

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



Korowai ora



Wairarapa DHB

Wairarapa District Health Board

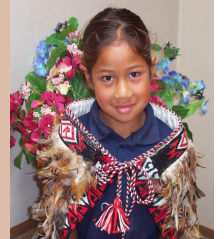
Te Poari Hauora a-rohe o Wairarapa





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Explanation of cover



Tamariki are seen as an integral part of whanau. They have the ability to bring people together to motivate action and create unified relationships across the whole whanau / hapu and across all cultures (a vision of Whanau Ora)

Te Ohomaiana Morgan featured on the cover is a whakatupuranga of a whanau of Pakeha grandparents and a Mum who ensures that her tamaiti receives and acknowledges the tikanga of both worlds,(a vision of Whanau Ora).

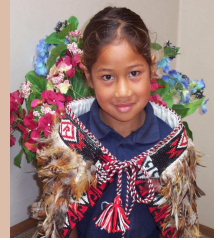
Te Ohomaiana displays a traditional Korowai gifted to her Kura by the late Flora Reiri (Kaitahu Wairarapa) pictured below with four generations of her whanau also wearing Korowai woven by this Kuia renowned throughout the country for her Mahi Toi skills in weaving and Raranga. Good health is woven through generations and like the weaving of the Korowai, the task is laborious, but performed with love and patience strand by strand.

It is no wonder that the Maori Directorate of the Ministry of Health chose the name He Korowai Oranga for the national Maori health Strategy and Whakatātaka for the action plan to lead Whanau Ora developments.



Kayla Te Ataahia Karaitiana, Makere Pani Reiri-Babbington
Back from left: Lynette Babbington-Wilson,
Vanessa Makere Wilson

MIHI Greeting

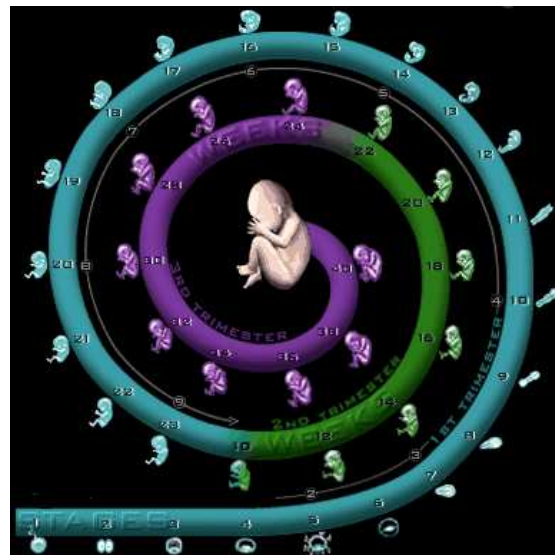


E te iwi Whanui o te Wairarapa tena koutou katoa. Tuatahi me mihi atu ki te Kaihanga ko ia hoki te timatatanga me te otitanga, no reira me whakanuitia tona ingoa tapu, Tuarua me mihi atu ki o tatou mate huahua kua hinga mai i o tatou marae maha, kua tangihia ratou, e koutou, kua tangihia e matou, me ki, kua oti nga poroporoaki kia ratou. No reira nga mate, haere, haere, haere atu koutou, moe mai i roto i te Atua. Ka huri ano kia tatou nga kanohi ora o ratou ma, tena ano tatou katoa.

It is with pleasure that we present this Maori Health Plan. The purpose of this document is to give a Strategic Implementation Framework for Maori health in the Wairarapa. The objectives are to ensure that the wellbeing of Maori remains a priority of the Wairarapa District Health Board (WDHB) with a special focus on improving health outcomes of our tamariki and rangatahi. It is for this very reason that the WDHB Maori Health Plan is such an important document.... a living document.

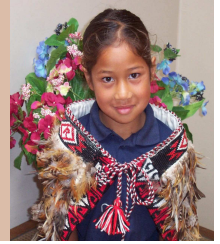
*He kakano i ruia mai i Raniatea
He Taonga tukuiho mai i te Rungarawa
He Taonga tukuiho mai nga Kawai Rangatira
Mai te wharetangata ki te Ao marama
Whangaitia i te kai tupenupenu
Kia ngohingohi kia ngawari ai te horo,
nga whangaitanga o nga matua
Ngakingakitia, Hauhakitia.
Kia pakari tona whakatupuranga
Ka ataahua te puawaitanga*

A seed germinated from Raniatea
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.



Ko te kaupapa o te Hauora Maori
Hei tohutohu, hei whakapakari i te whanau, hapu
me te Iwi Maori o Wairarapa
Ko tenei te mea tino whakahirahira

1. Executive summary



The Wairarapa DHB recognises that it is essential to deliver quality health services to our population, to engage well with other sector agencies and organisations and to consider the wider determinants of health are also key to delivering improved health gain to the residents of the Wairarapa. These thoughts are articulated throughout the Vision, Mission and Values of our District Strategic Plan (DSP).

The DHB acknowledges that to make a difference to the health status of Maori there are many more participants than those who receive health funding. This document articulates one step towards how all of those participants can contribute, and which actions the DHB will have key responsibility to facilitate, lead and implement.

The overall aim of this plan is to provide a framework for the way in which Whanau Ora will be achieved in the Wairarapa and to set in place effective strategies for positive health outcomes at a local level. This document describes what the communities of interest have told us they would like to see in the Maori Health Plan, as well as laying the foundation for the approach the DHB will take in responding to this call.

The following strategies have emerged from recent engagement processes with local iwi, providers, Maori representatives from government departments, rangatahi, Kaumatua, and other key stakeholders:

- Enhancing and expanding the Wairarapa health workforce, which is about growing the Maori health workforce and about improving the ability and confidence of non-Maori staff in working with Maori.
- Working in unison with Maori is about the DHB working in partnership with Maori, so that Maori have a greater involvement in what services are funded, and how and where they are delivered.
- Making wellness easier by expanding and improving current health services to meet the needs of children, young adults and Kaumatua, and life style health changes that can support health such as improved nutrition, smoking

cessation and increased physical activity. Restoring Health is about ensuring that mainstream services, including both DHB and community provided services, are available in places and in ways that make them easy for Maori to access.

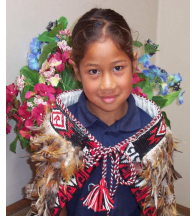
- Collaboration across sectors and silos to improve the wellbeing of Maori with high health needs that reflect the DHB's commitment to engage with other sectors and key organisations in implementing the Maori health plan, and to recognise and act on the wider determinants of health and wellbeing.
- Invest in high quality research and evaluation that contributes to the achievement of whanau ora, more effective service delivery for Maori and improved health and disability outcomes for whanau, regionally and nationally.

If we are to continue to improve Maori health, concerted efforts across a range of various community and government groups will need to be co-ordinated.

Important to note that this Maori Health Plan is a means to achieving the key goals laid out in the DSP for Maori health development.

Strategic / Policy Intent	1. Improving Maori Health in our district
	2. Reducing disparities and inequalities
	3. Population based approach to health

2. Te Timata: Introduction



The Wairarapa DHB Maori Health Plan 2005-2008 aligns with the DHB's Strategic Plan, as well as *He Korowai Oranga*, the national Maori Health Strategy, and its Action Plan, *Nga Whakataatanga, 2002-2005*. It also draws from the NZ Health Strategy, the NZ Disability Strategy, the Primary Health Care Strategy, and other relevant documents.

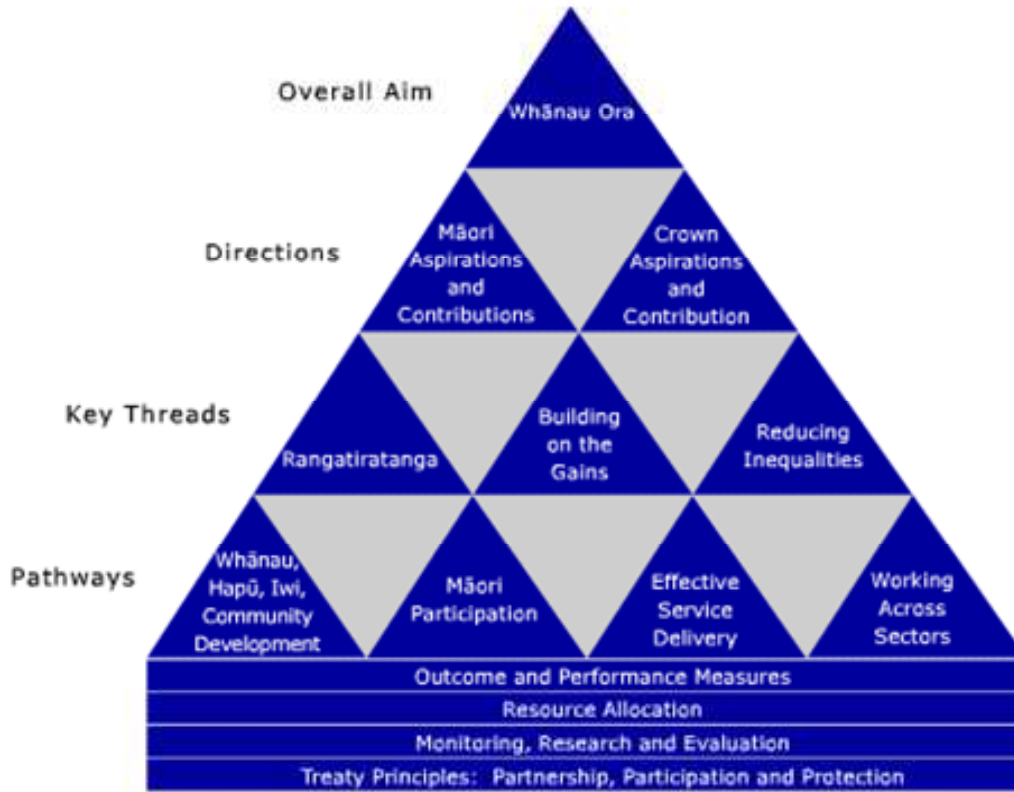


Figure A: He Korowai Oranga – Maori Health Strategy

The primary function of the Wairarapa DHB Maori Health Plan is to provide guidance and describe in more detail, the proposed actions attached to each of the Maori specific objectives outlined in the Wairarapa DHB Strategic Plan. This action plan should be seen as a beginning as opposed to an end.

These actions have been developed to be consistent with the overall strategic direction presented within the Wairarapa DHB Strategic Plan and National Strategic Policy. The plan is challenging. However, all actions are realistic and achievable and will support actions to reduce disparities and assist in the improvement of Maori health status. The actions planned are realistic and achievable if the DHB and Maori health service providers work together in an equitable partnership.

The overall aim of He Korowai Oranga 'The New Zealand Maori Health Strategy' is Whanau Ora. 'Maori families supported to achieve the fullness of health and well being within Te Ao Maori and New Zealand society as a whole'.

This aim has been the basis for discussion and agreement amongst key stakeholders who have contributed to this plan. Our aim is for Maori who live in Wairarapa to be healthy, vibrant, contributors to the community (Te Ao Maori and New Zealand society) who can access support easily when needed.

The importance of the Wairarapa DHB Maori Health Plan cannot be understated.

Implementation of this plan will require strength of purpose from the Wairarapa DHB and strong engagement and support from Ngati Kahungunu ki Wairarapa and Rangitaane o Wairarapa, the Maori community, Maori health providers, Mana Whenua Caucus, and other key stakeholders.

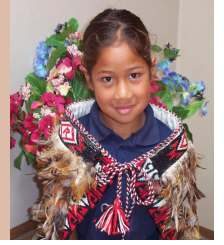
The Wairarapa DHB has a responsibility to assist the Crown in fulfilling obligations under the Treaty of Waitangi and is guided in that responsibility by the New Zealand Public Health and Disability Act 2000 and other Crown policy directions. The Act requires the DHB to take active steps to reduce health disparities by improving health outcomes for Maori. In this role Wairarapa DHB must establish and maintain processes to enable Maori to participate in and contribute towards strategies for Maori health improvement. In accordance with its Treaty of Waitangi Policy.

Reference to the Treaty of Waitangi and the principles of partnership, participation, and protection in District Health Board accountability documents and agreements should therefore be understood in this context.



Kuia Marcia Matiaha; Tuhoë and Heather Marunui; Ngati Kahungunu, Rangitane, with tamariki of Ngati Hamua Kohanga Reo

3. Te Wahanga Tuatahi



3.0 Titiro whakamua (Looking forward)

Whanau want to be healthy in physical, emotional, spiritual, social and economic terms. They want their mokopuna to be nurtured, healthy and educated within whanau, hapu and iwi. They want them to be economically self-sufficient, competent in te reo Maori and able to walk proudly and confidently in both the tangata whenua and tau iwi worlds. They need to be multi-skilled to meet the challenges of the changing world (te ao Hurihuri) while holding fast and maintaining their Tino Rangatiratanga. Their vision for the future is positive.

Whakatauki Proverb

**“E tipu e rea mo nga ra o tou ao,
ko to ringa ki nga rakau a te Pakeha hei ara mo to tinana,
ko to ngakau ki nga taonga a o Tipuna he tikitiki mo to mahuna,
ko to wairua ki te Atua nana nei nga mea katoa”.**

Grow up tender youth and fulfil the desires of your generation.
Master the arts of the Pakeha for your physical wellbeing.
Give your heart to the values of your ancestors as a plume for your head.
Your soul to God the creator of all things.

3.1. Titiro whakamuri (Looking back)

This section looks to the past to throw light on the recent past history of Wairarapa and the challenges faced by many whanau today.



Waingawa freezing works ... in its heyday there would have been close to 1000 people employed

Waingawa Freezing Works closure 1989

The impact of this event to the wider Wairarapa Community was devastating, affecting both Maori and Pakeha following in the wake of Patea and Whakatu, but who would have thought that a large sheep farming district like Wairarapa would follow suit. From the mid-thirties through to the late eighties, Wairarapa Maori families thrived. Few of the young offspring went on to tertiary education, because high paying labouring jobs were readily available. Wairarapa Maori were mainly labourers and seasonal workers. Waingawa, being the main employer, followed by shearing. It was not unusual to find three generations of the same whanau employed in both of these industries. Teenagers had excellent role models in good work habits. Other employment could always be obtained by workers during the off season of both industries. General Motors Lower Hutt, people were bussed over daily, Cunningham's Factory Renall St, forestry, Railways, fencing, tree planting, scrub cutting and roadworks. While people worked they were happy, motivated, money was readily available, and whanau were healthy.

The closure of the Freezing Works impacted on the community as a whole, through the loss of disposable income that sustained the trade, retail and commercial industries of the towns. For those with initiative it was a chance to refocus, some became self-employed and others took up tertiary education in management skills. People relocated to other freezing works and applied for other job vacancies throughout the country. Some took up the challenge to take their chances overseas, mainly In Australia. Those whose roots were too strong to leave their Turarangawaewae remained. However menial work, that was bypassed by most job seekers in the past was now harder for Maori to get into. Roadworks was a prime example added to the fact that at least two generations of Maori had gone straight into the meat industry from school. The result was that some found it difficult to retrain for other work. From 1989 to 1995 in just six years a number of Maori deaths occurred, mostly middle-aged men. This trend has continued into the year two thousand, with diabetes, respiratory/heart diseases and cancer being the main causes.

(Waingawa freezing works was opened in 1928. In 1935 the company was taken over by Thomas Borthwicks who were still the owners up to its closure in 1989.)

Loss of te reo

Many Wairarapa Maori born during the 1940s and later years were not raised speaking te reo as were their parents. It was perceived that as education was being delivered in the English language te reo would inhibit their ability to be educated. The past history of Maori attending native schools being punished for speaking Maori in the school grounds was also a deterrent. During the era of high employment Maori families were not too concerned. Marae and other official Maori functions were being catered for by a number of kaumatua fluent in te reo who were born during the 1920s and 1930s. However from the early eighties there was a rapid decline of fluent speakers. The consequences of this beautiful taonga not being handed down through those generations began to be felt, especially affecting middle-aged Maori men. Unemployment meant that more people were free to attend hui on their marae and became involved in whanau and hapu development.



Jordan Fox;
Ngati Kahungunu
Rangitane

But most hui on the marae were conducted in te reo especially at tangihanga and on numerous occasions the men would not accompany the women to these events because they felt whakama at not being able to speak on behalf of the group especially if they were of kaumatua status. As tangata whenua this was a blow to one's pride (tinorangatiranga).

Salvation came in 1983 when the Kohanga Reo movement was introduced, allowing Maori pre-school children to be educated in total immersion. Kura Kaupapa Maori was established to take on the mokopuna from Kohanga Reo and finally in 2004 Wharekura was trialled and given official status in 2005. However through the early 80s a number of teenagers who came through the tertiary education system became competent and fluent in te reo.

The loss of the reo impacted greatly on our Maori people. Resurgence is now taking place as our rangatahi now take the lead in te reo revival through Kohangareo, Kura kaupapa and Wharekura. They are fortunate to still have kaumatua guidance in the Wairarapa, and one day they will take their place on the paepae of our Marae. In recent years a number of adult classes to teach te reo have also been established.

3.2. Changes in the Whanau

From the time of the signing of the Treaty of Waitangi until the mid 1870s Maori went from being an industrious, vibrant, economically viable and an entrepreneurial society, successfully adapting to a rapidly changing world, to a dispossessed and involuntarily minority, marginalised population in their own country. The extent and rate of Maori land deprivation over that era was incredible. By 1899 21 million of 27 million hectares once owned by Maori were in the hands of the Crown and colonisation moved rapidly. In 1945 75% of Maori still lived in tribal areas often around their marae, but the war, rural, poverty and the need to look for work, initiated a period of rapid urbanisation. Maori did not adapt well to urbanisation especially when they were put into state housing ethnic communities. The consequence coupled with colonisation led to the evolution of (Taurahere), whanau living away from their Turangawaewae but remained interconnected through whakapapa and the marae.

From the 1950s to 1980s, urbanisation coupled with colonisation, led to the evolution of different family lifestyles amongst whanau. The consequence of urbanisation meant that many Maori were isolated from the traditional structures and tikanga practices associated with the whanau, hapu and papakainga.



Shaye and McKenzie Namana going to The Wizard of Oz show with their cousin Rayne Keeti Sandells in Perth, Australia, dressed as three of the characters.

John Bradley¹ described the changes in whanau and Maori society and the influences that have contributed to those changes since iwi Maori settled in Aotearoa. He offers four whanau generational stages of adaptation to the urban setting: from traditional through to migrant, marginal and adapted. He explores in detail the years when Maori were leaving the rural areas and the dramatic changes in the nature of whanau. He recognised that the changes in whanau have occurred within a historical context that has reshaped the foundations of Maori society through the process of colonisation.

3.3. The Causes of Negative Change in the Whanau

The changes in the nature and structure of whanau have both contemporary and historical causes, and can be attributed to the complex interaction of many factors.

These may include:

- The breakdown of the traditional way of life through colonisation
- A reduction in the use of te reo Maori, traditional beliefs, values and philosophy and replacement with the English language, and other religions, values and philosophies
- The breakdown of traditional social structures, and the loss of identity for many Maori
- Removal of Maori laws and rules and replacement with European laws and rules
- Isolation from spiritual energy associated with an appreciation and awareness of the connectedness of all things described in Te Ao Maori
- Emphasis on physical energy associated with material possessions and physical satisfaction
- Movement of internal whanau leadership and responsibility for wellbeing from an internal function to an external state controlled function
- Urbanisation and associated isolation of Maori throughout cities
- Extreme hardship experienced by many Maori
- The adoption by Maori individuals and whanau of European values and the move from collective responsibility and interdependence to concern with individual ownership and individual wealth and independence.



Students of Te Kura Kaupapa Maori o Wairarapa
Left to right: Te Arahi Huirama; Ngati Kahungunu, Tainui.
Jahcinta Kennedy-Stephens; Ngati Kahungunu Tuhoē.
Potiki Hikitapua, Ngati Kahungunu, Rangitane, Ngati
Porou.

3.4. The Modern Whanau

The aim for contemporary whanau is that whanau be nurtured within a wider network of hapu, iwi and Maori communities and that they have the resources that they need including skills, knowledge and experience to move forward and achieve their goals.

The literature relating to contemporary whanau outlines different types of whanau and the functions of whanau.

¹ Bradley J. 1995. Before you tango with our whanau you better know what makes us tick. An indigenous approach to social work. In Te Komako Vol II Number 1:27-29.

Durie² holds a view that “whanau are more than simply an extended family network.” He says that the term whanau has been broadened in more recent times to include a number of non-traditional situations where Maori with similar interests but not direct blood relationships form a cohesive group.

“No matter how defined, whanau adopt behaviours that enforce mutuality, reciprocity, and shared responsibility within a Maori cultural context. More than simply a system of support, a whanau provides opportunities for identity to be strengthened and for Maori styles of communication and behaviour to be reinforced.”³

3.5. The Needs of Whanau

The ability of the whanau to provide for five primary needs can be aligned with the whanau being empowered and well resourced. Durie⁴ points out that whanau wellbeing does not mean that individuals should have no life outside whanau networks. The balance between healthy individuals and whanau interaction is a key consideration for wellbeing. He states that strengthened whanau ties may be seen as evidence of a successful outcome for Maori, and undue emphasis on self reliance may be an undesirable outcome.

Durie⁵ identifies the five primary needs that are satisfied by the whanau. These are:

- Manaakitanga – the roles of protection and nurturing
- Tohatohatia – the capacity of whanau to share resources
- Pupuri taonga – the role of guardianship in relation to whanau physical, human resources and knowledge
- Whakamana – to empower family / whanau to make informed choices
- Whakatakoto tikanga – the ability of whanau to plan for future necessities.



Te kete Aronui
Te kete Tuauri
Te kete Tuatea

3.6. Whanau Dysfunction - Colonisation

The traditional whanau worked together in order to survive. The conditions were harsh and whanau had to work hard with each member sharing in the mahi for the wellbeing of the whanau. At the same time, the whanau held a world view that included a spiritual, emotional and physical awareness of the interconnectedness of the whanau to others, to the past, present and future, and to their environment.

² Durie in Whaia te Whanaungatanga: Oranga Whanau: The Wellbeing of Whanau, the Public Health Issues. Ministry of Health: Wellington. 1998.

³ Durie in Whaia te Whanaungatanga: Oranga Whanau: The Wellbeing of Whanau, the Public Health Issues. Ministry of Health: Wellington. 1998.

⁴ Durie M. 2001 Mauriora: 233.

⁵ Durie M. 2001 Mauriora.

Many modern whanau have not developed this deep awareness of their place in the world. Associated with this loss through the process of colonisation is a plethora of negative Maori statistics to indicate the poor status of Maori and therefore whanau health and wellbeing. Durie⁶ outlines patterns of whanau dysfunction in Mauriora.

3.7. Strengths of Whanau

He Korowai Oranga states that whanau development is about supporting whanau to identify their own strengths and fostering the conditions required to build on those strengths.

There are a range of strength based approaches in practice in modern times including a large number of Maori health frameworks that contribute to our knowledge about the strengths of whanau. Such frameworks as Te Whare Tapawha⁷ and Te Wheke⁸ both provide for positive and holistic approaches to building health and wellbeing.

Essentially as we develop our understanding and application of the strengths of whanau we will find many examples of building strengths with whanau in Wairarapa District. These are being applied on a daily basis by Maori health providers, some mainstream health providers, whanau, hapu and iwi, and Maori communities for themselves

From another perspective there is a range of social work theory around family strengths. One of these is the strengths-based⁹ social work approach which may have synergies with 'the strengths of whanau'. The approach builds on family strengths and resources as the best means of achieving sustainable change for families and their children.



Paremo Matthews (with Bride) and her whanau at the wedding of her 4th child, daughter Kura

⁶ Durie M. 2001 Mauriora: 211

⁷ Durie M. 2001 Mauriora.

⁸ Ibid.

⁹ Durie M. 2001 Mauriora: 233.

⁹ Durie M. 2001 Mauriora.

⁹ Durie M. 2001 Mauriora: 211

⁹ Durie M. 2001 Mauriora.

⁹ Ibid.

⁹ From Spol 209 lecture notes, Victoria University referenced to Berg-Weger, Marla et al. 2001. Strengths-based practice with family caregivers of the chronically ill: qualitative insights. Families in Society: the Journal of contemporary human services v82 i3 [EA]

The beliefs about families include:

- Families know more about their situation than anyone
- Families have dreams and aspirations for their members
- Families are able to formulate their own goals and solutions
- Families tend to maintain solutions they create
- Families can enhance and improve the wellbeing of their children, with assistance and support from health providers
- The most effective solutions will be found in partnerships among parents, workers, supervisors and other community partners

It will be important that a shared view of the strengths of whanau and how to build on these strengths is developed and applied, and that these are necessarily based within kaupapa Maori frameworks.



Beloved Kaumatua of Wairarapa,
the late Kuki Rimene; Rangitane.
Leader of the people

“Often when we are searching for the strengths of a whanau we have to go wider and wider in the whanau to find strengths (e.g., strong whanau member willing to take role of leadership in whanau). Once we find that strength we then try to pull that strength back into the core of the whanau” – provider perspective.

4. Te Hauora O Te Iwi Whanui: A Picture of Wairarapa Maori Health Status 2005



Key Findings

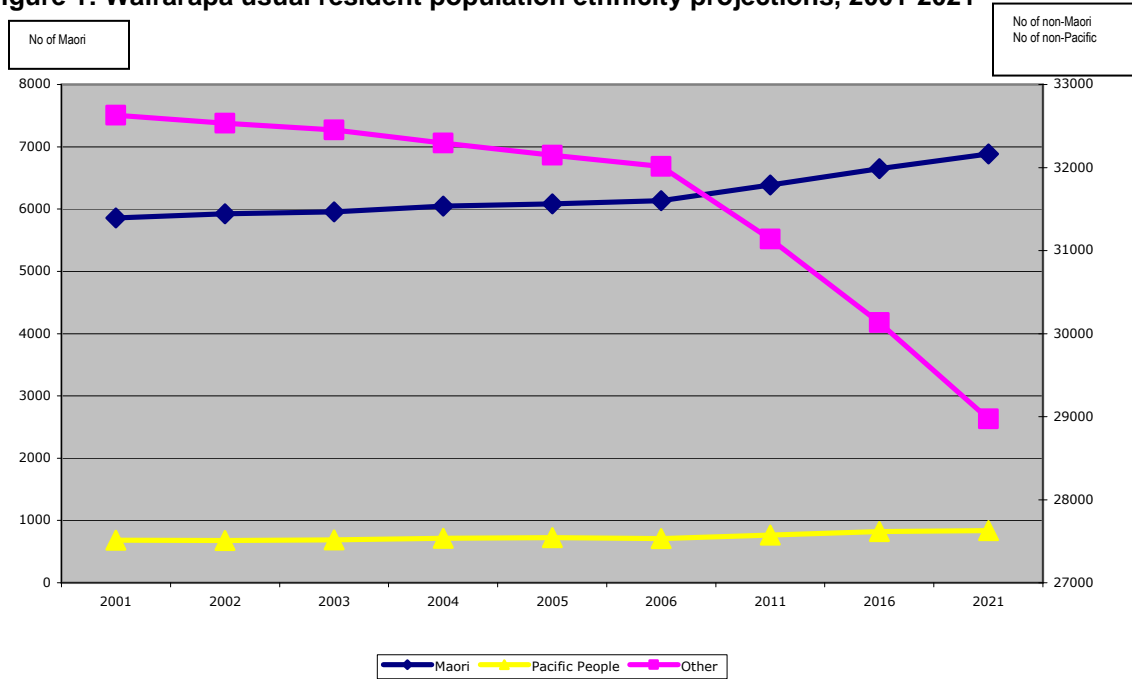
- At the 2001 census 5840 Maori were recorded as living in the Wairarapa and projections indicate that Maori as a proportion of the Wairarapa population will increase.
- Maori represent over 24% of the total population aged under 25 in Wairarapa.
- Wairarapa Maori are disproportionately represented in areas of greater deprivation. Over 82% of Maori live in an area with a NZDep2001 score of Decile 6 or higher.
- The Maori standardised avoidable hospitalisation rate is significantly higher than the Maori national rate and non-Maori Wairarapa rate.
- The Wairarapa Maori standardised mortality rate is decreasing and is generally lower than the national Maori mortality rate.
- The Wairarapa Maori injury hospitalisation rate is significantly higher than the national Maori rate.
- The Wairarapa Maori asthma hospitalisation rate is significantly higher than the NZ Maori rate
- The results of the National Health Survey 2002/03 show that Maori in the Wairarapa have a higher prevalence of smoking than non-Maori and a higher prevalence amongst Maori females than Maori males.
- The Maori hospitalisation and mortality rate for diabetes in the Wairarapa is higher than non-Maori but not significantly different than the NZ Maori population.
- The rate of dental extractions for Wairarapa Maori children in 2003/04 was significantly higher than the non-Maori, non-PI population in both the under 5s and the 5 – 12 year olds. In both ages groups it was also higher than the comparable New Zealand population
- Lower level of education attainment than the NZ average
- Maori cancer rate is higher than non Maori.
- Wairarapa Maori have a higher prevalence of hazardous drinking than non-Maori.

4.1 Demographic Information

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

At the 2001 census 5840 Maori were recorded as living in the Wairarapa. This is the same proportion, 14%, as the national average. Ministry of Health projections indicate that Maori as a proportion of the Wairarapa population will increase following a national trend.

Figure 1: Wairarapa usual resident population ethnicity projections, 2001-2021



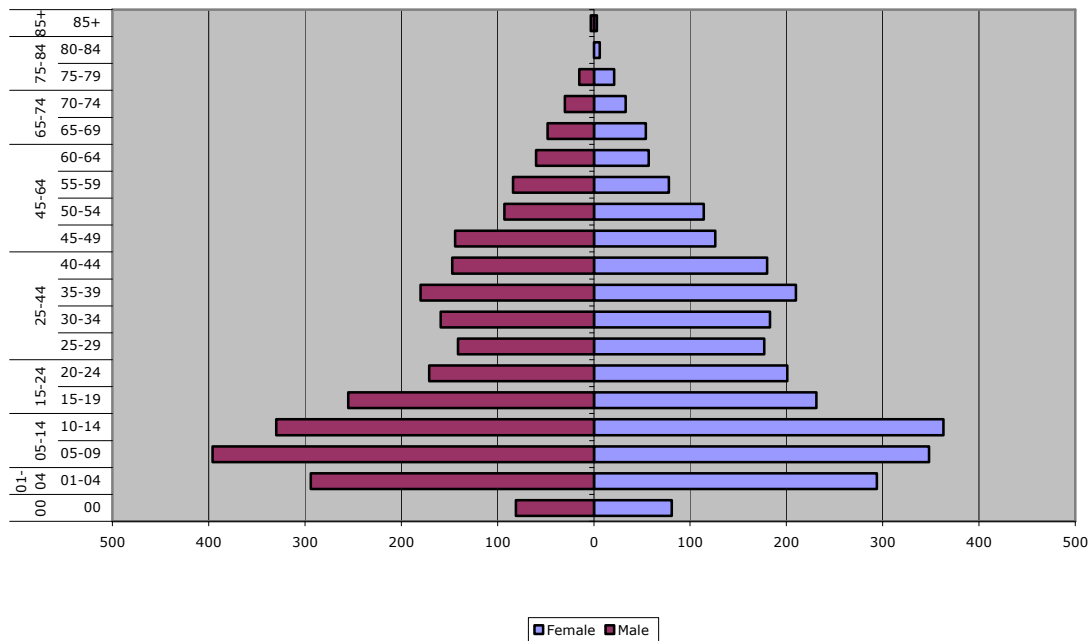
Pakeha population declines about 2,500 from 32,500 in 2001 to 29,000 in 2021.

Maori population increases 1,000 from about 5,800 in 2001 to about 6,800 in 2021.

4.2 Age Structure

The Maori age profile is younger than the non-Maori profile. Maori aged under 25 years make up 56% of the Maori population in the Wairarapa and represent over 24% of the total population aged under 25.

Figure 2: Wairarapa Maori age sex profile, 2001

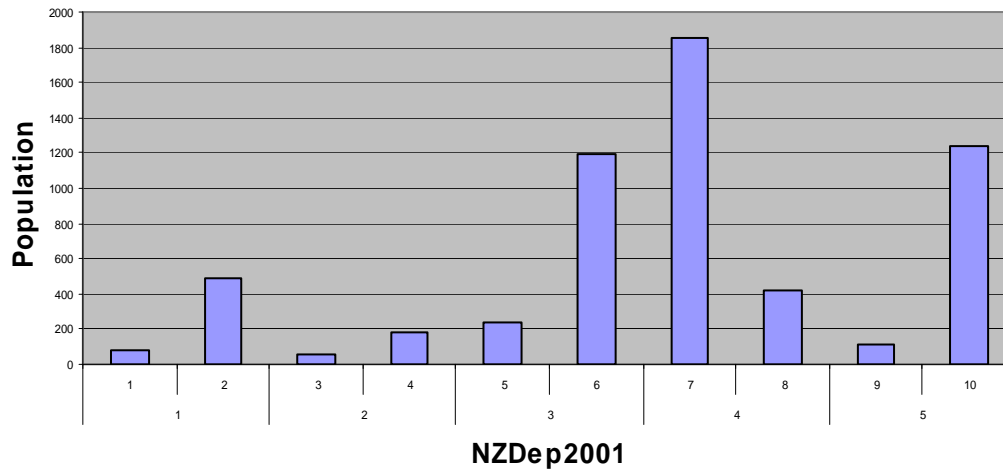


4.3 Deprivation

Wairarapa Maori live in areas of greater deprivation than the non-Maori Wairarapa Population. Over 82% of Maori live in an area with a NZDep2001 score of Decile 6 or higher.

This is consistent with the national figures which show Maori are disproportionately represented in the more deprived areas of New Zealand.

Figure 3: Wairarapa Maori deprivation profile



4.4 Socioeconomic factors

In all of Wairarapa Maori had a lower unemployment rate than New Zealand Maori, however are still more than twice as likely to be unemployed than non-Maori within each of the Territorial Authorities.

Maori are more likely to earn less than \$10,000 per annum and less likely to earn more than \$50,000 per annum than non-Maori, non-Pacific people in the Wairarapa region.

Maori have an even higher proportion with no qualifications than non-Maori in the area and a significantly lower proportion with a degree than non-Maori in the area and have a lower rate than total Maori in New Zealand.

4.5 Avoidable hospitalisations

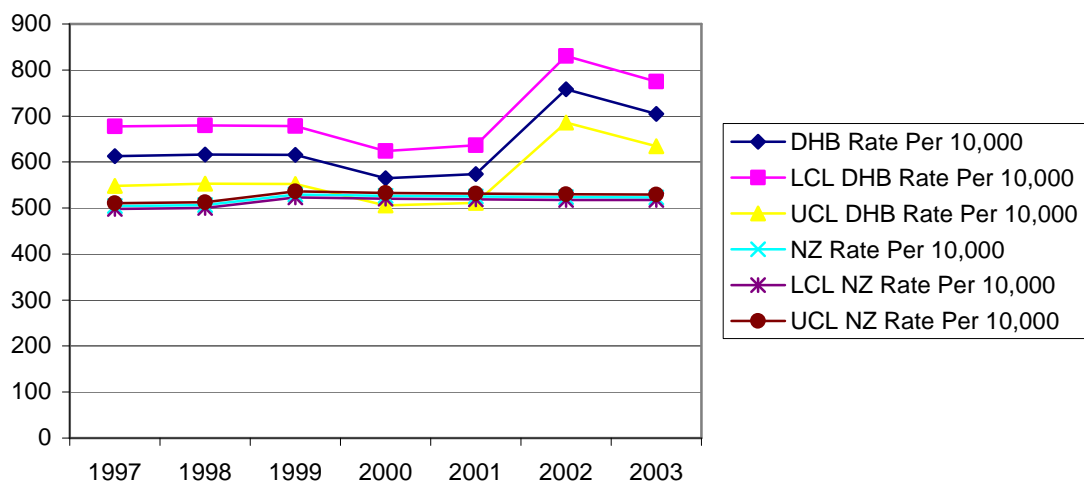
The top ten causes of avoidable hospitalisation are shown in Table 1 below and the standardised rate of avoidable hospitalisation in Figure 4.

The Maori standardised rate is increasing at a greater rate than the national rate and is significantly higher than the national rate.

Table 1: Wairarapa Maori: Top Ten causes of avoidable hospitalisation.

Condition	Number	% of DHB Total
Respiratory infections	424	5.0%
Asthma	281	3.3%
ENT infections	216	2.5%
Angina	171	2.0%
Road traffic injury	164	1.9%
Gastroenteritis	161	1.9%
Dental conditions	157	1.8%
Epilepsy	157	1.8%
Cellulitis	144	1.7%
Congestive heart failure	104	1.2%

Figure 4: Wairarapa Maori avoidable hospitalisation rate



4.6 Avoidable Mortality

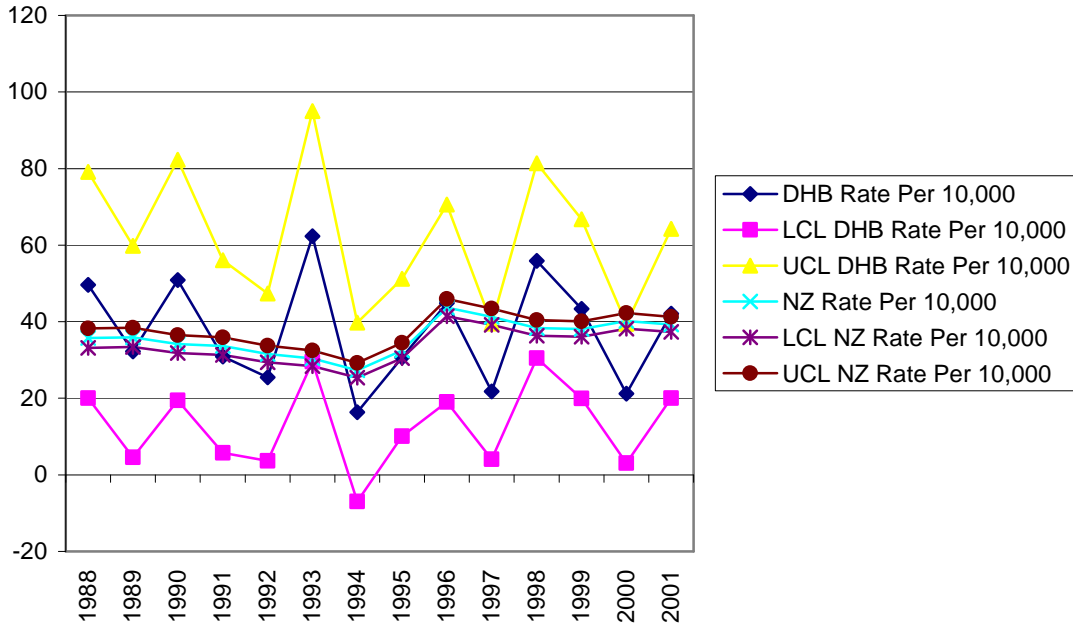
The top ten causes of avoidable mortality (death) are shown in Table 2 below and the standardised rate of avoidable mortality in Figure 5. Eight of the top ten causes of mortality are the same as the national top ten. Nationally, suicide and SIDS feature but not asthma or colorectal cancer.

The Maori standardised mortality rate is decreasing and is generally lower than the national Maori mortality rate.

Table 2: Wairarapa Maori, top ten causes of avoidable death.

Condition	Number	% of DHB Total
Ischaemic heart disease	40	12.1%
Lung cancer	31	9.4%
Road traffic injury	16	4.8%
CORD	16	4.8%
Diabetes	15	4.5%
Stroke	10	3.0%
Colo-rectal cancer	8	2.4%
Breast cancer	8	2.4%
Stomach cancer	8	2.4%
Asthma	7	2.1%

Figure 5: Wairarapa Maori, Standardised Mortality rate



4.7 Maori Health Gain Priorities

This section describes the 12 Maori Health Gain Priorities identified in “*He Korowai Oranga*”: Immunisation, Injury Prevention, Hearing, Asthma, Smoking, Diabetes, Mental Health, Oral Health, Disability Support Services, Rangatahi Health, Sexual and Reproductive Health and, Alcohol and Drug Use.

Two additional priorities, Cardiovascular Disease and Cancer, have been further included because of their significant effects on the New Zealand and Maori health profile. Each priority is discussed in terms of its importance to Maori health nationally and from a district approach.

4.7.1 Immunisation

Immunisation is one of the most cost-effective and successful public health interventions however vaccine preventable diseases continue to play an important part in the health of New Zealanders. In particular measles and whooping cough have both occurred in epidemic proportions in New Zealand in recent years whilst hepatitis B contributes to morbidity and mortality in New Zealanders, particularly among Maori.

New Zealand has not achieved its target of 95% of children being fully vaccinated by the age of 2 years and inequalities exist, with coverage rates being lower for Maori and Pacific people children. The Health Funding Authority 1999-2000 concluded that Maori levels of immunisation are inadequate to prevent morbidity and mortality for a range of vaccine-preventable diseases.

4.7.2. Injury Prevention

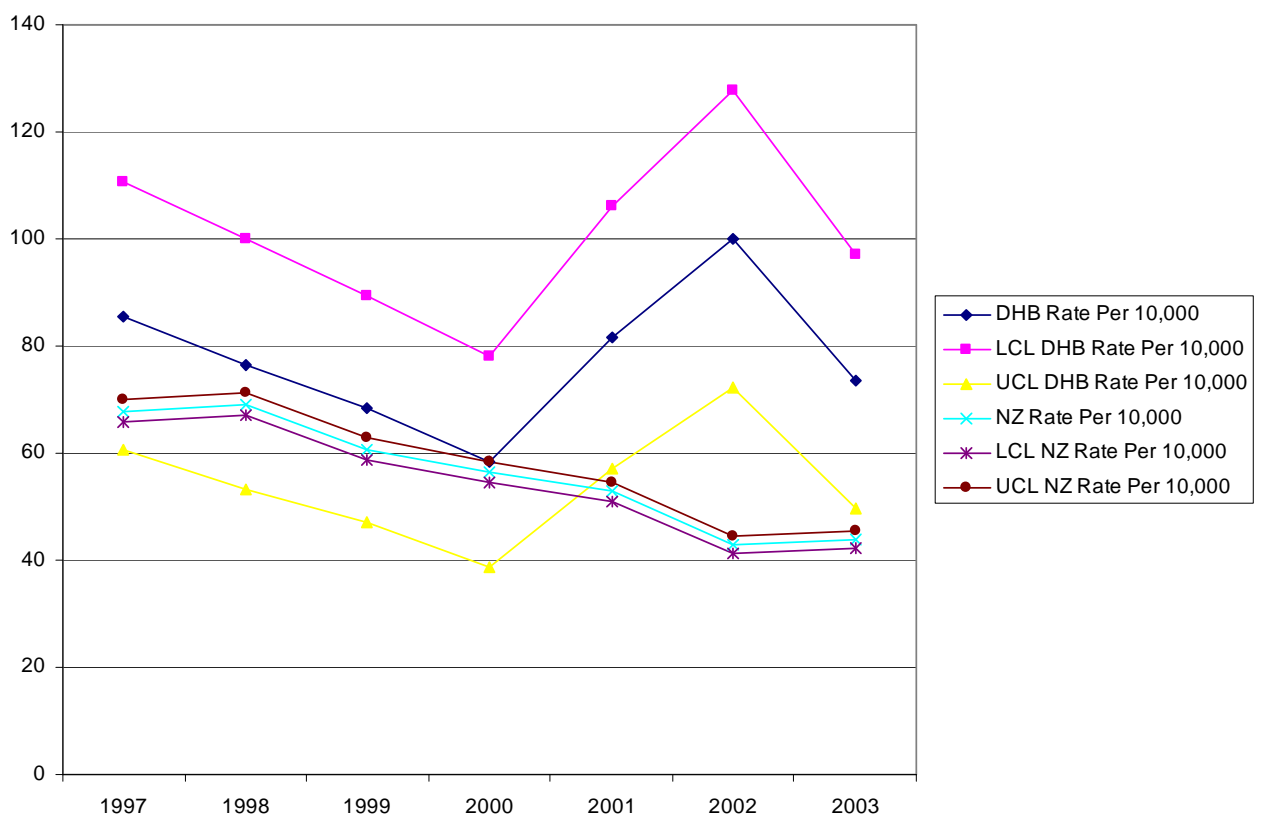
Nationally, and in the Wairarapa, injury is the leading cause of death and a significant cause of hospitalisation for Maori between 1 and 34 years of age. Maori are over-represented in motor vehicle accidents. Injury deaths are an important cause for disparity in life expectancy between Maori and non-Maori non-Pacific people ethnic groups (Ministry of Health July 2003).

The Wairarapa Maori rate is significantly higher than the NZ Maori rate.

Table 3: Wairarapa Maori age standardised injury hospitalisation rate per 10,000

Year	DHB Maori Rate Per 10,000	DHB Other rate Per 10,000	NZ Maori rate per 10,000	NZ Other Rate Per 10,000
1997	85.62	85.28	67.9	60.7
1998	76.55	80.4	69.13	61.38
1999	68.25	74.43	60.76	55.72
2000	58.34	59.43	56.48	52.9
2001	81.47	65.7	52.82	46.74
2002	100.01	70.75	42.94	41.44
2003	73.48	81.6	43.89	40.17

Figure 6: Wairarapa Maori age standardised injury hospitalisation rate per 10,000



4.7.3 Hearing

Hearing loss in childhood has a significant effect on speech and language development as well as emotional, social and educational development. The main cause of hearing loss in New Zealand is glue ear of which Maori children have higher rates than non-Maori.

Information on hearing screening carried out on new entrants shows that nationally Maori children show an overall new entrant failure rate of 12.6%. This is double the failure rate of the European/Pakeha children. In over 50% of DHBs the Maori failure rate exceeds 10%, however for the 2002/03 year the Wairarapa Maori failure rate was one of the lowest in the country.

The Maori failure rate nationally for three year olds was 11.1%. In over 45% of districts, the failure rate for Maori exceeds 10%, the Wairarapa rate was 43.8%.

The large variations around the national rate may be explained by small numbers in the Wairarapa.

Table 4: Wairarapa hearing screening: failure rates by ethnicity, new entrant and three year olds

	Failure Rates (%)			
	Overall	Maori	Pacific Is	European/Pakeha
New entrant failure rates				
Wairarapa	2.5	2.5	-	-
New Zealand	8.1	12.6	16.1	5.6
Three year old failure rates				
Wairarapa	6.7	43.8	-	1.7
New Zealand	6.9	11.1	14.3	5.7

Source: NZ Hearing Screening Statistics, July 2002 – June 2003, National Audiology Centre

4.7.4 Asthma

The prevalence of asthma is increasing world wide and in New Zealand. Tobacco use is likely to be a key factor in higher rates of respiratory related illnesses, such as asthma, experienced by Maori.

While the prevalence of asthma is similar for Maori and non-Maori, Maori child and youth experience higher levels of morbidity and hospital admission than non-Maori.

The Maori asthma hospitalisation rate is significantly higher than the NZ Maori rate and the "Other" DHB rate. The numbers of Maori deaths attributed to asthma are small.

Table 5: Wairarapa Maori age standardised asthma hospitalisation rate per 10,000

Year	DHB Maori Rate Per 10,000	DHB Other Rate Per 10,000	NZ Maori Rate Per 10,000	NZ Other Rate Per 10,000
1997	70.08	28.54	48.13	24.69
1998	54.74	24.94	41.4	20.6
1999	67.79	28.17	41.16	21.52
2000	33.06	15.31	34.04	16.52
2001	42.55	15.33	32.2	16.28
2002	53.74	15.03	33.18	13.73
2003	68.77	10.33	33.51	14.37

4.7.5 Smoking

Smoking has a serious negative impact on Maori health. Exposure to smoke has been shown to cause adverse effects such as sudden infant death syndrome, glue ear, respiratory infections, cardiovascular disease and lung cancer. Maori have disproportionately higher rates of illness than non-Maori in all of these key areas.

Reducing Maori smoking prevalence is a key focus of the National Drug Policy. Maori women have a significantly higher prevalence of smoking than any other ethnic group.

The results of the National Health Survey 2002/03 show that Maori in the Wairarapa have a higher prevalence of smoking than non-Maori and Maori females than Maori males.

4.7.6 Diabetes

Diabetes has multiple impacts on health and the full impact on individuals and whanau is difficult to determine. Diabetes, in particular Type 2 or Non-Insulin dependent diabetes mellitus, is a growing health problem nationally and internationally.

Key issues contributing to the growing incidence and prevalence are the aging population and changing diets, levels of exercise and increases in weight. There are high rates of diabetes in Maori but also in other indigenous populations.

The results of the New Zealand Health Survey 2002/03 show that the prevalence of self reported diabetes in Maori in the Wairarapa is higher than that of non-Maori.

The Maori hospitalisation and mortality rates for diabetes in the Wairarapa are higher than non-Maori but not significantly different than the NZ Maori population.

4.7.7 Mental Health

In New Zealand it is estimated that at any one time 20% of the population have a mental illness and 3% have a serious mental illness¹. Historical data from 1993, based on in-patient activity, suggested major differences in the way Maori used mental health services. Maori were seen as accessing services later and with greater severity at the point of entry.

In New Zealand hospital admission rates for mental health or alcohol and drug related disorders are 40% higher for Maori than for non-Maori (Ministry of Health 2001h).

Maori have higher rates of presentation to crisis, acute and forensic services; and Maori are more likely than non-Maori to suffer from alcohol and drug disorders (Mental Health Commission 1998).

A 2001 review of forensic services in New Zealand found that 50% of inpatients in forensic services at that time were Maori. Overall Maori represented 15% of all people receiving mental health treatment (Ministry of Health 2001).

The exact extent of access needs for Maori is unknown. However, until this need is identified, the Mental Health Commission (1998) suggests that the access target for Maori should be 6%, double that for the general population rate of 3%.

4.7.8 Oral Health

It is apparent that there are significant inequalities in oral health status for Maori and other low socioeconomic groups. Maori are more likely to experience poor oral health in all age groups, such as caries, tooth loss, periodontal disease, and be edentulous.

Maori adults are less likely to have filled teeth than Europeans however they are more likely to have missing teeth. Maori children have worse oral health than non-Maori. Adult oral health inequalities have their origin in child inequalities, which have been linked to factors such as socioeconomic status and mothers' educational level.

Ethnic disparities are present in the oral health status of Wairarapa's children, with Maori children experiencing poorer oral health outcomes at both 5 and 12 years.

As shown in Table 6 below, the rate per thousand of dental extractions for Wairarapa Maori children in 2003/04 was significantly higher than the non-Maori, non-PI population in both the under 5s and the 5 – 12 year olds. In both ages groups it was also higher than the comparable New Zealand population.

Table 6: Dental extractions for Maori children under 12, 2003-2004, rate per 1,000

Dental extractions children under 5, 2003/04	Rate per 1,000			
	Total	Maori	Pacific peoples	Other
Wairarapa	13.0	19.7		9.7
New Zealand	7.8	11.3	14.0	5.5
Dental extractions children 5-12, 2003/04				
Wairarapa	6.3	8.3		5.5
New Zealand	4.7	5.7	6.3	4.1

Source: NMDS data, Ministry of Health

4.7.9 Disability Support Services

Disability is a relatively common situation for both Maori and non-Maori, with one in five New Zealanders having a disability of some type.

Physical disabilities are the most common type of disability for Maori adults and “Other” disabilities for Maori children. This “Other” category includes speech, learning and developmental disorders requiring special education.

The most common cause of disability for Maori is disease or illness, followed by accidental injury.

4.7.10 Rangatahi Health

According to the 2001 census young Maori represent 4% of Wairarapa total youth population and 30% of the Wairarapa Maori population. Young Maori are expected to increase as a proportion of the total Wairarapa population but decrease as a proportion of the Maori population. In 2016 the young people are projected to be 15% of the Maori population.

The health issues affecting Maori in the teenage and youth population include sexual and reproductive health, suicide, injury, misuse of motor vehicles, mental health, tobacco, alcohol and drug abuse, and pregnancy and child-birth.

Mortality

The top ten reasons for death, in descending order, for the 15-24 age groups nationally, based upon total volume are: Suicide, Unavoidable Mortality, Drowning, Asthma, Rheumatic fever-heart disease, Epilepsy, Poisoning, COR, Alcohol-related conditions, and Fire.

In the Wairarapa injury and poisoning [92.3%] and cancer [7.7%] were the causes of mortality for young Maori, 15 – 24 years of age over the period 1998 – 2001.

Avoidable hospitalisations

The top causes of avoidable hospitalisations, for young Maori 15 – 24, in the Wairarapa are road traffic injury, kidney-urinary infection, respiratory infections, cellulitis, and suicide.

Table 7: Top causes of avoidable hospitalisation for Maori, 15-24, 1996 – 2003, Wairarapa and NZ rates per 10,000.

Year	Road traffic injury		Kidney-urinary infection		Cellulitis		Respiratory infections		Suicide	
	DHB Rate	NZ Rate	DHB Rate	NZ Rate	DHB Rate	NZ Rate	DHB Rate	NZ Rate	DHB Rate	NZ Rate
1997	89.05	45.69	44.52	17.95	17.81	23.42	26.71	15.26	53.43	18.72
1998	53.86	50.51	17.95	18.51	17.95	26.8	8.98	10.51	8.98	19.57
1999	71.88	45.51	17.97	16.44	17.97	26.16	44.92	16.14	0	17.5
2000	26.53	43.17	26.53	16.94	0	32.5	26.53	11.65	17.68	17.92
2001	71.28	40.33	40.73	18.53	20.37	34.64	0	16.69	10.18	18.33
2002	127.33	34.52	48.97	15.98	58.77	39.72	19.59	12.86	48.97	15.13
2003	48.08	40.4	67.31	16.4	48.08	36.88	48.08	14.73	19.23	17.05

Avoidable hospitalisation rates, categorised by the three subcategories of avoidable hospitalisation, rates for young Wairarapa Maori are similar to comparable New Zealand rates as shown in Table 8 below.

Table 8: Avoidable hospitalisation rate per 10,000 Wairarapa and NZ young Maori 15 – 24, 1 July 1996 – 31 Dec 2003.

Year	Ambulatory Sensitive		Injury Preventable		Population Preventable	
	DHB Rate	NZ Rate	DHB Rate	NZ Rate	DHB Rate	NZ Rate
1997	240.43	157.99	187	101.46	17.81	10.65
1998	168.76	154.89	98.74	105.17	28.73	10.54
1999	221.02	163.92	98.83	86.16	3.59	12.68
2000	157.38	163.35	53.05	75.28	37.14	12.86
2001	168.02	168.93	101.83	72.85	45.82	14.02
2002	251.71	175.58	176.3	57.88	42.12	13.58
2003	292.31	175.49	96.15	65.23	34.62	13.15

4.7.11 Sexual and Reproductive Health

The Ministry of Health audited the Sexual Health service in 2003 and recommended further development and planning be undertaken around guidelines in schools regarding sexual discrimination, closer links with primary care, and assistance for disabled, Maori and Pacific people populations.

4.7.12 Alcohol and Drug Use

Substance abuse causes significant harm to the health of New Zealanders. The most widely used drugs, alcohol and tobacco (tobacco is discussed under its own heading), account for the majority of that harm. There is evidence of disproportionate harm from alcohol and cannabis use among Maori compared to non-Maori.

Tobacco smoking

The results of the New Zealand Health Survey 2002/03 show that Maori in the Wairarapa have a markedly higher prevalence of smoking than those of non-Maori. The Maori age standardised prevalence rate was 43.4% as compared with 21.2% for non-Maori. The same study showed that, in general, Maori females had a higher prevalence of smoking than Maori males.

Alcohol consumption

The NZ Health Survey also showed that Wairarapa Maori have a higher prevalence of hazardous drinking than non-Maori.

4.7.13 Cardiovascular Disease

Cardiovascular disease is the leading cause of death in New Zealand, accounting for 41% of all deaths in 1999. The burden of cardiovascular disease is greatest among Maori and Pacific people.

Mortality from all cardiovascular diseases is higher among Maori than the general population.

Coronary heart disease is the leading single cause of death for Maori.

Maori have the highest rate of hospital admissions for heart failure (nearly three times that of Europeans/Others).

The chance of being dependent at 12 months post stroke is three times higher among Maori and Pacific people than among Europeans who have a stroke.

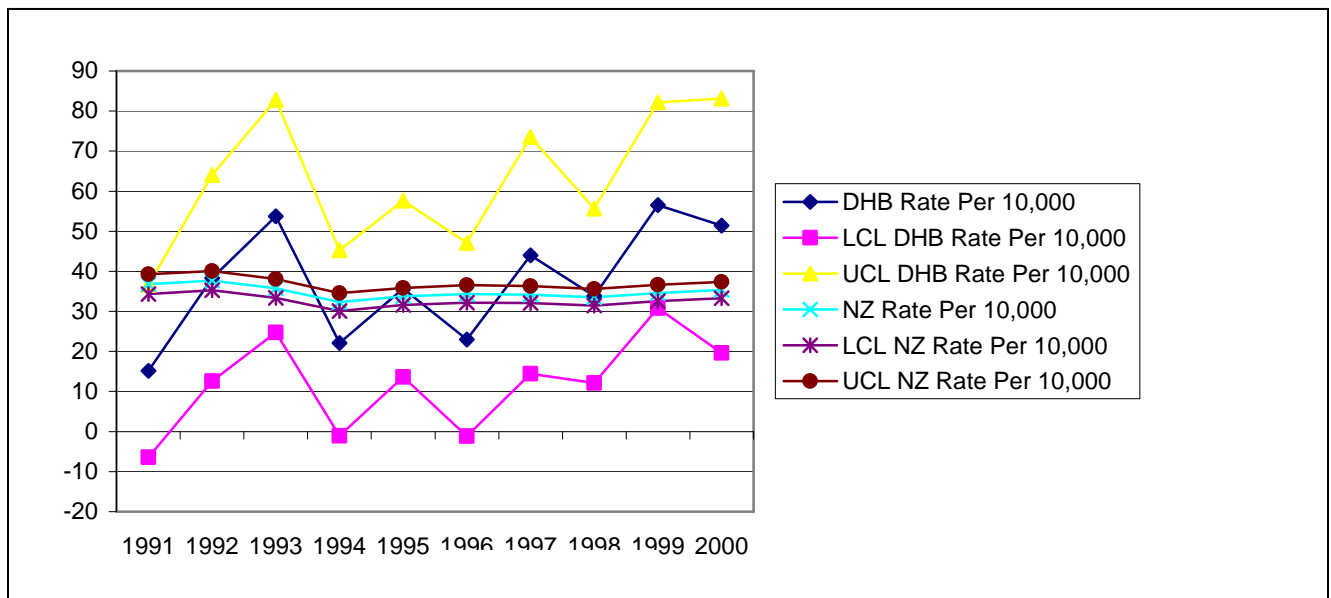
Maori and Pacific people have the highest discharge rates for both rheumatic fever and rheumatic heart disease¹⁰.

4.7.14 Cancer

Cancer is a major cause of premature mortality and disability for New Zealanders in particular for Maori. Cancers make the second-largest contribution to health loss in the Maori population after cardiovascular disease¹¹.

The Wairarapa Maori standardised cancer registration rate is increasing faster than the national rate and is generally higher than the national rate although similar to the total Wairarapa rate.

Figure 7: Wairarapa Maori age standardised cancer registration rate.



Conclusion

This health profile for the Wairarapa Maori population draws a picture of Maori health status based on the most recent data available in 2005.

¹⁰ Ministry of Health (2001). *Toolkits*, <http://www.newhealth.govt.nz/toolkits/toolkits.htm>. Wellington.

It clearly demonstrates Maori health status is generally worse than that of non-Maori in all areas for which information is available. It validates the need to prioritise Maori health gain and development in order to reduce and eliminate health inequalities that currently exist.

Data Issues

Over recent years there have been changes in the way that Māori (and Pacific) ethnicity has been defined, resulting in changes in the numbers of people counted as Māori or Pacific.

The lack of a consistent baseline causes difficulty in interpretation of statistical information and makes it difficult to know whether variations in rates and proportions both over time and between groups have been real or simply coding errors.

However, while there is a need to better understand the figures, inequalities in health between Māori and non-Māori are pervasive and significant.

This health status report uses information provided by TAS based on population figures supplied by the Ministry of Health. The Ministry of Health and TAS uses the Māori (or prioritised) group as the denominator. This has the disadvantage of underestimating the extent of disparities, and this should be taken into consideration when analysing the data.



Hinetai Karaitiana; Rangitane, Ngati Kahungunu,
with her Koroua Mikaera Kawana

5. Wahanga Tuawha: Making it Happen



He Korowai Oranga, the DHB District Strategic Plan, and the DHB Statement of Intent provide a framework for Wairarapa DHB's journey towards whanau ora – to look both to the future and the past to envisage healthy and vibrant whanau.

Whanau, hapu, iwi, and Maori communities must be supported to achieve their own aims and aspirations for whanau ora. The outcomes, measures, and actions contained in this plan form the foundation of monitoring performance within each of the pathways that contribute to our community journey to whanau ora.



Helen Rimene, Hinerau Te Tau and Kate Aranui,
Proudly display beautiful korowai in front of
Nga Tau e Waru, Te Ore Ore Marae.

Te Ara Tuatahi (pathway 1) – Development of Whanau, hapu, iwi, and Maori Communities

Objective

- Maori communities are supported to develop local infrastructure that support improvements in health outcomes

Approach

- Continue to provide advice, support, and resources to Maori to improve their health and wellbeing
- Ensure the Wairarapa DHB's Treaty of Waitangi policy is a key component in the delivery of health services in the Wairarapa
- Provide for a more efficient use of Maori infrastructure and expertise so as not to compromise tikanga
- Work with Maori communities to develop local infrastructures that support the delivery of health initiatives in those communities
- Work with both Te Hauora o te Karu o te Ika and individual Maori health providers to develop workforce capability and capacity.

Actions

- Ensure health service provision to Maori by both primary and secondary health providers is monitored and measured through obligatory contractual reporting
- Ensure local and regional obligations to funding the development of Maori health services are continued
- Ensure the ongoing recruitment, development, and retention of Maori staff at the Wairarapa DHB
- Ensure Maori health providers, current and future, have access to all funding opportunities
- Develop a training package, for all DHB staff that have attended Treaty of Waitangi training, that details how to implement the Treaty principles into the workplace
- Develop a Treaty of Waitangi training package for all health providers funded by the DHB that introduces the Treaty principles into service provision
- Ensure Tikanga best practice is implemented into the provider arm of the Wairarapa DHB
- Work with the WDHB provider arm to have Tikanga training implemented into induction training or a separate obligatory training module
- Ensure that Maori communities are aware of existing systems and organisations that support kaupapa service delivery and that access barriers are removed e.g. through education or transport.
- Identify any service providers that are not responsive to Maori and work with these providers to develop Treaty guidelines and policies and assist with the implementation of these

- Ensure that existing Maori health providers and the members of the collective Te Hauora o te Karu o te Ika are supported through whatever means are available so that they remain sustainable providers to meet the needs of Maori
- Demonstrate respect and support of the collective through relationships with individual members of the collective

Milestones and Indicators

2005/2006

- Develop Wairarapa DHB provider arm training – Tikanga best practice and how to apply the Treaty of Waitangi to the work place.
- Stock-take Wairarapa health providers' responsiveness to Maori
- Facilitate at least 1 hui to introduce mainstream health service providers to whanau, hapu, and iwi e.g. Arthritis Foundation

2006/2007

- Develop mainstream provider training – Tikanga best practice and how to apply the principles of the Treaty of Waitangi to the work place
- Assist mainstream health providers to develop Treaty policies and guidelines
- Facilitate at least 2 hui to introduce mainstream health service providers to whanau, hapu, and iwi e.g. Cancer Society
- Work with the Wairarapa Community PHO has improved delivery and accessibility to primary health services to Maori

2007/2008

- Deliver mainstream provider training – Tikanga best practice and how to apply the principles of the Treaty of Waitangi to the work place.
- Assist mainstream health providers to implement Treaty principles
- Facilitate at least 2 hui to introduce mainstream health service providers to whanau, hapu, and iwi e.g. Multiple Sclerosis Foundation
- Implement continuum of care by Maori for Maori



Te Rangikotua Hohipa Tuhoe,
Ngati Kahungunu; Lawziah
Karaitiana Rangitane; Akuera Nia
Nia Ngati Kahungunu, Tuhoe

Te Ara Tuarua (Pathway Two) – Maori participation in the health and disability sector

Objective

- Maximise opportunities to utilise Maori expertise and participation at all levels of service planning and delivery

Approach

- Continue to build Board relationship with Mana Whenua Caucus and joint work programme
- Continue to provide shared training opportunities for members of Mana Whenua Caucus and Board
- Continue to maintain current level of Maori participation across the DHB recruitment processes, mainstream staff development, and the redevelopment of provider arm services
- Formalise the utilisation of NGO Maori health expertise and input in respect to service planning and delivery
- Ensure opportunities for Maori workforce to gain necessary qualifications or up-skill are made available
- Maximise opportunities to increase Maori ability to influence planning and delivery of services through participation and representation throughout the DHB

Actions

- Ensure continuation of joint Mana Whenua Caucus and DHB meetings
- Prepare planned agenda for all joint meetings that allocate time for information sharing and joint discussion on proposals that are designed to meet Maori health goals and objectives
- Ensure that Mana Whenua are made aware of issues passing through the Maori Health Committee through reports prepared by Maori Health Directorate
- Develop joint work programme derived from information gathered by Maori Health Committee, Planning and Funding contract management reports, and Mana Whenua objectives
- Develop training package for Mana Whenua Caucus and DHB members based upon training needs analysis
- Determine need to formalise use of NGO Maori health expertise within DHB and prepare appropriate documentation
- Work with Human Resources to develop a booklet for Maori staff that outlines training opportunities, study leave, and any other developmental entitlements
- Work with Human Resources to collate information on training needs of Maori staff
- Explore opportunity for training putea to be held by Maori Health Directorate and proceed if approval granted
- Director of Maori Health participates in joint planning and projects with the Director of Planning and Funding.

- Establish a register of skills and knowledge of existing Maori staff so that appropriate staff members can be co-opted to hui that influence planning and delivery of services

Milestones and Indicators

2005/2006

- Conduct training needs analysis of Mana Whenua Caucus and Board members
- Bi-monthly reporting to Mana Whenua by Maori Health Committee of issues and actions
- Explore opportunity for training putea to be held by Maori Health Directorate
- Determine needs to formalise use of NGO Maori health expertise within DHB and prepare appropriate documentation
- Establish a register of skills and knowledge of existing Maori staff so that appropriate staff members can be co-opted to hui that influence planning and delivery of services

2006/2007

- Develop joint work programme derived from information gathered by Maori Health Committee, Planning and Funding contract management reports, and Mana Whenua objectives
- Facilitate training hui for Mana Whenua Caucus and Board members
- Bi-monthly reporting to Mana Whenua by Maori Health Committee of issues and actions
- Develop booklet for Maori staff that outlines training opportunities, study leave, and any other developmental entitlements
- Work with Human Resources to collate information on training needs of Maori staff

2007/2008

- Facilitate training hui for Mana Whenua Caucus and Board members
- Bi-monthly reporting to Mana Whenua by Maori Health Committee of issues and actions
- Work with Human Resources to develop programmes to meet training needs of Maori staff



Manaia, Tuakana and Maioha Riwai-Couch
Ngati Kahungunu, Ngai Tahu, Ngati Hine, Ngati Rangī

Te Ara Tuatoru (Pathway Three) – Effective health and disability services

Objective

- All types and levels of service delivery throughout the Wairarapa optimise opportunities to make gains in the health of Maori

Approach

- Support Wairarapa Community PHO to better integrate mainstream primary health care providers with Maori provider organisations
- Work with the Wairarapa Community PHO to increase Maori access to services in the wider Wairarapa community
- All NGO providers are trained in ethnicity data collection
- Service and facility designs for the new hospital enable effective practice for Maori
- Work with Maori health providers to increase rates of immunisation, engagement in oral health services, pre and post natal education, and overall health of tamariki and their whanau
- Participate in the implementation of the Youth Health Strategy to increase rangatahi access to health services
- Work with primary care, mental health services, and Mental Health NGOs to reduce barriers for tangata Whaiora and rangatahi in identifying mental health needs
- Maori Health Committee works across the DHB to review pathways of care for Maori patients accessing services
- Outreach and marae based clinics target specific health needs e.g. cervical screening for kuia



Gizelle Hohipa; Ngati Kahungunu, Tuhoë, Nga Puhi, Ngati Awa,

Actions

- Establish and maintain positive relationship with PHO and other mainstream providers.
- Director of Maori Health and Manager of PHO meet regularly to discuss and address any issues relating to access to services.
- Identify most effective provider of ethnicity data collection training in terms of cost and attained knowledge. Once identified purchase training and implement to NGO providers.
- Support development of kaupapa Maori Health programmes, including traditional Maori healing
- Re-establish Maori consumer focus groups in collaboration with the DHB Quality Department
- Work with DHB provider to develop Maori Health Committee work programmes to review pathways of care for Maori
 - Patients accessing elective services
 - Patients accessing mental health services
 - Patients accessing chronic disease primary and secondary services
 - Patients accessing cancer treatment and support services
- Support existing Outreach and marae based clinics ensuring they target specific health needs for Maori
- Develop future planning for Outreach and marae based clinics using needs data by geographic area



Tarei and Ngametua Paku; Ngati Kahungunu, Rangitane, Tuhoë, Cook Island, with Doctor Cath Becker at the Kura Kaupapa Health Clinic

Milestones and Indicators

2005/2006

- Identify ethnicity data training provider as well as training attendees
- Facilitate annual hui to share lessons learned by all providers of mental health services to tangata whaiora
- Support first consumer focus groups
- Establish pilot Rongoa service
- Maori Health Committee completes review of pathway of care – elective services
- Identify needs of Maori on a geographic basis

2006/2007

- Demonstrate that the Wairarapa Community PHO has improved delivery and accessibility to primary health services to Maori through minutes of quarterly meetings as well as narrative reporting
- Provide ethnicity data training to identified trainees
- Demonstrate improved integration between Mental Health providers through provider narrative quarterly reports
- Facilitate annual hui to share lessons learned by all providers of mental health services to tangata whaiora
- Support no less than 3 meetings of consumer focus groups
- Maori Health Committee completes review of pathway of care – mental health services
- Maori Health Committee completes review of pathway of care – respiratory disease
- Maori Health Committee completes review of pathway of care – cancer
- Implement delivery plan for health services on geographic basis

2007/2008

- Demonstrate that the Wairarapa Community PHO has improved delivery and accessibility to primary health services to Maori through minutes of quarterly meetings as well as narrative reporting
- Provide ethnicity data training to identified trainees
- Demonstrate improved integration between Mental Health providers through provider narrative quarterly reports
- Facilitate annual hui to share lessons learned by all providers of mental health services to tangata whaiora
- Support no less than 3 meetings of consumer focus groups
- Maori Health Committee completes review of pathway of care – diabetes
- Maori Health Committee completes review of pathway of care – cardiovascular disease
- Implement delivery plan for health services on geographic basis



Kenton Crombie, Ngati
Kahungunu, Ngati
Raukawam Ngati
Whatua, Nga Puhi

Pathway Four– Working across sectors

Objective

- Utilise all opportunities and forums to build and maintain strong relationships with other agencies

Approach

- Continue to encourage education opportunities for Maori
- Advocate for improved housing for Maori with high health needs
- Maintain support for nursing students at UCOL Bachelor of Nursing Degree programme
- Maori are involved in the Healthy Homes project
- Work with other agencies to develop intersectoral support services for Koroua and Kuia in South Wairarapa
- Continue to work with community groups to address family violence concerns

Actions

- Work with Human Resources to develop booklet for Maori staff that outlines training opportunities, study leave, and any other developmental entitlements
- Director of Maori Health assumes an advocacy role through attendance at appropriate hui and establishment and maintenance of positive relationships with local government agencies, government departments, NGOs, and local community organisations
- Wairarapa DHB ensures access to resources are made available to nursing students
- The Maori Health Unit provides or ensures collegial support for nursing students
- Maori nursing graduates are supported in obtaining employment
- Ensure Maori representation on Healthy Homes Committee
- Establish planning committee for Koroua and Kuia in south Wairarapa, and including Koroua and Kuia from South Wairarapa, to develop activities appropriate to the needs of this community
- Liaise with Kaumatua Councils to ensure activities for Koroua and Kuia are appropriate
- Encourage and support FOCUS to employ a Maori needs assessor or use Maori health provider kaimahi to assist needs assessor with Maori clients
- Develop, or adopt an existing, assessment tool that is sensitive to Maori needs
- Director Maori Health attends Regional Inter-Agency Forum meetings

Milestones and Indicators

2005/2006

- Develop booklet for Maori staff that outlines training opportunities, study leave, and any other developmental entitlements
- Director of Maori Health is advocate or liaison for Maori community at intersectoral hui
- Work with UCOL to Identify resources needed by UCOL nursing students and ensure availability and access to these resources
- Maori representation on the Healthy Homes Committee is demonstrated through meeting minutes
- Work with Manager Community and Public Health to explore staffing options for FOCUS with priority given to the recruitment of Maori staff
- Identify assessment tool most appropriate to needs of Maori

2006/2007

- Director of Maori Health is advocate or liaison for Maori community at intersectoral hui
- Identify resources needed by UCOL nursing students and ensure availability and access to these resources
- 10% of Maori nursing graduates are employed by the Wairarapa DHB
- Maori representation on the Healthy Homes Committee is demonstrated through meeting minutes
- 100% of all assessed eligible Maori whanau have homes insulated
- Implement assessment tool most appropriate to needs of Maori

2007/2008

- Director of Maori Health is advocate or liaison for Maori community at intersectoral hui
- Identify resources needed by UCOL nursing students and ensure availability and access to these resources
- 20% of Maori nursing graduates are employed by the Wairarapa DHB
- Maori representation on the Healthy Homes Committee is demonstrated through meeting minutes
- 100% of all assessed eligible Maori whanau have homes insulated
- Evaluate assessment tool used by FOCUS for Maori clients



River Muretu Sandell, Ngati kahungugu, Ngati Porou, Ngati Ahitereiria