sup>18</sup>

The following tables describe those who participated in the survey questionnaire.<sup>19</sup> Most of the participants (70%) were aged between 25 and 64 years (see Table 1) and the majority (68%) self-identified as female.

*Table 1: Age of participants responding to survey questionnaire*

Age	Number	Percent (%)
15-24	47	13.1
25-44	114	31.8
45-64	135	37.7
65+	62	17.3
Total	358	

Participants could select affiliation to multiple Iwi. Table 2 shows the five most common Iwi that the participants responding to the survey questionnaire selected.

*Table 2: Five most common Iwi that the participants affiliated with*

Iwi	Number	Percent (%)
Ngāti Kahungunu	169	50.6
Rangitāne	90	27.3
Ngāti Porou	30	9.1
Kai Tahu	25	7.6
Tuhoe	18	5.5
Total	332	

Table note: Data for up to three Iwi per participant is presented.

No data: 131.

<sup>17</sup> The survey questionnaire could be filled out either online via SurveyMonkey or on a paper-based form.

<sup>18</sup> Wairarapa DHB. (2021). Wairarapa DHB Māori Health Strategy: Submission Data Analysis Profile. Wairarapa DHB.

<sup>19</sup> The analysis presented in Tables 1-4 excludes missing data.

Of the 169 people who affiliated with Ngāti Kahungunu (as one of three possible Iwi responses specified in the survey questionnaire), over half (68%) were aged between 25 and 64 years (see Table 3) and the majority (70%) self-identified as female.

*Table 3: Age of participants affiliated with Ngāti Kahungunu*

Age	Number	Percent (%)
15-24	24	14.5
25-44	58	34.9
45-64	55	33.1
65+	29	17.5
Total	166	

Table note: No data = 3.

Of the 90 people who affiliated with Rangitāne (as one of three possible Iwi responses specified in the survey questionnaire), almost half (49%) were aged between 45 and 64 years, followed by 30% aged between 25 and 44 years (see Table 4) and the majority (80%) self-identified as female.

*Table 4: Age of participants affiliated with Rangitāne*

Age	Number	Percent (%)
15-24	8	9.1
25-44	26	29.5
45-64	43	48.9
65+	11	12.5
Total	88	

Table note: No data = 2.



# OUR STRATEGY OVERVIEW

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**Wairarapa DHB vision:** Well Wairarapa.

**Our vision:** For all Māori in our rohe to be healthy and well, both now and for generations to come.

**Our priorities:**

- Healthy environments
- Excellent and effective health and disability services
- Strengthened Kaupapa Māori health and disability services
- Iwi data sovereignty

**Te Tiriti o Waitangi is the primary foundation of our Strategy.**

This is underpinned by a focus on:

- Cultural safety
- Tāngata whenua models of wellbeing
- Pro-equity
- Anti-racism
- Investment
- Monitoring and accountability



## Vision for our strategy

Our overarching DHB vision is Well Wairarapa.

Our Māori Health Strategy vision is 'for all Māori in our rohe to be healthy and well, both now and for generations to come.'

For us, health and wellbeing are holistic concepts. They include the need to balance our physical, mental, and spiritual health with the health and wellbeing of our whānau and our environments.

Through our survey we know that this broad approach to health and wellbeing is essential.

*"Holistically being well, including mental, physical, wairua, and mana being respected and intact."*

*"Healthy living, healthy body, and healthy spirit."*

*"Being able to support each other and our way of life being respected."*

*Whānau quotes*

Our approach is consistent with many Māori models of health and wellbeing, as well as the Government's strategy for Māori health – He Korowai Oranga.<sup>20</sup> We support the concept of pae ora – healthy futures for Māori, supported by whānau ora (healthy families), wai ora (healthy environments), and mauri ora (healthy individuals).

## Priorities

We know that achieving our goals will require collective effort across all parts of the health and disability sector, as well as commitment from our non-health-sector partners (e.g. local government) and support from Iwi, Hapū, and Māori communities.

In the Wairarapa, some areas are of particular importance and need our focused attention. Based on the feedback that we received from whānau Māori, we identified four key priorities to achieve our hauora vision: healthy environments, excellent and effective health and disability services, strengthened Kaupapa Māori health and disability services, and Iwi data sovereignty.

## Healthy environments

*"All resource use came to be managed by whakapapa relationships and tikanga. The concepts of tapu and rāhui controlled access to resources and preserved them for future use."*

*Waitangi Tribunal, 2010*<sup>21</sup>

*"Concerns for our future wellbeing are always there. Climate change, world-wide pandemics, overcrowding and other factors will influence our futures."*

*Whānau quote*

Healthy environments are an essential component of wellbeing for Māori throughout Aotearoa. Here in the Wairarapa, Māori whānau, communities, Hapū and Iwi told us that restoring the balance of a healthy environment must be a priority in striving for Māori health improvement, both now and across generations.

Environments is a broad term that we have interpreted as encompassing the natural environment (e.g. our lands and waterways), the built environment (e.g. the places where we live and work), and our social environments (extending to the societal conditions that create and maintain poverty for our whānau).

We heard that to be well, our whānau and our communities need to have access to whenua, moana, awa, and maunga, and all of these natural assets must be flourishing. To be fit, healthy and well, our people also need healthy places to grow and gather kai, and readily accessible green spaces.

Access to warm, dry, and affordable housing

<sup>20</sup> Ministry of Health. (2014).

<sup>21</sup> Page 8. Waitangi Tribunal. (2010).



is a must, and a significant concern in the Wairarapa, particularly because of its direct impact on the health and wellbeing of whānau. Whānau Māori describe the considerable stress that unstable or expensive housing creates for our tangata whenua.

The accessibility of Wairarapa marae, central to the way of life for many Māori in our rohe, is also considered essential to health and wellbeing.

Securing and restoring healthy environments for Māori raises the issue of climate change, which itself is the result of devaluing Indigenous ways of knowing and relating to the environment.<sup>22</sup>

### Essential actions over the next three years

*“More open green spaces .... The beaches full again and accessible.”*

*Whānau quote*

Locally, we expect to see:

- Increased Iwi and Māori involvement in environmental decision-making, including in local public and environmental health action
- Commitment to addressing climate change and reducing environmental impacts in the running of local health and disability services
- Support for marae and community initiatives to learn about and restore the physical environment, including growing, gathering, and preparing traditional kai
- Greater collective action (combining Iwi, health and social services, Kainga Ora, and local authorities) to create healthier housing initiatives in the Wairarapa

Regionally and nationally we expect to see greater investment in Wairarapa, particularly in affordable housing development and a stronger commitment to environmental protection and restoration.





## Excellent and effective health and disability services

*“Within the health and disability sector, efforts need to focus on reducing risk, strengthening prevention and more effectively managing disease and long-term conditions, as well as improving overall Māori health and disability outcomes.”*

*He Korowai Oranga, 2014*<sup>23</sup>

Both the weight of the evidence of inequitable health and disability outcomes and the voices of whānau tell us that services need to do better. We heard clear messages that this is not just about what services are provided but also the way the services work with and treat whānau Māori.

*“Better care for Māori. Racism and discrimination is an issue. Promote [services], inform patients about operations, appointments, waiting times, kōrero more – listen to us from our perspective or suggestions.”*

*“What if you have no access to a car? Difficult to get an appointment at after-hours service, costs a lot to attend. Often a long wait to be seen. High cost to see a GP during ‘normal’ hours.”*

*Whānau quotes*

We also heard that the location of services creates a logistical challenge for whānau and is a barrier to accessing health services, particularly outside Whakaoriori/Masterton.

*“What if you live in South Wairarapa? What if you have no access to a car?”*

*Whānau quote*

There are four essential areas of consideration that, if addressed, will make a measurable difference to health and wellbeing outcomes for Māori: whānau wellbeing across the life course; oral health; mental health and addictions; and Tāngata Whaikaha Māori/Māori with lived experience of disability.

## Whānau wellbeing across the life course

Whānau health and wellbeing requires the health and disability sector to meet the needs of all Māori across the life course – from before birth through to support for kaumātua and manaaki as we enter and journey through the end of life experience

We heard from whānau that more support is needed for parents (especially hapū māmā), for pēpi, tamariki, and rangatahi, and for kaumātua. The types of services required vary, but services that meet whānau needs and are delivered in ways that are easy to access and culturally safe are essential for all age groups.

## Oral health

To Māori, health and wellbeing is holistic, but the health and disability system traditionally separates the health of the mouth from the health of the rest of the body. While the cost of accessing health care is a barrier for Māori across all health services, the particularly high cost of oral health services and the lack of government funding for anyone aged over 18 years in the Wairarapa, puts good oral health outcomes out of the reach of many Māori whānau. Although oral health services are largely free for anyone under 18 years, the location and quality of these free services continues to drive unacceptable inequities.

## Mental health and addictions

It is well established that decades of under-investment in mental health and addiction services across Aotearoa has led to disjointed mental health services that rarely meet the needs of Māori. While there are examples of local Kaupapa Māori and other providers in the Wairarapa area offering good-quality mental health care and addiction support services, we heard from whānau that there needs to be a wider range of supports, including for Māori who are ready to stop smoking, and these need to be better tailored for whānau throughout the area.

## Tāngata Whaikaha Māori/Māori with lived experience of disability

Māori have a higher proportion of disability across all age groups and are more likely to experience disability 12 months after an injury than non-Māori. However, the health and wellbeing needs of Māori with lived experience of disability are often not met by the current system, and this warrants special attention over the next three years as we seek to achieve our vision for hauora across the Wairarapa.

<sup>23</sup> Ministry of Health. (2014).

## Essential actions over the next three years

*“Good health and wellbeing means me and pēpi [are] safe, me and pēpi know our culture, me and pēpi can live without stress ... having good access to health care and information/ education .... Free or subsidised .... Options to access services being affordable and easy, either by [us] going out to [them] or [them] coming to us. Alternative therapies becoming more mainstream .... Better screening services for common health issues ... better aged-care service that proactively seeks wellness instead of reacting to (often late) diagnosis ... more services need to be provided for Māori kaumātua .... Free marae clinic days held monthly across Wairarapa marae .... Better transport options to Masterton Hospital for rural towns. Better support to mental health consumers and disabled consumers.”*

*Composite of whānau quotes*

Locally, we expect to see:

- More health and disability support services designed with, and led by, Māori - including tāngata whaikaha Māori. This will require having a skilled and culturally safe health and disability workforce
- Health and disability decision-makers incorporating the findings of the Wairarapa Iwi health inquiry (tbc)
- A greater focus on maternal and child health, with seamless connections across primary health care. This must include greater connections between midwives, general practitioners, and Tamariki Ora providers.
- Health and disability support services becoming increasingly responsive and accessible to tamariki and rangatahi, and offering services in a wider range of urban and rural locations across the Wairarapa



- More support for kaumātua, including better aged-care services that focus on holistic wellness, not just the treatment of disease
- More low- and no-cost oral health care services available for Māori aged over 18 years throughout the Wairarapa, so that fewer Māori are forced to go without routine oral health treatment each year
- Improved access to high-quality, free, oral health care for tamariki and rangatahi throughout the Wairarapa, and an increase in the number of Māori who are dental caries-free at age five years
- Increased access to mental health and addiction services (including quit-smoking services) for Māori, expansion of the range of services available that are culturally relevant to Māori, and seamless integration of mental health services regardless of which organisation or health professional is providing care and support

Regionally and nationally, we expect to see:

- Learnings from the 'Mana Whaikaha' pilot (in Mid-Central region) and from 'Enabling Good Lives' being applied in ways that ensure tāngata whaikaha Māori and their whānau have more choice and control over their lives and the supports they receive, improving their overall wellbeing
- More funding for oral health care, including increased access to services for Māori aged over 18 years
- Full and equitable implementation of key government strategies and programmes such as the Covid-19 vaccination roll-out and the New Zealand Cancer Action Plan, with Government investment in mental health and addiction services (including prevention) prioritising Māori in order to eliminate health inequities
- Greater accountability for equity, so that we move past just describing inequities to actively changing the ways we fund, design, and deliver services for the benefit of Māori in the Wairarapa and throughout Aotearoa



## Strengthened Kaupapa Māori health and disability services

*“The Crown must adequately protect the availability and viability of Kaupapa Māori solutions in the social sector as well as so-called mainstream services in such a way that Māori are not disadvantaged by their choice.”*

*Waitangi Tribunal 2019*<sup>25</sup>

Our health and disability sector in the Wairarapa will flourish only when Kaupapa Māori providers are able to thrive. We know from national-level evidence that there are too few Māori health and disability providers, and they are seldom funded equitably.<sup>26</sup> Locally, we know that Māori want to access more services from Kaupapa Māori health and disability providers but this is not always possible. Either the services are already operating at capacity or Kaupapa Māori providers are not contracted for a comprehensive range of services. The survey responses made it clear that building Kaupapa Māori health and disability services must be prioritised.

*“Need more Māori health providers ... the practice I was hoping to enrol with are fully subscribed.”*

*“Kaupapa Māori nursing homes and Kaupapa Māori health facilities that are not over-worked and hard to access .... Affordable, accessible Kaupapa Māori facilities.”*

*“Māori health care and services need to be available for the Wairarapa. Also end-of-life care and funeral services for Māori whānau.”*

*Whānau quotes*

Not only do we need to build Kaupapa Māori providers, we also need to build a highly skilled Māori workforce to support our vision for hauora. This requires increasing the number of registered Māori health practitioners across all professions (e.g. nursing, medicine, psychology, oral health, social work, etc) and supporting highly skilled Whānau Ora and kaiawhina workforces to walk alongside whānau to achieve their health and wellbeing aspirations.

This priority puts a spotlight on tāngata whenua models of wellbeing, including the practice of all aspects of rongoā Māori, and requires us all to ensure the tikanga around rongoā is respected and that rongoā practitioners are valued.

## Essential actions over the next three years

*“More Māori health practitioners .... Having our own people working for our own people.”*

*“A healthy environment would be one where everyone is able to ...understand their health and to allow rongoā and Kaupapa Māori healers .... Provide a platform which enables greater access to these options.”*

*Whānau quotes*



<sup>25</sup> Page 35. Waitangi Tribunal. (2019).

<sup>26</sup> Ministry of Health. (2021).

Locally, we expect to see:

- All Kaupapa Māori contracts go to authentic/mandated Māori providers (i.e. such contracts should be awarded only to providers that are Māori owned and Māori governed)
- An increase in the funding of Kaupapa Māori health and disability service providers to reflect the true costs of delivering the current services
- Local health and disability service commissioning that leads to an increased range of funded health and disability services offered by Kaupapa Māori health and disability service providers across Wairarapa. Over three years, we expect the data to show that more Māori can access a greater range of Kaupapa Māori services across the region
- An increase in Māori working at all levels of the health and disability sector in the Wairarapa and across all professions, so that the make-up of the workforce reflects our local population. This includes supporting a broader range of groups (particularly tāngata whaikaha Māori and rangatahi) to have rewarding careers in the health and disability sector

- Local health and disability sector commissioning include provision for rongoā Māori, supporting the holistic health and wellbeing of Māori whānau. This closely links with the priority of building a healthy environment and includes the need to support the development of rongoā practitioners in Wairarapa

Regionally and nationally, we expect to see:

- Increased, equitable funding for Māori health and disability services, whether from Wairarapa DHB or the Ministry of Health, or through the proposed new entities (the Māori Health Authority and Health New Zealand)
- Comprehensive and holistic approaches to contracting for services, so that Kaupapa Māori services are not restricted by narrow definitions of health and wellbeing and can focus on the needs of whānau
- Increased funding for Māori health and disability workforce development
- Increased numbers of Māori trained to be health practitioners, across all health professions
- Equitable pay for the Māori health and disability workforce (in terms of ethnicity, gender, and disability), and for this to be regularly monitored
- Ongoing and increased support for the practice of rongoā Māori



## Iwi data sovereignty

*“Māori Data Sovereignty recognises that Māori data should be subject to Māori governance. Māori data sovereignty supports tribal sovereignty and the realisation of Māori and Iwi aspirations.”*

*Te Mana Raraunga* <sup>27</sup>

In developing this strategy, it was crucial to ensure that the voices of Wairarapa Māori were given prominence. The information shared with us demanded respect and, with the oversight of Te Oranga o Te Iwi Kainga, the information was to be used to support whānau, Hapū, and Iwi aspirations. We want to see this emphasis on Iwi data sovereignty carry through as a priority for the health and disability sector in the

## Essential actions over the next three years

### Principles of Māori Data Sovereignty <sup>28</sup>

Te Mana Raraunga/the Māori Data Sovereignty Network has described the principles of Māori Data Sovereignty to guide approaches to the collection, management, and use of data. These principles are:

- Rangatiratanga (Authority)
- Whakapapa (Relationships)
- Whanaungatanga (Obligations)
- Kotahitanga (Collective benefit)
- Manaakitanga (Reciprocity)
- Kaitiakitanga (Guardianship).

Locally, we expect to see:

- Māori have access to high-quality data (including on ethnicity and Māori descent) and timely information on the health and disability system so that they can make decisions guided by Māori data sovereignty principles (such as those developed by Te Mana Raraunga)
- Rangitāne o Wairarapa and Ngāti Kahungunu ki Wairarapa, as mana whenua, are able to exercise governance over collection, storage, access to, and analysis of, Iwi data
- Tāngata whaikaha Māori have access to, and governance over, high-quality information that is relevant and meaningful to them
- Investment in local infrastructure to support Iwi data governance

Regionally and nationally, we expect to see:

- A commitment across all health and disability sector agencies, guided by Māori data sovereignty principles, over the collection, storage, access to, and analysis of, Māori data
- Greater accountability to whānau, Hapū, Iwi, and Māori communities for the use and publication of Māori data by government health and disability sector agencies

<sup>27</sup> Te Mana Raraunga. (2021).

<sup>28</sup> Te Mana Raraunga. (2016).



# Foundations

Achieving our hauora vision for Wairarapa will require a fundamental commitment to Te Tiriti o Waitangi and to changing the ways in which we work.

## Te Tiriti o Waitangi

Our central commitment is to Te Tiriti o Waitangi, both as a record of the agreed partnership between Māori and the Crown and as a major source of the New Zealand constitution.<sup>29</sup>

*“... knowledge and respect for Te Tiriti o Waitangi and what this means to Māori who have been assimilated, culturally and economically decimated, to the point of near desolation.”*

*Whānau quote*

In our work, we acknowledge the need to apply Te Tiriti o Waitangi broadly and thoughtfully to give effect to the tāngata whenua rights it describes.

As a starting point, we apply the principles of the Treaty of Waitangi as they have been expressed by the Waitangi Tribunal. These principles provide a helpful way of working and set a minimum standard that should influence the way decisions are made and map the way we work together to achieve our hauora vision.

The most relevant principles for the health and disability system were articulated by the Waitangi Tribunal in the first stage of WAI 2575, its kaupapa inquiry into health services and outcomes.<sup>30</sup>

This strategy recognises the settlement redress agreed by local mana whenua with the Crown, and our foundations are consistent with their aspirations.

## Principles of Te Tiriti o Waitangi

**The guarantee of tino rangatiratanga:** Provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

**Equity:** Requires an unequivocal commitment to achieving equitable health outcomes for Māori.

**Active protection:** Requires us all to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This means embedding pro-equity approaches in everything we do and making sure we are all well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.

**Options:** Requires us to provide for and properly resource Kaupapa Māori health and disability services. This principle also puts obligations on us to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

**Partnership:** Requires the publicly funded health and disability system to work in partnership with Māori in the governance, design, delivery, and monitoring of health and disability services.

<sup>29</sup> Cabinet Office. (2019).

<sup>30</sup> Waitangi Tribunal. (2019).



To support the implementation of our Te Tiriti o Waitangi commitments, we have identified six foundations to build from, to realise our vision for hauora. These foundations were highlighted to us by whānau and they are reflected in the considerable evidence base that Māori communities and scholars have built over decades.

## Foundation 1: Cultural safety

*“A people strong in their culture; respecting others’ cultures.”*

*Whānau quote*

All people should be able to access services without encountering racism, biases or stereotyping from individual health professionals and/or health and disability organisations. In addition, Māori individuals, whānau, and communities should be seen as partners at every level of the health and disability system, including in their own care.

*“Culturally appropriate so whānau feel safe, heard, not judged, not a minority – culturally respected and not looked down [on].”*

*Whānau quote*

We expect that, across the Wairarapa, health and disability services will adopt and apply cultural safety principles as they work to ensure services are clinically safe. We also expect to see cultural safety woven through all four of our priority areas.

## Definition of cultural safety:

“Cultural safety requires healthcare professionals and their associated healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment.”<sup>31</sup>

<sup>31</sup> Page 14. Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.J., & Reid, P. (2019).



In adopting this definition, we emphasise that cultural safety is best designed by the people served by our local health and disability services, and measured by our progress towards achieving equitable outcomes. The foundation of cultural safety requires regular and meaningful reflection on our actions and their impacts.

Anything less than culturally safe practice within the health and disability system compromises hauora. In coming to this view, we draw on the considerable work of Māori over the past three decades in developing the concepts around cultural safety. Māori nurses have been pivotal in championing the need for health professionals to go beyond mere cultural competency or a cultural checklist approach, which still positions the dominant (Pākehā) culture in the centre by making Māori (and other minoritised cultures) exotic or 'interesting.' These approaches leave room for health professionals to leave their power, and its impact on others, unexamined.<sup>32</sup>

## Foundation 2: Tāngata whenua models of health and wellbeing

*"More understanding of Māori values [and] to heal ourselves by practising them."*

*"Provide holistic health programmes embedded in te ao Māori."*

### Whānau quotes

Māori world views see health as a holistic concept. We have adopted this view in our overarching vision for the strategy and we expect to see respect for (and the use of) tāngata whenua models of health and wellbeing in the way the health and disability sector gives effect to the strategy. Generally, this is about understanding the relationship between the mental, spiritual, and physical health of individuals with the health of whānau and our environments. Specifically for Wairarapa, this means understanding whānau, Hapū, and Iwi concepts of health and wellbeing, and incorporating these into our work in ways that tāngata whenua endorse.

## Foundation 3: Pro-equity

*"There are more people making a stand for equality and equity for Māori. But it needs to improve even more and we must continue to push."*

### Whānau quote



Equity has been a stated priority for the health and disability system for decades. Although the specific terms used for this might have changed over time, the objective of the publicly funded health and disability system to eliminate disparities between population groups was embedded in the New Zealand Public Health and Disability Act 2000. Despite this high-level commitment, action has been too slow. This was acknowledged by the Waitangi Tribunal in its first Wai 2575 report and is the driving force behind many of the proposed health and disability system reforms.

The Ministry of Health definition of equity is a useful starting point for us:

*"In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes."<sup>33</sup>*

It is essential to embed pro-equity approaches across every aspect of our work in the health and disability system. This means not only setting equity as a strategic priority but also putting in place systems and processes that lead us to equity; such as having pro-equity recruitment and retention policies, having equity analyses inform all funding and prioritisation decisions, and having transparent approaches to advisory groups with membership that reflects the local community.

<sup>32</sup> Wepa, D. (2015).

<sup>33</sup> Ministry of Health. (2019).

*“Māori at every decision table, from the ideas to the planning decisions. 60/40 Māori at government decision tables would see a difference almost immediately.”*

*Whānau quote*

Being pro-equity requires a comprehensive understanding of health (in)equity and its drivers – including the role of racism – and taking tangible steps to counter the factors that we know lead to inequity. As one of the survey respondents put it, this requires a range of actions, such as:

*“improving social equality, higher incomes for [the] low paid, stop price gouging on essential services like power, dental and doctors’ visits.”*

*Whānau quote*

Pro-equity approaches depend on high-quality data and analyses. The success of all our strategic priorities relies on the health and disability system collecting and using high-quality ethnicity and Māori descent data, as well as following the health and disability ethnicity data protocols.

#### **Foundation 4: Anti-racism**

*“Stop racism so that we can be given a chance.”*

*“The critical mass of people who are standing up against racism ... is growing.”*

*Whānau quotes*

Over the past few years, the experience of racism in health and the harms it causes has received increasing attention in Aotearoa. However, for many Māori, talking about racism is not a new thing and nor are its impacts. In a recent nationwide survey, which included the voices of whānau from Whakaoriori/Masterton, 93% of Māori felt that racism impacted them daily. The reported impacts included feeling *pouri* (deep sense of grief) and *hiri* (angry).

*“I get stressed due to racism, fighting against this and seeing my family struggle.”*

*Whānau quote*

With anti-racism as a foundation the health and disability system must understand the different levels on which racism operates and take action to eliminate racism in all its forms.

Actions built on an anti-racism foundation include:

- commitment from leaders and decision-makers to eliminate racism within all Wairarapa health and disability organisations
- building the capacity to respond to and end racism within organisations, such as providing staff training and setting performance standards and expectations around anti-racism
- taking comprehensive approaches to planning, and designing delivery programmes that are backed by evidence of what works to eliminate the barriers to health and wellbeing created by racism
- monitoring and evaluating our work to ensure we consider how, and to what extent, racism has been addressed.

<sup>34</sup> Ministry of Health. (2017).

<sup>35</sup> Talamaivao, N., Harris, R., Cormack, D., Paine, S. J., & King, P. (2020).

<sup>36</sup> Smith, C., Tinirau, R., Rattray-Te Mana, C., Tawaroa, Sr M., Moewaka Barnes, H., Cormack, D., & Fitzgerald, E. (2021).

<sup>37</sup> Jones, C. P. (2000).



### Foundation 5: Investment

Around the world and across many sectors, it is rare for the rhetoric around equity to be matched with the funding commitments that make equity possible. However, in the health and disability system in Aotearoa, we need to do better. We know that to achieve our hauora vision we must use existing resources in more targeted ways, and increase overall investment in health and wellbeing for Māori.

Our strategy assumes that we will commit to doing both, and advocate for regional and national changes to the way Māori health and disability funding is calculated and implemented. This intends to correct the inequitable funding for Māori health and disability services, particularly for Kaupapa Māori providers, and to shift the balance towards prevention or 'public health'-focused activities.

### Foundation 6: Monitoring and accountability

“Strong accountability mechanisms, and robust, public measuring and reporting, are key to the Treaty-compliance of the legislation and policy of the primary health care sector. We find the lack of these mechanisms and measures are inconsistent with the principles of partnership, active protection and equity.”

Waitangi Tribunal, 2019

*“Make governments and councils more accountable and transparent.”*

*Whānau quote*

This strategy puts the improvement of Māori health and elimination of inequity at the centre of what the Wairarapa health and disability system needs to do. The only way we will be able to measure success is through regular monitoring. This requires high-quality ethnicity and Māori descent data, as well as regular equity-focused analyses and reporting to local commissioners, health and disability decision-makers, and – critically – to whānau, Hapū, Iwi and Māori communities (including Te Oranga o Te Iwi Kainga). It also requires the new Health System Indicators Framework to be implemented in a way that is truly pro-equity, including appropriate use of ethnicity data from the outset.

High-quality monitoring in the Wairarapa needs to be paired with high levels of accountability. Where we are not seeing equitable results that improve Māori health and wellbeing outcomes, we must take action to improve performance (whether of systems, organisations, or individuals). This requires us to change our ways of working wherever they are hindering our hauora goals and we must take every opportunity to ensure what we are doing aligns with our commitment to Te Tiriti o Waitangi.

Robust monitoring and appropriate accountability requires access to good, real-time data and a mature way of working across the district's health and disability system. While some elements of this are already in place, we know – as we do with all the priority areas – that we will need to continue to make improvements to our approaches.

## Giving our strategy life

This strategy describes our vision for Māori health and wellbeing in the Wairarapa for the next three years. Once the new health and disability system structures are put in place, we anticipate that this strategy – which so closely reflects the messages we received directly from whānau – will be at the very core of our locality planning. It will directly inform decisions as part of our local health and disability commissioning, irrespective of which agency is leading the commissioning.

This strategy will form the basis of the future Iwi Māori Partnership Board's annual expectations of the local health and disability system. Over time this will be expanded on as our local Iwi Health Inquiry is completed. We expect the results of that inquiry will reinforce what we have learned from whānau and help identify further areas for the health and disability system to focus on, to achieve better outcomes for Māori and eliminate health and disability inequities.

In the interim, while the new health and disability system structures are still being developed, Wairarapa DHB will actively work on:

- Environment
- Services
- Kaupapa Māori
- Continuing our support of, and partnership with, Te Oranga o Te Iwi Kainga. This includes acting as a bridge between Te Oranga o Te Iwi Kainga and the Health Sector Transition Unit based in the Department of Prime Minister and Cabinet. It also includes ensuring good governance over our Māori health and disability data



# REFERENCES

- Cabinet Office. (2019). *Circular CO (19) 5: Te Tiriti o Waitangi / Treaty of Waitangi Guidance*. Department of Prime Minister and Cabinet. <https://dpmc.govt.nz/sites/default/files/2019-10/CO%2019%20%285%29%20Treaty%20of%20Waitangi%20Guidance%20for%20Agencies.pdf>
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, 18(174). <https://doi.org/10.1186/s12939-019-1082-3>.
- Health and Disability System Review. (2020). *Health and Disability System Review - Final Report - Pūrongo Whakamutunga*. Health and Disability System Review.
- Health Quality & Safety Commission New Zealand. (2021). *Health System Indicators Framework*. HQSC. [https://reports.hqsc.govt.nz/HSI/\\_w\\_4ce89183/#/](https://reports.hqsc.govt.nz/HSI/_w_4ce89183/#/)
- Jones, C. P. (2000). Levels of racism: a theoretic framework and a gardener's tale. *American Journal of Public Health*, 90(8), 1212.
- Jones, R., Bennett, H., Keating, G., & Blaiklock, A. (2014). Climate change and the right to health for Māori in Aotearoa/New Zealand. *Health & Hum. Rts. J.*, 16, 54.
- King, P. (2019). *Māori with Lived Experience of Disability: Part I. Wai 2575. #B22*. Waitangi Tribunal. [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_150437272/Wai%202575%2C%20B022.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_150437272/Wai%202575%2C%20B022.pdf)
- Ministry of Health. (2014). *He Korowai Oranga - Māori Health Strategy*. Ministry of Health. <https://www.health.govt.nz/our-work/populations/maori-health/he-koro/wai-oranga>
- Ministry of Health. (2017). *HISO 10001:2017 Ethnicity Data Protocols*. Ministry of Health. <https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols>
- Ministry of Health. (2019). *Achieving Equity*. Ministry of Health. <https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity>
- Ministry of Health. (2021). *Funding to Māori Health Providers by DHB*. Ministry of Health. <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-providers/funding-maori-health-providers-dhbs>
- Robson, B., Purdie, G., Simmonds, S., Waa, A., Eddowes, M., & Rameka, R. (2015). *Wairarapa District Health Board Māori Health Profile 2015*. Te Rōpū Rangahau Hauora a Eru Pōmare.
- Smith, C., Tinirau, R., Rattray-Te Mana, C., Tawaroa, Sr M., Moewaka Barnes, H., Cormack, D., & Fitzgerald, E. (2021). *Whakatika: Survey of Māori Experiences of Racism*. Te Atawhai o Te Ao Charitable Trust.
- Stats NZ. (2021). *Census 2013 Iwi Individual Profiles*. Stats NZ. <https://www.stats.govt.nz/reports/2013-census-iwi-individual-profiles>
- Stats NZ. (2021). *Census 2018 Place Summaries*. Stats NZ. <https://www.stats.govt.nz/tools/2018-census-place-summaries/>
- Stats NZ. (2021). *Geographic Boundary Viewer*. Stats NZ. <https://statsnz.maps.arcgis.com/apps/webappviewer/index.html?id=6f49867abe464f86ac7526552fe19787>
- Talamaivao, N., Harris, R., Cormack, D., Paine, S. J., & King, P. (2020). Racism and health in Aotearoa New Zealand: a systematic review of quantitative studies. *The New Zealand Medical Journal (Online)*, 133 (1521), 55-5.
- Te Mana Raraunga. (2016). *Māori Data Sovereignty Network Charter*. Te Mana Raraunga - Māori Data Sovereignty Network. <https://static1.squarespace.com/static/58e9b10f9de4bb8d1fb5ebbc/t/5913020d15cf7dde1df34482/1494417935052Te+Mana+Raraunga+Charter+%28Final+%26+Approved%29.pdf>
- Te Mana Raraunga. (2021). *What is Māori Data Sovereignty*. Te Mana Raraunga - Māori Data Sovereignty Network. <https://www.temanararaunga.maori.nz/>
- Wairarapa DHB. (2021). *Hauora Mō Tātau*. Wairarapa DHB. <http://www.wairarapa.dhb.org.nz/news-and-publications/reports-and-publications/other-planning-documents/hauora-mo-tatou-strategic-direction-2020-2030.pdf>
- Wairarapa DHB. (2021). *Wairarapa DHB Māori Health Strategy: Submission Data Analysis Profile*. Wairarapa DHB.
- Waitangi Tribunal. (2010). *The Wairarapa Ki Tararua Report, Wai 863*. Waitangi Tribunal. [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_68640217/Wairarapa%20ki%20Tararua%20Vol%20II.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68640217/Wairarapa%20ki%20Tararua%20Vol%20II.pdf)
- Waitangi Tribunal. (2019). *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry, WAI 2575*. Waitangi Tribunal.
- Wepa, D. (2015). *Cultural safety in Aotearoa New Zealand*. Cambridge University Press.

HAUORA MŌ TĀTOU  
WE ARE



**Wairarapa DHB**

*Wairarapa District Health Board*

Te Pōari Hauora a-rohe o Wairarapa